

THINC

Taconic Health Information Network and Community

April 21, 2010

James J. Figge, MD, MBA
Medical Director, Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, 8th Fl, Suite 826
99 Washington Ave.
Albany, NY 12260

Dear Dr. Figge,

On behalf of the Taconic Health Information Network and Community (THINC), I am writing to submit comments on New York State Medicaid's HIT / HIE Plan (NY-SMHP) and its proposed HIE/MITA Architecture. THINC is encouraged by Medicaid's plans both to support adoption of electronic health records (EHRs) and be an active participant in health information exchange (HIE) in New York State, and THINC offers to collaborate with Medicaid to help achieve these goals. That said, THINC would like to make some recommendations that it believes can enhance the NY-SMHP and position New York State and its Medicaid program to be a leader in HIT and HIE.

Background on Taconic Health Information Network and Community (THINC)

THINC is a not-for-profit corporation dedicated to improving the quality, safety and efficiency of health care 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 IT through the sponsorship of a secure HIE network, the adoption and use of interoperable EHRs, and the implementation of population health improvement activities, including public health surveillance and reporting, pay for performance, and other quality improvement initiatives. THINC is governed by a multi-stakeholder Board of Directors, and its five Board Committees include representatives from physician practices, hospitals, safety net providers, payers, employers, public health, community business leaders and consumer groups in the Hudson Valley.

Recommendations Regarding the NY-SMHP and Proposed HIE/MITA Architecture

As noted above, Medicaid is proposing a comprehensive set of plans that will greatly further EHR adoption and health information exchange in New York State. In particular, THINC believes that Medicaid is being very responsive to the Federal imperative to make data available, via health information exchange, for the purposes of patient care. Medicaid should be lauded for its leadership efforts and THINC encourages Medicaid to continue to pursue this overall trajectory. Our comments to enhance this strategy are:

1. Utilize the Infrastructure of the State Health Information Network for New York

Within this context, THINC encourages Medicaid to utilize the infrastructure of the State Health Information Network for New York (SHIN-NY), jointly sponsored and developed by the New York State Department of Health (NYS DOH) and the New York eHealth Collaborative (NYeC). The SHIN-NY meets two goals important to Medicaid in its NY-SMHP.

First, the SHIN-NY is compliant with the Federal National Health Information Network (NHIN) standards developed by the Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services. By utilizing the SHIN-NY, Medicaid can ensure that its

health information exchange development efforts are in line with and anticipatory of Federal requirements. Second, the SHIN-NY is a key piece of the State HIE plan developed by NYeC and NYS DOH. So harmonization of Medicaid's efforts with the SHIN-NY simultaneously ensures harmonization of the NY-SMHP with the State HIE plan.

2. Leverage Regional Health Information Organization (RHIO) Efforts to Reach Providers

THINC appreciates that Medicaid is taking a flexible approach to health information exchange by sponsoring connections both directly to providers and their EHRs and also to RHIOs. THINC's concern is that smaller physician practices and hospitals, health centers, and long term care may not have the financial wherewithal and leverage over their EHR vendors to undertake direct integration with Medicaid. Moreover, THINC is concerned that Medicaid's security standards may also be too hard for these smaller providers to manage.

To address this concern, THINC suggests that Medicaid leverage the local RHIOs as a means to connect with these smaller provider organizations. THINC, like many other RHIOs across New York State, already has SHIN-NY compliant connections established with these small providers and is better equipped to start to address Medicaid's security requirements. Using funding from the American Recovery and Reinvestment Act (ARRA) 90/10 Medicaid HIT administration funds, Medicaid could easily sponsor RHIO connections that would quickly enable Medicaid to reach a much wider audience of providers than achievable through the direct connect strategy.

3. Seek Alignment Among State-Sponsored Efforts

THINC recognizes that there has been an unprecedented level of State and Federal activity in the HIT and HIE arena over the last year. A negative consequence of that activity, however, has been a temporary lack of alignment among State sponsored efforts. The HEAL program asked regions to form RHIOs and support the SHIN-NY, separately providers have been asked to undertake direct reporting to public health, and Medicaid sponsoring a health information exchange strategy that appears to view RHIOs and the SHIN-NY as last resort. This lack of alignment is confusing for providers, RHIOs and other health care stakeholders. To that end, THINC asks Medicaid to use the NY-SMHP opportunity to achieve alignment among State efforts.

We thank you for the opportunity to comment. We offer to provide any additional information that you might need and would be happy to discuss any of these comments further. Finally, we thank you in advance for your thoughtful consideration of our comments and for your efforts to support EHR adoption and health information exchange in New York State.

Sincerely,



Susan S. Stuard
Executive Director