

PCIP Recognized with HIMSS Davies Award for Health IT

PCIP IN THE NEWS

PCIP is one of two public health system winners of the Healthcare Information and Management



Systems Society (HIMSS) Nicholas E. Davies Award of Excellence this year. This national award recognizes public health organizations for excellence in the implementation and use of health information technology.

PCIP received the award in Atlanta at the Public Health Informatics 2011 Conference, sponsored by the Department of Health and Human

Services Centers for Disease Control and Prevention (CDC). PCIP was honored for improving the quality of care in underserved communities in NYC through health IT. This includes 541 independent small practices, 38 community health centers, and three hospitals, together serving over two million patients in NYC.

A recent study of PCIP practices proved that when used properly, the right technology can improve quality:

- 52% of patients had their high cholesterol managed effectively (up from 39% at the outset)
- 56% of those with high blood pressure had it under control (up from 49%)
- 20% of those with diabetes controlled their A1c levels (up from 14%)

New York City Health Commissioner Dr. Thomas Farley said in an announcement, “We at the New York City Health Department are honored to receive this recognition for our Primary Care Information Project’s success in influencing the health of New Yorkers through health information technology.” “Health information from this project not only helps us identify City-wide public health issues, it provides physicians with unprecedented feedback about the health of their patients. We look forward to continued success of this program and to sharing what we’ve learned with other public health organizations and municipalities.”

For more information about HIMSS, please visit: www.himss.org.

IN THIS ISSUE

PCIP Recognized with HIMSS Davies Award	1
NYC Doctor Receives Meaningful Use Payment	1
Improve Care for At-Risk Patients	2
New EHR Partner Vendors	4
EPT to Prevent Chlamydia Reinfection	5
Counseling Coverage for Medicare and Medicaid	6
EHR Training Schedule	7
myNYC REACH Site to Launch Fall 2011	8

NYC Doctor Receives Meaningful Use Payment

Dr. Mohrer’s commitment to EHR use pays off



Dr. Jonathan Mohrer was surprised to hear that he was among the first NYC REACH members to successfully attest for Meaningful Use.

“I’m not doing anything extraordinary, just using an EHR,” he told a room of doctors in July. As he later explained, the requirements for the EHR incentive program were in line with how he has been using the EHR since the beginning. “The

worst part,” he said, “is getting the paperwork and documentation together to attest on the Medicare site.”

Committing to EHR Implementation
 Dr. Mohrer, who runs a solo practice in Forest Hills, Queens, succeeded with Meaningful Use largely due to his commitment to learning about EHRs. He spent a lot of time trying to implement an EHR that was appropriate for his practice. He read articles about EHR adoption, Meaningful Use, and trends in health information technology. When he spoke at the NYC REACH July Open House, he advised his colleagues considering an EHR to commit fully to the process. “Don’t try to keep your records half on paper and half

(continued on Page 3)

PCIP's Panel Management Program Uses EHRs to Improve Care Follow Up for At-Risk Patients

