

Good afternoon and thank you for the opportunity to share the success of EHR implementations in New York's Hudson Valley, where we have achieved a 43 percent EHR adoption rate among primary care providers (37 percent overall). We have accomplished this success through the collaboration of three community organizations:

- An independent practice association, Taconic IPA, which I serve as President;
- A health information service provider, MedAllies; and
- A consensus-driven, community-focused, multi-stakeholder regional health organization, Taconic Health Information Network and Community or THINC.¹

In the Hudson Valley, Taconic IPA provides critical leadership for nearly 4,000 physicians; THINC convenes the greater community of hospitals, health plans and other physicians; and MedAllies develops the technical infrastructure and facilitates implementation.

My story is unique among today's presenters because, while I represent the providers of Taconic IPA, I also serve as CEO of MedAllies. MedAllies is not a vendor of electronic health records applications; rather, it is a health information service provider that assists and offers ongoing, local support to physician practices to adopt and implement health information technology in a meaningful way that will lead to safer, more efficient patient care. Our business works in collaboration with several health IT vendors in order to match physician practices with the solutions that best fit their needs.

MedAllies is the platform, or the information highway that provides access to connect networks and technology tools. Even more important, MedAllies is the health IT implementation expert organization for the Hudson Valley. It is from the MedAllies perspective that I will discuss the solutions we are currently offering to our clients, where we are in terms of achieving meaningful use, and the challenges we have identified.

Solutions that support providers

Our service region represents a population of 2.38 million people and encompasses nine counties in the Hudson Valley. The community covers a broad socioeconomic range—from densely populated, impoverished inner-cities, to affluent suburban towns and villages, to sparsely populated, isolated rural areas. The rate of primary care providers per 100,000 residents ranges from 22 to 104, revealing a snapshot of the diverse health care infrastructure. In this setting, MedAllies will complete implementation of electronic health records systems for more than 600 providers by the end of July, and is projected to reach 750 providers by year end. Practice sizes range from solo practitioners to more than 100 providers. Some practices are hospital owned, many are private practices, and one is a federally-qualified community health centers.

¹ Implementation work in the Hudson Valley has been supported by THINC's \$5 million grant from New York's Department of Health to help spur EHR adoption.

Over the past decade, health IT adoption efforts in the Hudson Valley evolved from deployment of HIE/Portal applications to free-standing e-prescribing applications, and today we are implementing comprehensive EHRs. The initial premise of the regional effort and common theme throughout all application deployments has been use of a dedicated, *highly skilled local workforce* with deep knowledge of the deployed application and a thorough understanding of all types of ambulatory practice settings.

We use “best practices” methodology to help practices use information technology to advance to the highest level of utilization to improve patient care and transform their practices. An example of our success is demonstrated through results thus far of the Taconic IPA Medical Home project, in which 237 physicians in 51 practice settings achieved NCQA Level 3 recognition, numbers that represent 60 percent of total Level 3 providers in New York, and 11 percent of all recognized providers. Physician practices cannot achieve Level 3 recognition without demonstrating EHR functionality for e-prescribing, patient tracking and patient registry. MedAllies is the implementation collaborator on this project.

Key Hudson Valley success factor: implementation and ongoing support

What makes the Hudson Valley unique is that MedAllies *does not make a distinction between implementation of EHR technology and ongoing support*. Once a system is installed and the initial training is complete, we take responsibility for ensuring the journey continually results in more efficient and effective use of the system for improved clinical outcomes and a more financially stable practice. We view enhanced EHR usage as a never-ending journey—we offer local support to providers for as long as they use the system. The read-ahead articles we sent this group point to the weakness of installing these systems without the benefit of implementation support.

Current approach

The MedAllies implementation team includes experts in medical informatics, clinical care, health information management, training methodologies, physician practice management, physician practice billing, technical interfaces, network infrastructure and information technology. We train physicians and their staff at our facilities, as well as doing on-site training. Our chief medical officer has overseen large scale EHR implementations and is responsible for EHR usage and will oversee our meaningful use preparations for future implementations and our current install base.

