

Testimony

Of

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before the

HIT Policy Committee

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Good morning Chairman Chopra and members of the HIT Standards Committee's Implementation Workgroup. I am Dr. Amanda Parsons, Assistant Commissioner for the Primary Care Information Project (PCIP) at the New York City Department of Health and Mental Hygiene (DOHMH) and Project Director for the New York City Regional Extension Center.

Over 1800 primary care providers who care for NYC's Medicaid and uninsured population are live on a prevention-oriented EHR through PCIP. Once these practices are live, PCIP helps them establish workflows that leverage the EHR to improve the health of their patients. This network of engaged EHR-enabled practices works with PCIP to pioneer initiatives that leverage the power of technology to accomplish public health goals, with a special focus on prevention, continuity of care, and cost reduction. The impact of these efforts is captured by automated, aggregated quality reporting from each practice to the Department of Health. All of this work has guided providers in our program towards the principles of "meaningful use of an EHR," even before the term was defined in the Recovery Act. We are proud to have been selected to continue our work as a Regional Extension Center (REC) for New York City.

Based on this experience, we wish to express strong overall support for the measures and regulations promulgated by the Centers for Medicare and Medicaid Services for the Electronic Health Record Incentives Program. The goals are far-reaching and ambitious, but ambition is inherent to the mission of improving health outcomes and making health care affordable.

Our roadmap for achieving Meaning Use will be to continue our "boots on the ground" training for providers, combined with cyclical review of aggregated data transmitted by our providers a monthly basis. Within these efforts, our experience suggests that three areas will require particular focus if we are to achieve our goals of near universal achievement of Meaningful Use by the end of the decade. These are correct documentation of patient information, electronic prescribing and sending reminders to patients.

1. **Documentation Hygiene:** Most measures of Meaningful Use of an EMR hinge on thorough and complete documentation of patient diagnoses, vitals and demographics into structured data fields within the EHR. Many providers struggle with documentation for a host of reasons including poor typing skills, distaste with structured data options and the inherently time-consuming task of electronic charting. Customized templates and screen shot-by-screen shot tutorials can help providers achieve "real time" charting as opposed to post-encounter documentation. Therefore, we will continue to provide onsite and web-based training and EHR customization focused on specific Meaningful Use measures. In addition, we will work with vendors and our Physician Advisory Board to investigate where it is preferable to lock down the software architecture to restrict the creation of duplicative unstructured fields, e.g., for blood pressure entry.

2. **ePrescribing:** The high volume of small independent pharmacies complicate ePrescribing in NYC. Many of these pharmacies do not accept electronic prescribing and/or do not understand how to fulfill the orders. Pharmacies will need adequate training in order to fully adopt ePrescribing, which we hope vendors like Surescripts will provide. In addition, we have learned that patients often prefer paper prescriptions so that they do not need to select a pharmacy ahead of time, and they like having a paper record of their medication order. Overcoming this patient preference requires that physicians advocate for ePrescribing, which means learning the benefits and communicating them to patients. Therefore, we have been training physicians to encourage their patients to select pharmacies that accept ePrescribing and we will prepare materials for patients that lay out the proven benefits of ePrescribing over paper prescriptions.

3. **Sending reminders:** We welcome the Meaningful Use Measure requiring providers to reach out to patients in need of preventive care. This will spur revolutionary changes in practice workflow and begin to fundamentally expand the scope of communication from medical practices to patients, which is currently largely confined to the in-office visit. As such, these changes will demand significant effort from providers and their staff and, as one of our providers, Dr. Kathleen McCabe of Queens, reminds us “Anything that takes away from physically seeing a patient is not paid for.” Extension centers must ensure that EHRs offer user-friendly patient outreach features, and pilot the work flows and staffing models necessary to deliver the messages to patients. We have worked with eCW to begin developing efficient and convenient ways for providers to leverage their EHRs to easily print letters, sent text messages or voice recordings to patients. We continue to leverage other funding sources to pilot novel mechanisms for patient outreach. Last year, we received funding from the Verizon Foundation to study the impact of text messages on patient care. We also received funding from Pfizer to embed prevention outreach specialists in small practice to see if their phone calls to patients can improve patient engagement and overall health.

Finally, our approach to Quality Reporting will be to train providers to use eClinicalWork’s built-in registry to assist them with their assessment of quality measures. However, measures where the denominator is made up of all instances of an activity, whether it occurred through the EMR or not, will pose a significant challenge, a point which we describe in our response to the NPRM.

Overall, our greatest non-technical challenge will be to convince providers to adopt EHRs due to the high costs of acquisition and maintenance, as well as the large time investment needed to make the transformative change to HIT-supported health care. Most providers we have spoken with view the Meaningful Use incentives with muted

enthusiasm. Unfortunately, their experiences with previous payor-run incentive programs have left them skeptical that they will successfully overcome the administrative burden to receive the incentives they are eligible for and have worked hard to achieve.

Meaningful Use incentives will go a long way to help reimburse those providers who qualify, but for those who don't see Medicaid or Medicare patients, there are very few incentives to encourage them to make the leap from paper to EHRs.