Practices engage in outreach for patients with chronic conditions

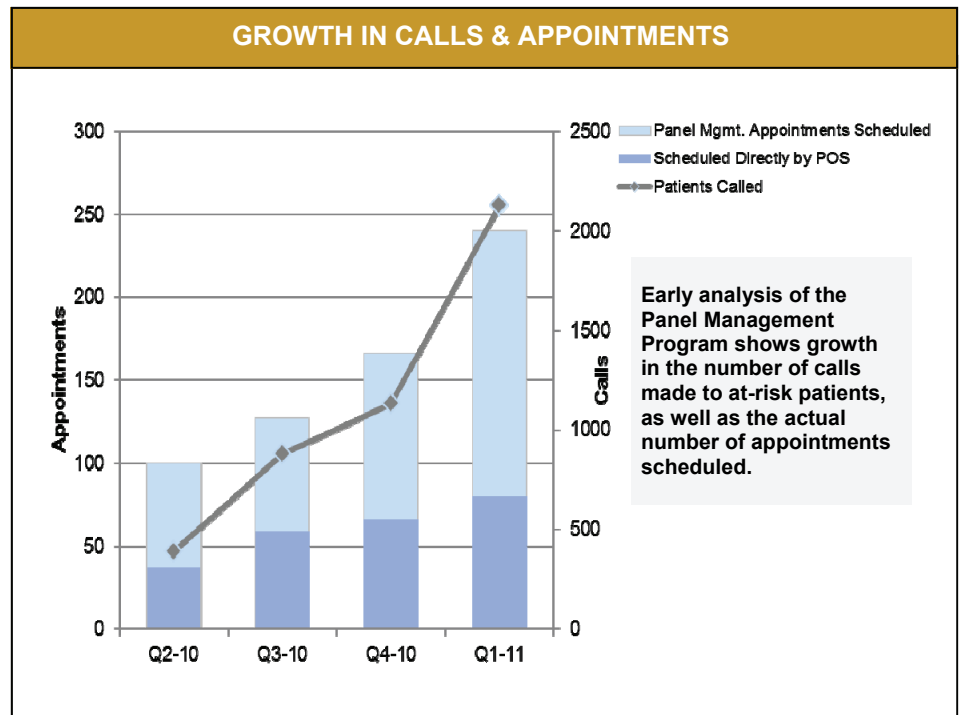
After calling more than 4,000 patients, the Panel Management team at PCIP has scheduled appointments with 400 patients who were falling through gaps in our medical care system. These patients have chronic conditions and have not been to the doctor in at least six months. These chronic conditions include uncontrolled hypertension, diabetes and obesity, hyperlipidemia, and ischemic vascular disease.

Prevention Outreach Specialists (POS) assist 37 physicians, who together serve 100 thousand patients. In total, the POSs travel to 25 practices each week and call targeted patients to schedule appointments. The POSs also follow up with patients about specialist referrals and labs.

The two-year PCIP Panel Management Program encourages patients to schedule recommended office visits for preventative care. The goal is to test whether a proactive approach to chronic diseases helps high risk patients manage their conditions. Normally, doctors see patients only when they call for an appointment. This "panel" approach uses EHR data to identify patients who do not receive recommended care.

Since the program started, more patients are coming in for appointments. The POSs speak directly with patients over the phone or leave voice messages encouraging them to come in. In return, patients either schedule an appointment immediately or call back to set up appointments to reestablish relationships with the practice.

The Panel Management program helps



physicians provide continuity of care, ultimately encouraging greater patient engagement and better outcomes for New Yorkers.

Interested in participating in the Panel Management Program?

The following are the eligibility requirements:

- Be a member of NYC REACH
- Be an adult primary care physician
- Have used eClinicalWorks for at least six months
- Provide the Prevention Outreach Specialist with a computer with internet access and a phone line at least once a week

For more information, visit the Panel Management website at: www.nyc.gov/html/doh/html/pcip/panel-management.shtml

If you have questions or want to enroll, please contact:

Priya Desai

Email: pdesai2@health.nyc.gov

Phone: 347-396-4697

Continued: Dr. Mohrer received Medicare Meaningful Use payment in late August

in the computer,” he said. “It’s a lot of work to make the full switch but six months or a year later when the patient returns, all the information will be right there with cleaner documentation.”

Like many other physicians who gave up paper charts, Dr. Mohrer is glad he made the switch, even though it took a lot of work. He remembers spending lots of time on the phone with the vendor to learn about the system and customize it to fit his practice. Within a year, however, he says the time spent up front was well worth it.

Dr. Mohrer went live on his EHR in 2010, before the Meaningful Use program was even in place.

Preparing for Meaningful Use

When the incentive program came out, he registered for Medicare Meaningful Use the first day the site opened. Then, he used resources from NYC REACH to make sure he would meet the requirements. Between the e-mail updates on when, where and how to register and the in-person feedback during site visits with NYC REACH staff, he knew exactly where to focus his energy.

