



Testimony

of

Amanda Parsons MD, MBA
Assistant Commissioner, Primary Care Information Project
New York City Department of Health and Mental Hygiene

before the

New York City Council Committees on Health and Technology

regarding

**New York City's Efforts to Implement Electronic Health Records: Infrastructure, Funding
and Challenges**

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Good afternoon Chairpersons Arroyo, Cabrera and members of the Health and Technology Committees. I am Dr. Amanda Parsons, Assistant Commissioner for the Primary Care Information Project at the Department of Health and Mental Hygiene (DOHMH). On behalf of Commissioner Farley, I would like to thank you for the opportunity to discuss New York City's efforts to implement electronic health records. Today I will speak with you about the state of electronic medical record (EMR) adoption in New York City from the perspective of the Health Department.

I will begin by providing an overview of our project and its successes to date. I will then review the federal level strategy and our role in those efforts. Finally, I will leave you with some concluding thoughts.

National rates of EMR adoption in ambulatory settings have historically been low; one might even say abysmal. In 2009, it was projected that only 6% of physicians would be using a fully functional electronic system, and only 44% would use an electronic system of any sort, including those systems limited to scheduling and billing. In New York City; however, that landscape has been dramatically different. Since late 2007, when PCIP began providing prevention-oriented electronic medical records to New York City healthcare providers who serve the medically underserved, almost 2,300 providers have "gone live" with PCIP. Nearly half of these providers came from small practice settings, and the rest from community health centers and hospital ambulatory departments. Of the 32,000 active physicians in NYC, about 9,300 are primary care providers. Our project has reached approximately 25% of New York City's primary care providers in a little over three years.

The mission of PCIP is to improve health in disadvantaged communities through the use of Health Information Technology (HIT). To fulfill this mission, our program has focused on simultaneously improving three key areas – EMRs, Population Management, and Payment. First, with EMRs we have sought to put prevention-focused EMRs with a public health centered design into the hands of participating physician offices and clinics. Second, through Population Management, we have helped providers transform their practices, moving away from the "come and get it" care model, to the "I care for all the patients who are registered in our medical home". Third, through Payment, we have sought out innovative payment methods to improve care and reduce disparities.

To achieve our stated mission, our first priority was to design EMRs to be "smarter" and more prevention oriented. Historically, EMRs were designed to be good tools for documentation and billing. We believed they should be designed to improve care and save lives. Our EMR design includes Clinical Decision Support System (CDSS) Alerts. CDSS gives a provider a set of actionable, patient specific alerts that remind them of critical preventive services that have not been delivered. In addition, we have worked to select a few fields, like smoking status, where it is important that providers document uniformly in a structured manner. Another key feature of our EMR is a unified quality measurement system. We believe providers have the right to see, whenever they want, how they are doing on their quality measures, and importantly, exactly which patients are being counted in the numerator and denominator of each measure. This way, providers not only learn to trust the feedback but can also tell which exact patients have fallen through the cracks.

The City Council, by providing approximately \$6.4 million of funding for hardware, has enabled 34 community health centers and clinics to obtain much needed equipment in support of their EMR adoption efforts. The equipment purchased includes servers and racks, software, network equipment, backup devices, fax modems and workstations and printers. This funding has made it possible for New York City's health centers, and their patients, to benefit first from EMR adoption.

Our next priority sought to improve practice workflows and orient them towards population health and prevention. Through this Population Management priority, we assisted practices in moving from the traditional "come and get it care" to a patient-centered approach focused on prevention as well as chronic disease management. To this end, our efforts have focused on educating practices to look at populations through registries and queries in order to identify those who should have appointments but do not. Our efforts have also focused on workflows that center around the patient – we have 82 Patient Centered Medical Homes at PCIP (about 8% of the national total). PCIP also believes that providers need to know how well they are doing on their use of the EMR and the care they are providing patients. We forward providers monthly reports of their aggregate performance on the delivery of clinical preventive services like Blood Pressure control and A1C (blood sugar) control. These monthly reports are for all sites by the provider on 32 quality measures, several metrics on use of the EMR system, and daily aggregations of procedures performed to track provider productivity.

PCIP also understands the importance of rewarding providers for their efforts towards prevention and quality. Current payment models only reward volume of care, not quality of care. Through funding from the Robin Hood Foundation, PCIP launched a pay-for-performance (P4P) program aimed at reducing health disparities in underserved communities. Providers are provided a nominal reward based on their performance on a core set of quality measures in cardiovascular health known as the "ABCS": for every patient who is prescribed Aspirin who needs it, who has their Blood pressure or Cholesterol controlled and who is given Smoking cessation treatment or counseling. All of these program inputs put together have yielded great results to date.

At the federal level, through the Health Information Technology for Economic and Clinical Health Act (HITECH) portion of the American Recovery & Reinvestment Act, two large streams of funding were directed towards HIT adoption. The first provides approximately \$18 billion to directly reward providers who adopt and use an EMR meaningfully. The other is \$2 billion to set up a national infrastructure to foster exchange of data, support providers in their adoption and implementation efforts, enhance the HIT workforce and highlight communities that are pulling it all together. Nationally, 62 Regional Extension Centers (REC) were created, largely modeled after projects like PCIP. PCIP was chosen to be the REC for New York City, through which we launched NYC REACH.

NYC REACH is a collaboration between the Health Department and the Fund for Public Health in New York, which helps providers adopt and use EMRs and new models of patient-centered care to improve population health. As the federally designated Regional Extension

Center for New York City, NYC REACH walks providers through all steps of EMR adoption from the vendor selection to tracking improvements in health outcomes.

All the elements of the federal strategy are designed to fit together to yield communities that improve health outcomes, improve transparency and efficiency, and give us the ability to study what works and what does not. Nationally, the Meaningful Use of an EMR framework allows us to focus our efforts on the things that will save lives, much like PCIP has done. Nationally, about 520,000 providers will be eligible to receive either Medicaid or Medicare Meaningful Use funding. We believe that through existing efforts of the PCIP program and other initiatives across the city and state, New York City providers will be well represented among those who qualify.

The Health Department has many successes to be proud and thankful for but still, much work lies ahead. There continue to be barriers and obstacles to overcome, particularly in this new era of fiscal strain. However, the task at hand is not impossible, it's just difficult.

Thank you for your consideration. I am happy to answer any questions you may have at this time.

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