NYC Health

Primary Care Information Project Bulletin

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PCIP Celebrates NYC REACH Achievements

The Primary Care Information Project (PCIP) celebrated the completion of the Regional Extension Center (REC) grant with a Meaningful Use Achievement Celebration in March 2015.

New York City Health Department Commissioner, Dr. Mary T. Bassett, delivers her keynote address.

Special guests at the celebration included New York City Department of Health and Mental Hygiene (DOHMH) Commissioner Dr. Mary T. Bassett, Deputy Commissioner of Prevention and Primary Care Dr. Sonia Angell, former DOHMH Commissioner Dr. Thomas Farley, former PCIP Assistant Commissioners, Dr. Amanda Parsons and Dr. Jesse Singer, and former PCIP Assistant Commissioner and ONC Coordinator, Dr. Farzad Mostashari.

Dr. Bassett's keynote address celebrated PCIP's achievements and forecasted the future of public health by discussing her vision of achieving health equity – which included potential ways to bridge the divide between public health and primary health care. Dr. Bassett referenced the benefits of Electronic Health Records (EHRs) as tools for obtaining information at the point of care, providing data regarding the health status of patient populations and identifying patients with unique needs.

Awarded the REC grant from the Office of National Coordinator of Health Information Technology (ONC) in 2011, PCIP launched NYC REACH to assist over 4,000 providers to adopt EHRs and achieve the first year of Stage 1 Meaningful Use over the course of four years. In 2005, PCIP was established as a bureau of DOHMH to improve population health by promoting the adoption and use of Health Information Technology for increasing clinical preventive services among healthcare providers in New York City.

NYC REACH has assisted over 16,000 providers — including independent practices, community health centers, Federally Qualified Health Centers and hospital outpatient clinics — with the adoption and use of EHRs to increase the delivery of preventative care. Providers that are part of NYC REACH have collectively earned over $153 million in incentive payments for their participation in the Medicaid and Medicare EHR Incentive Programs.

PCIP continues to expand support to health care providers in other areas. Grants building on the work initiated by NYC REACH will support practices in improving diabetes prevention, diabetes management, smoking cessation intervention and hypertension management. Look for additional announcements and information on ways to partner with NYC REACH and DOHMH to increase the health of all New Yorkers.

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Proposed Rules on Meaningful Use Alignment and 2015 Edition EHR Criteria

The Centers for Medicare and Medicaid Services (CMS) and The Office of the National Coordinator for Health Information Technology (ONC) released notices of proposed rulemaking this past March. If passed, these proposed rules will impact providers and EHR vendors participating in the EHR Incentive Programs.

Meaningful Use Stage 1 and Stage 2 Alignment

CMS issued a proposed rule that aligns Stage 1 and Stage 2 of Meaningful Use with the proposed rule for Stage 3 for 2017 and subsequent years. If passed, this rule will build progress toward Meaningful Use program milestones, reduce complexity across stages and simplify providers' reporting measures. The proposed rule will also give providers the opportunity to focus on the advanced use of their certified EHR to support health information exchange and quality improvement.

The main focus of the rule is to promote care coordination and access to health information for patients, and support data collection in a format that can be shared across multiple healthcare organizations.

Major changes proposed:

- Reducing the overall number of objectives by removing measures that have become redundant, duplicative or have reached wide-spread adoption;
- Realigning the reporting period to the calendar year beginning in 2015 [Applicable to Eligible Hospitals to align reporting period to the calendar year instead of a fiscal year]; and
- Allowing a 90-day reporting period in 2015 to accommodate the implementation of these proposed changes [Eligible Professionals (EPs) will be expected to report for a full calendar year starting January 2016].

2015 Edition EHR Certification Criteria

The ONC also proposed a rule to introduce the new edition of certified EHR technology (CEHRT) criteria. This proposed rule for the 2015 CEHRT criteria will potentially modify the Health IT Certification Program to support new capabilities and standard-based requirements and will prepare EHR vendors and providers for potential requirements needed to support Meaningful Use Stage 3.

In the proposed rule, Eligible Professionals (EPs) will be allowed to choose which version of their certified EHR they can use to attest through 2017. Starting in 2018, 2015 Edition CEHRT must be implemented in order to attest for Meaningful Use.