Kris Bhambhani, a Quality Improvement Specialist at NYC REACH, went over each of the Meaningful Use requirements. During the review, Dr. Mohrer found that he wasn’t printing visit summaries for enough patients. Since then, he made a strong effort to give visit summaries to more patients. He kept in mind the steps necessary to meet the requirements in his EHR. By the time he attested in July, he met all the measures successfully.

Attesting for Meaningful Use

“Registering was actually the hardest part,” Dr. Mohrer said. Even though he was prepared with all the information necessary to attest, he didn’t have a National Plan and Provider Enumeration System (NPPES) web user account. This stalled his registration and attestation process a little but once he applied for his NPPES web user account, he was able to complete all the steps and successfully attest. Dr. Mohrer received his \$18,000 payment in late August.

“I just didn’t see the point of waiting,” said Dr. Mohrer. He says that receiving incentive payments should not be the motivation for adopting and implementing an EHR; the motivation should be to practice medicine in a way that is most helpful for patients and suitable in the healthcare environment today. In fact, he says that the \$18,000 is a great way to help offset the costs of adopting and



Dr. Jonathan Mohrer at work while at his solo practice in Forest Hills, Queens.

implementing an EHR, especially when taking into account hardware costs and the initial adjustments to using the system.

“Everyone knows that they need to do this...” Dr. Mohrer said, “take the plunge and just go for it!”

Preparing for Meaningful Use

Attestation? Dr. Mohrer had a few hiccups when he was attesting for Meaningful Use. Here are a few helpful tips:

- 1. Familiarize yourself with the Meaningful Use program and measures.**
- 2. Review the Meaningful Use Dashboard from NYC REACH or EHR.**
- 3. Address any issues you’ve identified from the dashboards.**
- 4. Gather your information and attest:**
<https://ehrincentives.cms.gov/hitech/login.action>.

Once you have completed attestation, be sure to print the Submission Receipt. Please also take a screenshot of this receipt, then e-mail it to pcip_admin@health.nyc.gov

NYC REACH Accepts Seven More EHR Vendors for Partner List

NYC REACH recently added seven more EHR vendors to the official vendor partner list. *Amazing Charts*, *Criteria*, *CureMD*, *MedAZ*, *Office Practicum (Connexin)*, *OmniMD*, and *Pulse* will join the existing partners supported by NYC REACH.

After a competitive and open selection process, NYC REACH staff chose systems that not only meet Meaningful Use requirement, but also had effective tools to help physicians provide preventative care, manage chronic conditions, and coordinate care across settings.

NYC REACH will offer tailored Meaningful Use education and training to users of all partner EHRs. In addition, NYC REACH will continue to offer on-

site implementation and group discounts for eClinicalWorks, Greenway, and MDLand.

As the federally designated Regional Extension Center for New York City, PCIP's NYC REACH program works with all physicians in the city to help them choose an EHR and achieve Meaningful Use. Close partnerships with more vendors open the doors for more EHR users to participate in vendor-specific programs from the health department, including public health surveillance, pay-for-performance, and quality improvement pilots.

To learn more about our partners, please visit www.nycreach.org/provider/vendor.

NEW PARTNER VENDOR LIST

- Amazing Charts
- Criteria
- CureMD
- eClinicalWorks
- Greenway
- MDLand
- MedAZ
- MedLink
- NextGen
- Office Practicum (Connexin)
- OmniMD
- Pulse



Medicare Update: 2010, 2011 ePrescribing Incentive Payments

MEDICARE

2010 Medicare eRx Incentive Program

Eligible professionals (EP) participating in the 2010 Medicare Electronic Prescribing Incentive Program should have received an electronic payment report, also known as your electronic remittance advices, detailing your incentive payments.

These incentive payments will be indicated by **LE** on the electronic report. The original LS indicator will no longer appear on the report.

In the future, Medicare will continue to use LE on the report for all incentive payment programs. The type of incentive payment that the remit refers to will be identified by a 4-digit code. For the 2010 eRx incentive payments, it will be identified as RX10. Providers can expect to see LE and RX10 on their electronic report.



