



A Revolution in Collaboration: The Hudson Valley Initiative

Issue Brief

“What advice can you give to organizations that want to make a move to the medical home, but might not have the commitment or funding from leadership?”

The question was pitched to Paul Kaye, MD, after he and co-presenter Susan Stuard, MBA, finished webinar remarks outlining the action steps taken to successfully transform 11 practices with 236 physicians at 51 practice sites across New York’s Hudson Valley to the medical home.

“Speaking at the practice side of that, I would say, *don’t*,” Kaye answered. “You really do need an organization that is committed to making these changes.”¹

Kaye spoke from direct experience; he is medical officer of Hudson River HealthCare, a Level 3 medical home and federally qualified health center with 15 sites serving the Hudson Valley, and medical director of the Hudson Valley Initiative’s practice transformation program. He also serves on the board of directors as treasurer of Taconic Health Information Network and Community (THINC), the convening organization in the Hudson Valley that sponsored the medical home project.

Stuard added her agreement. As executive director of THINC she works with constituents across the health care spectrum—insurers, purchasers,

providers, community leaders—to steer collaborative efforts. She recalled the two and a half years of planning it took to get the project off the ground, the 18 months spent negotiating incentive payments, and the intense support required for practice transformation.

Innovative, creative leadership, combined with commitment to a shared vision to improve delivery of health care are at the heart of the Hudson Valley Initiative. Three local organizations—Taconic IPA, MedAllies and THINC—work to support physicians as they transform their practices to new care models, engage insurance plans to support change, and evaluate the effectiveness of new care models through research.

Collaboration focused on quality improvement

In 2000, the leadership of Taconic IPA became convinced that the group’s quality improvement efforts could be better served with implementation of common technologies across practices. They first looked to electronic prescribing and then moved to implementation of electronic health records (EHRs) in physician practices. From the beginning, the goal was clear: Technology should be deployed to achieve quality improvement, efficiency and better care coordination.

“There was always a feeling that a common technology, implemented well, with very robust

efforts at the practice level for practice redesign, was a necessary step to get at quality,” said A. John Blair III, MD, president of Taconic IPA.

That insight comes from the unique provider-led perspective of the Hudson Valley Initiative. As Kaye notes, the leadership of the ongoing effort here is pioneering new technology to ensure doctors can and do use it in patient care.

“We are doctors, and we have an understanding of how these technologies really work in the office, where patients meet care,” Kaye said. “Reaching into that level of usefulness of the technology and how it’s going to work is a key strength.”

After a year of implementation efforts deployed from within Taconic IPA, Blair thoroughly understood what it took to support health IT implementation and workflow redesign within physician offices. He proposed to Taconic IPA’s leadership and the insurance company associated with its practices, MVP Healthcare, that they provide \$500,000 each to start the separate entity with the sole purpose of implementing health information technology and supporting its use in practices. In 2001, Blair became chief executive officer of MedAllies, a for-profit health information service provider that is the “hands on the wheel and feet on the street,” assisting physician office practices with ongoing, local support to implement health IT in a meaningful way. MedAllies is also the platform that provides access to connect networks and technology tools, and the monitoring to ensure practices are optimally

utilizing it, the benefit of which has been proven in recent research.²

Taconic IPA won grants³ to expand the implementation of EHRs. The success of the project grew to bring in hospitals and labs as data sources for quality improvement and better patient care at the point of care, and a number of practices successfully implemented EHRs.




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Local leadership, national perspective

In addition to his roles with MedAllies and Taconic IPA, Blair kept his finger on the pulse of the transformation of health care nationwide. He served on a number of national boards and panels related to health IT evaluation and standards.

At the same time, interest in the work of MedAllies was growing at home among a new group of providers. Hospitals, labs and physician groups outside the Taconic IPA umbrella expressed interest in EHR implementation.

Three organizations share a common vision

Organization and Type	Year Started	Description
 Taconic IPA (non-profit)	1989	Taconic IPA is the nearly 4,000-member-strong physician leadership organization focused on innovative initiatives to transform medical practices and improve health care quality.
 MedAllies (for-profit)	2001	MedAllies is the health information services provider that facilitates physician practice redesign to improve efficiency and effectiveness of health care through health information technology, and operates the technical backbone for health information exchange.
 THINC (not-for-profit)	2005	THINC is the convening organization that defines and sponsors research to advance improved patient care delivery models using health information technology; structures and implements pay-for-performance criteria associated with physician practice quality initiatives; and governs the region’s secure health information exchange network.