We offer the software as a service (SaaS) approach for smaller groups and a data center installation for larger groups; however, we have some larger groups that have elected to have MedAllies host them. Our standard offering includes a comprehensive electronic health record

including a full practice management system. We have an in-depth implementation and ongoing compliance program with Surescripts, our e-prescribing partner, which begins at go-live. Bi-directional lab interfaces are activated concurrently with deployment of the clinical systems when the provider begins documenting at the point of care.

We believe that point of care documentation needs to include full e-prescribing (eligibility checking, formulary checking, alerts, history checking, refill requests, electronic script submission and mail order) and lab ordering (alerts, medical necessity checking). The importance of this emphasis was born out in a recently released Weill Cornell Medical College study of Hudson Valley physician practices that showed e-prescribing improves medication safety in community-based office practices. The study, published in this month's Journal of General Internal Medicine and funded by AHRQ, showed doctors who used e-prescribing had seven times fewer errors than a control group using paper-based providers. The study noted that implementation support provided by MedAllies was central to the successful use of standalone software by the practices.

Similarly, we believe, as with e-prescribing and lab ordering, that referrals and consults should be in the EHR work flow, and we will be adding that to our capability and meaningful use training.

Current Solutions

Any practice we implement must commit to retiring their paper charts within an agreed upon timeframe and we work with the practice to develop a comprehensive chart retirement plan. We give practices several approaches, including methods for discrete data collection which are factored into the implementation process. We do not take on practices that intend to leave some providers on paper and others on an EHR, creating a dual workflow for all staff. MedAllies does a thorough risk assessment before working with a new practice for implementation. This includes a review of the *financial viability* of the practice. If we have concerns, we will not implement the group. We will help remediate, if the practice desires, and we will implement the group if they stabilize.

We also assess practices for *clinical and non-clinical administrative leadership and buy-in*, as this is fundamental for robust implementation and practice stability throughout the process. Also, we now understand that *realistic expectations and appropriate goals* are essential for a successful implementation and system usage that will result in better care and improved patient satisfaction. Interested groups go through an approval process which results in realistic expectation and goal setting. We decline about 10% of interested groups.

The initial risk assessment and implementation process takes four to six months for smaller groups and can take over a year for a large group. Once it is complete, we begin our ongoing

usage enhancement efforts. These include intermittent scheduled site visits, off-site training at our local training center, and ongoing system usage monitoring with remediation for problems.

Roadmap for Meaningful Use

MedAllies is tracking the meaningful use criteria and we feel that we have all but two of the criteria in place, or we can have them in place using our established process of system enhancements, configuration, training (on-site, off-site at our local training facility, Web-based), and compliance monitoring.

The two meaningful use criteria yet to be implemented are:

- 1) Provide at least 10% patients with electronic access to their health information, and
- 2) Demonstrate the capability to provide electronic syndromic surveillance data to public health agencies.

Greatest challenges

One year ago, our greatest challenges were meeting expectations from practices, overcoming workflow issues and lab integration. We have now addressed these, and several have evolved from challenges into foundational steps in our approach. Our current challenge now is ***ensuring persistent, optimal usage of the EHR systems***. We are working to keep providers from slipping back on some of the advanced functionalities EHR systems bring, particularly with regard to structured data entry that will be critical for outcomes and public health reporting and some registry functions. The level of data entry required for this is time-consuming and less efficient for practitioners at the point of care; it affects speed of workflow.

The solutions:

- ***Introduction of improved software that can better capture the documentation needed.*** Vendors in the past have built systems that can quickly document patient encounters and charge capture for better reimbursement. As meaningful use comes into practice, requiring physicians to accurately report this data will require the vendors to design better software that can more efficiently capture and report out the data.
- ***Local monitoring of usage and support.*** MedAllies is developing more capabilities in this arena; we currently track six different parameters for e-prescribing alone. Because we are a local collaborator, we continue to closely monitor practices after implementation. We can track usage in real time, and can respond quickly to practices with solutions, further training, and appropriate support. This local health information services provider model can be replicated elsewhere.

- *Incentives to reward accurate data entry and reporting.* Physician practices that are measured based on outcomes will necessarily be required to accurately report this data in order to earn incentives. When payment models shift to reward outcomes, structured and complete data will become a higher priority in physician workflow.