Major changes proposed:

- New certification criteria representing new functionalities, such as criteria to support patient population filtering of clinical quality measures;
- Enhanced interoperability with new or updated implementation specifications for several certification criteria, including transitions of care and clinical decision support;
- A path for the certification of "non-Meaningful Use" EHR technology to provide access to types of health IT that support various care and practice settings
- Revisions to the 2014 Edition syndromic surveillance certification criteria to better support the ability to meet corresponding Meaningful Use objectives and measures

Please note: These rules have **not** been finalized. All EHR Incentive Program participants should continue planning to attest for current expected Meaningful Use Stage for the respective reporting period.

New Guide Available from the NYC Health Department

The New York City Department of Health and Mental Hygiene recently released "**Provider Reporting: How to Report Diseases, Events, and Conditions to the New York City Health Department.**" The guide provides a table of all reportable diseases and events, including instructions on how and when providers should report them.

To view the guide, visit nyc.gov and search **provider reporting**.

Heat-Related Death: Who Is at Risk and What Can You Do?

During the summer months, the New York City Department of Health and Mental Hygiene (DOHMH) encourages providers to identify patients who are at increased risk of heat-related illness or death and provide anticipatory guidance to patients, their families and caregivers before heat emergencies occur.

Hot weather can cause heat stroke and exacerbate underlying medical conditions. Most hyperthermia fatalities occur after exposure to heat inside homes. Heat is particularly dangerous for older patients, patients with chronic health conditions, patients taking medications that impair thermoregulation and patients who drink heavily or use illicit drugs.

In the summer of 2013, 24 adults and two children died from heatstroke.[1] Most deaths occurred during heat emergencies. In New York City, a heat emergency is declared when the heat index, a combination of temperature and humidity, reaches 95 degrees or more for at least two days or 100 degrees or more on one day. However, heat illness can occur at lower heat indices.

Patients at Risk for Heat Related Illness and Death

People who do not have or do not use home air conditioning AND:

- Are aged ≥ 65 years
- Have chronic health conditions, including:
  - Cardiovascular, respiratory or renal disease
  - Obesity (BMI > 30)
  - Diabetes
  - Psychiatric illness such as schizophrenia or bipolar disorder
  - Cognitive or developmental disorder that impairs judgment or self-care
- Take medications that can impair thermoregulation, including:
  - Diuretics
  - Anticholinergics
  - Neuroleptics
- Use illicit drugs or drink heavily
- Are socially isolated or have limited mobility

Fortunately, heat illness and death are preventable. Air-conditioners are effective and potentially lifesaving for vulnerable people. In New York City, the Home Energy Assistance Program (HEAP) provides limited assistance for the purchase and installation of air conditioners for patients with a medical need for air conditioning and who meet income eligibility criteria. Provide patients who qualify a written statement documenting increased risk for heat-related illness due to a medical or psychiatric condition, or use of medication(s). Patients can visit www.mybenefits.ny.gov or call the HEAP Hotline at 800-342-3009 for more information about the program.

Advise patients to set air conditioners to 78 degrees to provide comfort while conserving energy and money. Give patients without an air conditioner instructions on how to keep cool, including going to a city cooling center, taking a cool shower and staying hydrated. Patients with medical conditions that dictate a strict fluid balance, such as congestive heart failure and renal disease, should work closely with providers to ensure that they stay hydrated without taking in a dangerous volume of fluid. Encourage families, friends and neighbors to check on at-risk patients at least once a day during heat events.

Remind Your Patients to Stay Cool

Stay hydrated! Drink water, even if you are not thirsty. Avoid drinks with alcohol, caffeine or lots of sugar

Keep cool! Use your AC if you have one. Set to 78 degrees.

Or go to a cool place like a library, museum, mall, a friend's home with air conditioning or a cooling center. To find a cooling center during a heat wave, call 311.

Or, if you cannot go to a cool place:
Take a shower or bath with tepid water. Avoid cold water, since sudden temperature changes may make you feel dizzy or sick.
Close window shades or curtains to keep the sun out of your home.
Try not to use your stove and oven.