Discussions with health plans were also expanding beyond MVP Healthcare, as Blair and local business leaders reached out to several competing plans to discuss a coordinating incentive plan to support quality improvement and technology efforts. Beginning in 2003, a loosely structured group of health plans and employers called the EHR Collaborative formed to discuss incentives for e-prescribing and later for EHR adoption.

THINC created, expands stakeholder base

In 2005, New York created the HEAL health IT grant program to support community-based projects. Blair, through his national health IT activities, approached colleague Lori Evans to propose they pursue the HEAL grant funds to form an organization in the Hudson Valley focused on improvements in quality through use of health IT and exchange. Evans had been a part of the founding staff of the Health and Human Services Office of the National Coordinator for HIT, and she had ties to New York. Evans' and Blair's leadership efforts led to the decision by the Taconic IPA Board to fundamentally expand the original vision to one that had far-reaching consequences. This vision was realized by a decision of the board to relinquish control of a narrow focus of practice adoption to a broader opportunity to create a multi-stakeholder community effort, now called THINC, as a convening organization. THINC was established as a 501(c)3 in November 2005.

“THINC is the neutral, non-profit organization responsible for bringing together competing organizations in the community to collaborate,” said Stuard, who came on board as THINC's executive director in 2008.

THINC is governed by a board of directors representing a large employer representative, physicians, federally qualified community health centers, hospitals and a consumer group. THINC operates with five board committees with over 60 volunteer leaders. These committees include representatives from physician practices, hospitals, safety net providers, payers, employers, public health, quality organizations, state government, community business leaders, a consumer advocacy group and others in the health care industry.

The work THINC has pursued since its inception has followed a logical sequence: Set the foundation for practice

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transformation through implementation of practice-based electronic health records, and then build on the foundation for improved patient care with secure health information exchange and structured care coordination efforts. THINC's work aligns with the focus on use of health information technology as a tool to support an overarching quality agenda.

Giving up control, gaining value

THINC was started with a grant from Taconic IPA, which still supports the organization with an administrative grant each year. From the start, THINC's leadership and governance included diverse representation, paying particular attention to participation from community health centers. THINC further cemented its role as community convener when it won a \$5 million HEAL1 grant to support EHR adoption that same year.

Because the Taconic IPA board relinquished control of the EHR project to THINC upon its creation, the physician community served in a supporting role. “We knew that it had to be neutral and unencumbered to bring everybody to the table,” Blair recalls. No Taconic IPA physicians serve on the THINC board of directors.

New leadership, same passion and expansion of vision

The selection of Stuard to head THINC in 2008 brought on board a highly regarded statewide leader in health IT policy and implementation.

“As an organization, THINC held powerful appeal because it was not simply sponsoring health information exchange, but also because it fostered EHR implementation and adoption from the start,” Stuard said. “What you can do from that base in quality improvement is much stronger.”

Participating health plans that represent 65 percent of the local commercial market work with THINC to operational-

ize quality improvement, enhance patient and provider satisfaction, encourage public reporting and protect patient privacy. THINC has been successful in securing federal, state and local funding to establish criteria that support meaningful adoption of EHRs.

Leveraging connections, working as a team

THINC works as the architect of health care transformation in the Hudson Valley, focusing community leadership around a common vision, administering grants and project funding and working with payers to align incentives. Taconic IPA's influence among providers infuses a culture to support practice transformation. MedAllies supplies the technical capabilities to implement systems designed for quality improvement.

THINC and its collaborators provide a range of transformation and health IT-related educational and support services to physician providers who have adopted EHRs and to practices that have become certified as patient-centered medical homes (PCMHs). Nearly 600 Hudson Valley physicians have adopted EHRs and 236 have transformed their practices into PCMHs.

Nationwide, much discussion has surrounded the difficulties for solo or small practitioners to implement EHRs. The Hudson Valley Initiative has successfully implemented EHRs among some 30 solo practitioners.