If you have not received an electronic remittance advice or have questions about the status of your eRx incentive payment, please contact your Provider Contact Center. You can find this here: <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

2011 Medicare eRx Incentive Program

For EPs who missed the June 30th deadline to avoid the 2012 Medicare

penalty, please be aware of the 2013 Medicare penalty:

EPs must submit 25 eRx events via claims by December 31, 2011 to avoid the 1.5% penalty of allowed Medicare Part B charges for 2013. This can include the 10 eRx events submitted by June 30th, if you met that deadline.

Please note: FQHCs are not eligible to participate in the Medicare e-Prescribing incentive program and will therefore not be subject to the penalties.

Medicare Hardship Exemptions

CMS recently announced the hardship exemptions for physicians who missed the June 30th deadline. Read more about it in the August 31st 2011 eRx Incentive Program final rule fact sheet: https://www.cms.gov/apps/media/fact_sheets.asp

Members should stay tuned for our next Digest for more detailed information.

Using Expedited Partner Therapy (EPT) to Prevent *Chlamydia trachomatis* Reinfection in Patients

Expedited Partner Therapy (EPT) is the practice of providing patients with antibiotics or a prescription for antibiotics to deliver to his or her sexual partner without prior clinical assessment of those partners.

EPT was signed into law in New York State in 2009 for *Chlamydia trachomatis* (Ct) infections. Health care providers (i.e. physicians, midwives, nurse practitioners and physician assistants) and pharmacists who reasonably and in good faith render EPT will not be held legally or professionally liable for dispensing EPT.

EPT has been shown to reduce Ct re-infection in the index patient, and augments provider options for managing the partners of Ct patients. The EPT law is intended to decrease the Ct infection and re-infection. By providing Ct treatment to members of a sexual network, EPT helps stop transmission of Ct in that network.

EPT can be provided for known sex partners within the previous 90 days (or the most recent sex partner if the

patient had none in the previous 90 days). EPT may not be provided to Ct patients concurrently infected with gonorrhea or syphilis and should not be given in cases where intimate partner violence or sexual abuse is suspected. EPT is not recommended for men who have sex with men.

The NYC DOHMH Bureau of STD Control is collaborating with PCIP to use a new eClinicalWorks functionality to remind providers to offer EPT (treatment for sex partners) when treating patients with Ct infection.

For information on Expedited Partner Therapy, including guidelines and health education for patients and sex partners, visit the NYC EPT webpage: www.nyc.gov/health/ept

NY Medicaid Expands Smoking Cessation Program

MEDICAID

Tobacco use is the leading cause of morbidity and mortality in New York. According to the 2009 New York Adult Tobacco Survey, 48% of smokers are on Medicaid or have no

insurance.

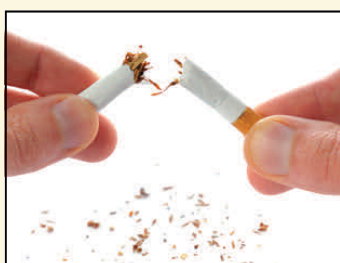
As a result, New York State Medicaid, in collaboration with the New York State Tobacco Control Program, recently expanded coverage for smoking cessation counseling for Medicaid patients.

Medicaid patients can receive up to six face-to-face counseling session in any 12 continuous months.

Proponents of the program believe that the combination of counseling and medication is more effective than doing either method alone.

MEANINGFUL USE TIP

Meaningful Use (1 of 3 Clinical Quality Measures):



One of the three required CQMs is the Preventive Care and Screening Pair: (a) Tobacco Use Assessment and (b) Tobacco Cessation Intervention

Participating in the Smoking Cessation Counseling program will satisfy a clinical quality measure to provide advice for patients 18

years of age or older to quit smoking or tobacco use. Physicians who discuss or recommend smoking cessation medications, methods, and strategies would also fulfill this requirement.