[1] *Epi Data Brief, New York City Department of Health and Mental Hygiene August 2014, No. 47* http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief47.pdf

Western Care Medical PC: Leveraging the Patient-Centered Medical Home (PCMH) Model to Improve Care

Located in Jackson Heights, Western Care Medical PC, led by Dr. Ferdous Khandker, has been serving the neighborhood for twelve years. Western Care Medical is an independent, community-based small practice consisting of two physician assistants and two providers. Their Providers pride themselves on developing strong relationships with their patients and on learning what engages and motivates patients to improve health outcomes. This patient-centric approach led Dr. Khandker to transform his practice under the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) model.

Dr. Ferdous Khandker (second from left) poses with his staff at Western Care Medical.

PCMH transforms primary care by emphasizing care coordination outside the facility and increasing communication with patients. The PCMH model is a fundamental part of multiple New York State and federal initiatives, including Meaningful Use, the State Innovation Model and the New York State Delivery System Reform Incentive Payment (DSRIP) program. PCMH is also seen as an existing framework for doing the work required to achieve shared savings as part of an Accountable Care Organization (ACO).

Knowing the impact of the PCMH model and the alignment with key healthcare initiatives, Dr. Khandker decided to pursue PCMH recognition. "PCMH is the new standard of care now, so doctors should do it," said Dr. Khandker. "We want to improve all of the care we deliver to our patients. PCMH is helping us begin that improvement." Because the PCMH transformation required a lot of work, Dr. Khandker sought out support from NYC REACH.

One of Dr. Khandker's biggest challenges was keeping the office staff on the same page in terms of goals and responsibilities. Using the Plan-Do-Study-Act quality improvement model, a component of PCMH, Dr. Khandker simplified large goals into smaller tasks assigned to different practice staff. Involving practice staff led to their commitment as part of a team-based model. Dr. Khandker implemented monthly meetings that provided opportunities for staff members to review and discuss as a team how to care for patients with multiple chronic diseases. NYC REACH helped Dr. Khandker understand how to streamline existing workflows and optimize the use of their EHR to facilitate the transformation process.

"We want to improve all of the care we deliver to our patients. PCMH is helping us begin that improvement."

After six months of focusing on meeting the PCMH requirements, Western Care Medical submitted their application and received recognition as a NCQA PCMH 2011 Level 3 - the highest level. Because of all of their preparatory work prior to submitting their PCMH application, the practice received the maximum points allowed.

When discussing this accomplishment, Dr. Khandker acknowledged how NYC REACH helped them establish a new workflow as a strong foundation. "Without them, I'd be blind," Dr. Khandker explained. "PCMH recognition was a difficult process. But NYC REACH provided assistance every step of the way."

After obtaining PCMH recognition, Western Medical Care has seen patient satisfaction improve as measured in surveys and interviews, which is a part of the PCMH transformation. "The quality of care is different. The patients notice this," Dr. Khandker affirmed.

Dr. Khandker plans to use the incentives gained from PCMH recognition to hire additional staff and continue looking for innovative ways to improve the quality of care the Western Care Medical delivers to its patients.

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Western Care Medical PC: Leveraging the Patient-Centered Medical Home (PCMH) Model to Improve Care

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"Quality improvement is very important," Dr. Khandker declared. "The process cannot be accomplished overnight. Providers and staff must expect to work hard. However, if you participate in programs like this, it will result in improved care." Dr. Khandker is already planning to upgrade Western Care Medical PCMH level to the 2014 NCQA PCMH standards.

Achieving PCMH recognition consists of months of preparation and work for all staff working at a practice. Some of this work might consist of workflow assessment and redesign, policy development and additional staff training.

NYC REACH has assisted over 400 sites, including small practices, with NCQA PCMH recognition since 2010 and continues to support practices interested in transformation and recognition under the 2014 NCQA standards. For more information on NYC REACH's PCMH services, please contact pcmh@health.nyc.gov.

Update: PCMH Policy and Incentive Payment Information

In 2015, New York State Medicaid announced the extension of the Statewide PCMH Incentive Program implementation date in order to give providers additional time to achieve PCMH recognition from the National Committee for Quality Assurance (NCQA). The implementation date was delayed from April 1, 2015 to January 1, 2016. The new deadline gives providers the opportunity to achieve level 2 or 3 NCQA PCMH recognition under the 2014 standards by the end of the year. These changes will affect payments to providers recognized under the 2011 or 2014 standards.