“It's not a matter of EHR product availability, usability or affordability; it's more an effort of ongoing, continuing implementation effort and robust support,” Blair said. “Everyone will struggle for the first several months on EHRs, but it is certainly achievable for practices of all sizes.”

Providers, payers engage with PCMH

In 2007, THINC undertook a pay-for-performance/patient-centered medical home project. Recognizing that Taconic IPA offered the ideal test bed for practice transformation through access to its broad physician network, and MedAllies offered expertise in implementation of health IT (a component of the medical home), this team set out to develop a project that was synergistic and highly structured from the start.

A leadership team⁴ identified 15 physician practices considered advanced, robust users of information technology and that were outcomes-driven, with the ability to understand the importance of good performance in quality and patient satisfaction. The leadership of those practices (both clinical and administrative) became the Taconic IPA Medical Council. This group meets monthly to facilitate communication, collaborate, plan and discuss pain points, to share best practices and facilitate shared solutions. The Medical Council represents a cross-section of provider types: three progressive community health centers, several large multi-specialty groups, several medium-sized practices and a few solo practitioners.

Ideas and Characteristics for an Ideal Community

The Hudson Valley Initiative arises from three key ideas shared by Taconic IPA, MedAllies and THINC:

- Health care should be **patient-centered, coordinated** and **accessible**;
- There should be a sustainable financial model for health care that **lowers cost** and **increases quality**;
- Health information technology should be used as a **tool to improve** patient care and community health.

A vision for these ideas is realized in five characteristics of the ideal community that support the ideas of the Hudson Valley Initiative:

- Care will be coordinated and managed by a primary care team along a continuum that includes specialty, acute and long-term care.
- Care will be patient-centered and focused on the needs of the patient and family regardless of payment source.
- Consumers, providers, employers and health plans will have timely access to information about patient satisfaction, cost, quality and appropriateness of care delivered.
- Health information technology will be used by clinicians in all settings in a meaningful way to support, measure, evaluate and improve patient care.
- Health care financing will be restructured to sustain care delivery models that maximize value.

Three-Step Foundation for Revolutionary Change

Replicating the Hudson Valley Initiative in other communities is achievable with the right foundation, Blair said.

“First, you have to be able to articulate and engender enthusiasm across the disparate stakeholder groups for a common vision that trickles down the clear goal: to improve the health of the community,” he said. “Everyone has to agree to drop some of our competitive juices in order to start to achieve that strategic vision.”

The second step is to begin to “drive dollars to reward performance, and start to align incentives with payers,” he said. “Otherwise you won’t sustain it.”

Lastly, Blair advocates local expertise to support ongoing infrastructure deployment and support. “That’s an important aspect of transformation, to be able to bring down the cost structure with local expertise to deploy and support these practices at the infrastructure and information technology levels.”

“The learning that’s been garnered over the course of this has been bi-directional,” Blair said. “When we started this, it was funny how everyone thought that everyone else had it easier. That difference has melted away as we discovered that we all had a lot to learn from each other.”

THINC leads, partners and community follow

The PCMH project was a tipping point in the effort to engage health plans in the process. When the concept moved from payment for technology infrastructure to payment for transformational change after infrastructure deployment, THINC brought in the six health plans and IBM to sign on. Coupled with objective measurement to garner incentive payments—medical home transformation with National Committee on Quality Assurance (NCQA) recognition of at least Level 2—the PCMH project engaged the payers, who together agreed to offer incentives to providers based on criteria that lead to better patient outcomes, utilization targets and patient satisfaction. In 2009, the initiative required physician practices to achieve NCQA Level 2 PCMH recognition status to participate in pay-for-performance payments.

The Hudson Valley Initiative advocates research and deployment of resources to enable change.

Blair encouraged the Taconic IPA board to obtain consulting support from American Academy of Family Practitioners subsidiary TransforMED as well as Massachusetts QIO MassPro. The group hired Jill Quaresimo, RN, JD, research nurse and compliance officer for Taconic IPA, to manage the project on the Taconic IPA side.

Armed with commitment and the right resources for hands-on practice transformation assistance, the practices had 10 months to transform to the medical home model and submit their paperwork for NCQA recognition.