Smoking cessation counseling services are reimbursable when session are:

- Face-to-face by office-based physicians, registered nurse practitioners, and licensed midwives
- At an Article 28 hospital outpatient departments, free standing diagnostic and treatment centers, and federally qualified health centers (including school based health centers) that bill using Ambulatory Patient Groups

For more information, please visit:

http://health.ny.gov/health_care/medicaid/program/update/2011/2011-04.htm#exp

Medicare Considering Covering More Preventive and Counseling Services

MEDICARE

In mid-July, the Centers for Medicare and Medicaid Services proposed to add alcohol screening, behavioral counseling, and screening for depression as part of the preventative care covered by Medicare.

If this proposal is enacted, Medicare would cover annual alcohol misuse screenings, four behavioral counseling sessions per year, and an annual screening for depression in primary care settings.

This is intended to ensure that after patients are screened, they can receive accurate diagnosis, effective treatment, and follow-up.

Many electronic health records allow you to document these screenings so you can properly bill for the visit. Contact your Quality Improvement specialist or your EHR vendor with questions.

The screenshot shows an EHR interface for a 'Screening Summary'. It includes various input fields and checkboxes for different screening categories. A red box highlights the 'Alcohol use' section, and a red arrow points to the 'Counseling' section.

An example of where providers can document alcohol screening using an EHR. Contact your vendor or your Quality Improvement Specialist at NYC REACH to learn how to use this tool.

EHR User Training Calendar

PCIP and NYC REACH offer more training classes that help you succeed with your EHR. For more details, [updated schedules](#), and to register, visit: www.emrtraining.eventbrite.com

Meaningful Use Education For <u>ALL</u> NYC REACH Members					
Meaningful Use Seminar 42-09 28th Street, Queens	Sept. 22	5:30 to 7:30 pm	eCW: Meaningful Use (WEBINAR) Online	Sept. 14	4:30 to 6:00 pm
	Oct. 27	6:00 to 8:00 pm		Oct. 13	4:30 to 6:00 pm
	Nov. 17	6:00 to 8:00 pm		Oct. 19	4:30 to 6:00 pm
	Nov. 02	9:00 to 10:30 am		Nov. 09	4:30 to 6:00 pm
Core Measure 15 - Privacy and Security (WEBINAR) Online	Sept. 29	2:30 to 4:00 pm	eCW: Patient Portal 101 (WEBINAR) Online	Sept. 08	4:30 to 6:00 pm
				Oct. 11	9:00 to 10:30 am
				Nov. 15	4:30 to 6:00 pm
eCW Advanced: Patient Portal 102 80 Centre Street, Manhattan	Sept. 13	9:30 am to 12:30 pm	eCW: CDSS and Quality Measures for Meaningful Use 80 Centre Street, Manhattan	Sept. 15	9:30 am to 3:30 pm
	Oct. 20	9:30 am to 12:30 pm		Nov. 10	9:30 am to 4:30 pm
	Nov. 09	9:00 to 10:30 am			
eCW Advanced: Effective Use of the Lab Interface 80 Centre Street, Manhattan	Oct. 17	9:30 am to 12:30 pm	eCW: Immunization Reporting & Citywide Immunization Registry 80 Centre Street, Manhattan	Oct. 17	1:30 to 4:30 pm

EHR Implementation Class For <u>ALL</u> NYC REACH Members					
Implementation Orientation (WEBINAR) Online	Sept 20	12:00 to 1:30 pm	Register: http://implementationclass-nycreach.eventbrite.com		
For members who have recently adopted an EHR or are looking to adopt/implement an EHR.					

Patient-Centered Medical Home Education For <u>Full</u> NYC REACH Members only					
Patient-Centered Medical Home (WEBINAR) Online	Sept. 13	2:00 to 3:00 pm			
	Sept. 28	8:30 to 9:30 am			
	Oct. 20	4:00 to 5:00 pm			
	Oct. 26	4:00 to 5:00 pm			
	Nov. 04	12:00 to 1:00 pm			
	Nov. 29	2:30 to 3:30 pm			

EHR Use Courses For <u>Full</u> NYC REACH Members only					
eCW Advanced: APL and eBO 80 Centre Street, Manhattan	Sept. 12	9:30 am to 4:30 pm	eCW: Billing Basics for Billers 42-09 28th Street, Queens	Sept. 13	9:00 to 11:00 am
				Oct. 04	9:00 to 11:00 am
				Nov. 01	9:00 to 11:00 am
eCW: Clinical Essentials (for LPNs, RNs, NPs, and MAs) 80 Centre Street, Manhattan	Sept. 14	9:30 am to 4:30 pm	eCW Advanced Billing: Documentation and Coding for Physicians 42-09 28th Street, Queens	Sept. 15	4:00 to 6:00 pm
				Oct. 20	4:00 to 6:00 pm
eCW: Front Office Essentials 80 Centre Street, Manhattan	Oct. 03	9:30 am to 4:30 pm	eCW Advanced: Maximizing Templates and Defaults 80 Centre Street, Manhattan	Oct. 04	9:30 am to 4:30 pm
	Nov. 07	9:30 am to 4:30 pm			
eCW Advanced Billing: Documentation and Coding for Physicians (WEBINAR) Online	Oct. 06	9:00 to 11:00 am	eCW Advanced: Optimizing Practice Management 80 Centre Street, Manhattan	Oct. 18	9:30 am to 4:30 pm
	Nov. 03	9:00 to 11:00 am			
eCW Advanced Billing: EDI Clearinghouse—Emdeon & Gateway 80 Centre Street, Manhattan	Oct. 19	9:30 am to 4:30 pm	eCW Advanced: Billing Workflows 80 Centre Street, Manhattan	Oct. 21	9:30 am to 4:30 pm
eCW: A/R Management, Appeals and Collection Management 80 Centre Street, Manhattan	Nov. 08	9:30 am to 4:30 pm			

Stay tuned: more EHR training classes for other vendors to come!

myNYC REACH Launches for Members in Fall 2011

NYC REACH members will receive exclusive access to the myNYC REACH site, expected to launch Fall 2011.

The myNYC REACH site will allow practice physicians and administrators to complete activities related to NYC REACH all in one central location.

Users will be able to do the following:

- View monthly Provider Dashboards at your convenience
- Review upcoming NYC REACH staff visits and contact information
- Access resources and documentation on Meaningful Use, Patient-Centered Medical Home, Health eHearts, etc.
- Sign up for training classes
- Receive NYC REACH updates instantly



Update your e-mail to gain access!

Although all members can receive access to the site, *only* members of NYC REACH participating practices with unique e-mail addresses will gain access.

We encourage each administrator and physician to create and share their own e-mail addresses.

To update your e-mail address, send a message to mynycreach@health.nyc.gov.

Attested for Meaningful Use? You Could Win an iPad from eCW

eClinicalWorks, one of NYC REACH's partner vendors, is giving away an iPad every month to a physician that has successfully attested to the Meaningful Use EHR Incentive Program.

If you have attested, complete the form here: <http://my.eclinicalworks.com/eManager/jsp/eCRM/MUAttestation.jsp>

Need to know the Meaningful Use Measures? Find information about the requirements on our website: <http://www.nycreach.org/use/criteria>. Members can also access our online resource library for more information about Meaningful Use.



Primary Care Information Project
2 Gotham Center
42-09 28th Street, 12th Floor, CN-52
Long Island City, New York 11101

www.nyc.gov/pcip
www.nycreach.org



NYC REACH is the federally designated regional extension center for NYC founded by the NYC Department of Health's Primary Care Information Project (PCIP). PCIP is a NYC mayoral initiative charged with improving the quality of care in underserved communities through health information technology.

Questions about the newsletter? Please e-mail Tiffany Cheng, Communications Coordinator, at tcheng1@health.nyc.gov