Success and future initiatives

Early on, four practices determined they would not be able to make the deadline for complete transformation and dropped out of the project. However, of the 11 remaining groups operating across 51 practice sites, all achieved Level 3 NCQA PCP-PCMH recognition within the required timeframe. This enormous accomplishment represents 44 percent of total Level 3 clinicians in New York, and nearly 10 percent of all practices at this level across the country. Of note, two more of the original 15 practices selected, representing an additional 16 practice sites, are expected to achieve NCQA recognition before the end of 2010.

“It should not be underestimated what it takes to transform practices to medical homes—this isn’t easy,” Stuard said. “The effort necessary for NCQA recognition in terms of documentation is a fair burden for a small practice that is very tight on staff and infrastructure. THINC and its board of directors has felt very strongly from the beginning that support for small physician practices in EHR adoption and quality initiatives was a critical part of our mission. The small practices made it, but it took a very significant provider support effort.”

This experiential insight aligns with national research findings. A medical home trial launched by the American Academy of Family Physicians with financial support from The Commonwealth Fund studied the transformation of 36 family practices. The practices that received extensive help from consultants and vendors were able to implement more components of the medical home over the course of the study. The authors who evaluated the project estimated that physicians typically need more than two years to get up to speed on the new care delivery model.⁵

An aggressive research agenda in partnership with Weill Cornell Medical College was nurtured to establish monitoring and evaluation with studies that include measures of patient satisfaction, physician satisfaction, quality and outcome measures and impact of health IT on quality and performance.

The next phase of the PCMH project will build on the work of the Medical Council and its related practices to implement care coordination. In 2010, the practices are required to train staff and be certified in the Johns Hopkins University Guided Care program, conduct most of the elements of the Consumer Assessment of Healthcare Providers and Systems

survey, and participate in expanded quality monitoring functionalities.

A foundation and action steps for success

Success relies on a common cultural value: Improve the value of health care in the Hudson Valley. All three entities share that vision and each pulls its weight to achieve it.

For Kaye, leadership is another ingredient for success.

“There are a lot of visionary people here who can see ahead four or five steps,” he said. “And when they see their third step is in the mud, they’re able to change steps—that’s both visionary and adaptable.” ■

ENDNOTES

1. Transcript from Healthcare Intelligence Network Webinar, “Improving Physician Performance and Value-Based Reimbursement Levels Through Meaningful Data Sharing,” featuring Paul Kaye, MD, and Susan Stuard, MBA. June 23, 2010.
2. Kaushal, et al. Electronic Prescribing Improves Medication Safety in Community-Based Office Practices. *Journal of General Internal Medicine*, 26 February 2010.
3. From the eHealth Initiative’s Connecting Communities initiative and the Agency for Health Research and Quality.
4. The team was composed of Blair, Stuard, THINC board member Paul Kaye, MD (medical director for Hudson River Healthcare, a safety net provider); Dianne Koval, MedAllies’ vice president for physician practice adoption; LeRoy Jones, chief information officer, MedAllies; and Holly Miller, MD, chief medical officer for MedAllies.
5. “Lack of Adequate Pay Reduces Effectiveness of Medical Home,” *Medscape Today*. June 7, 2010. Accessed July 7, 2010, <http://www.medscape.com/viewarticle/723086>.

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About the Hudson Valley Initiative



The **Hudson Valley Initiative** is an effort among three organizations—Taconic IPA, Taconic Health Information Network and Community and MedAllies—to revolutionize health care delivery through a shared vision to improve the quality, safety and efficiency of health care in the community. We leverage health information technology, physician practice transformation and value-based purchasing in pursuit of care delivery that is patient-centered, coordinated, accessible, high quality, and efficiently delivered through sustainable financial models. For more information go to www.hudsonvalleyinitiative.com.

Taconic IPA is the nearly 4,000-member strong physician leadership organization focused on innovative initiatives to transform medical practices and improve health care quality. For more information go to www.taconicipa.com.

THINC is the not-for profit convening organization that defines and sponsors research to advance improved patient care delivery models using health information technology; structures and implements pay-for-performance criteria associated with physician practice quality initiatives; and governs the region’s secure health information exchange network. For information go to www.thinc.org.



MedAllies is the health information services provider that facilitates physician practice redesign to improve efficiency and effectiveness of health care through health information technology, and operates the technical backbone for health information exchange. For more information go to www.medallies.com.