Please note: This extension only applies to providers recognized under the 2011 and 2014 standards. All incentive payments for PCMH-recognized providers with 2008 standards were discontinued, effective April 1, 2015.

This revised policy is applicable to both Medicaid Managed Care (MMC) and Medicaid Fee-for-Service (FFS). Starting January 1, 2016, incentives for providers recognized under NCQA's 2011 standards will be reduced and incentives for providers recognized under NCQA's 2014 standards will be increased.

Achieving PCMH recognition takes time and effort. Not only is PCMH recognition tied to Medicaid incentives, it is also a key requirement for participation in the New York State Delivery System Reform Incentive Payment program . If you have questions or concerns, please contact PCMH@health.nyc.gov.

PCMH Statewide Incentive Payment Program and 'Add-on' Amount

April 1,2015 through December 31, 2015

	NCQA Level 1, 2, or 3 2008 Standards	NCQA Level 2 2011 or 2014 Standards	NCQA Level 3 2011 or 2014 Standards
MMC – PMPM	$0.00	$4.00	$6.00
FFS Per Visit			
Institutional	$0.00	$11.25	$16.75
Professional	$0.00	$14.25	$21.25

PCMH Statewide Incentive Payment Program and 'Add-on' Amount

Effective January 1, 2016

	NCQA Level 2 2011/2014 Standards	NCQA Level 3 2011/2014 Standards
MMC – PMPM	$2.00/$6.00	$4.00/$8.00
FFS Per Visit		
Institutional	$7.75/$23.25	$12.50/$25.25
Professional	$6.75/20.50	$14.50/$29.00

Parachute NYC: An Alternative to Hospitalization for Mental Health Patients

The NYC Department of Health and Mental Hygiene (DOHMH) estimates that 239,000 New Yorkers ages 18 years or older suffer from serious mental distress, which means they experience symptoms of anxiety, depression and other emotional problems. Parachute NYC, a DOHMH project, opened its doors on January 2013 to offer free and confidential alternatives to hospitalization for New Yorkers experiencing serious mental distress.

Free and confidential Parachute NYC services are available to all New Yorkers who meet the following criteria:

* Ages 18 and older. The Brooklyn Mobile Treatment Team serves ages 16-30.
* Experiencing a mental health crisis. For the mobile treatment teams, the crisis should be psychosis related.
* Medically stable, with no medical condition that requires treatment in an acute medical setting
* Residents of the Bronx, Brooklyn, Manhattan or Queens
* Have stable housing
* Are not at imminent risk to themselves or others
* Do not have a diagnosis of dementia, organic brain impairment

Parachute NYC offers three community-based care services, including a support line, mobile treatment teams and crisis respite. The services combine medication, therapy and peer support to help the patient get through the current crisis and develop the skills to overcome or prevent future crises. The three services are:

- The Mobile Treatment Teams, which offer in-home support by specialized teams that work with the person and their support network as often as needed for up to one year. Care is specifically adapted to the person's needs and allows the individual to recover in a comfortable and familiar setting. The Mobile Treatment Teams are made up of psychiatrists, social workers (of which one is a family therapist) and peer specialists.
- The Crisis Respite Centers provide an open-door and home-like setting where people seeking temporary respite care can stay in a safe and supportive environment for up to 14 days. Guests can learn new recovery and relapse prevention skills through self-help training, self-advocacy education and 24-hour peer support. Crisis Respite Center staff include behavioral health professionals and peer specialists.
- The Support Line (646-741-HOPE) is available for anyone in emotional distress and is operated by trained peer staff who offer support daily, from 4 p.m. to midnight.

Any licensed mental health professional (including social workers, psychiatrists, family therapists, psychologists, mental health counselors and nurse practitioners) can make referrals to Parachute NYC.

Parachute NYC is supported by Funding Opportunity Number CMS-1C1-12-0001 from Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation.

To learn more about Parachute NYC, visit nyc.gov/health and search **Parachute NYC**.

Parachute NYC Referral Contact Information		
	Mobile Treatment Teams	Crisis Respite Centers
Bronx residents	Visiting Nurse Service Tel: 718-536-3198	Riverdale Mental Health Association Tel: 718-884-2992
Brooklyn residents	Woodhull Tel: 718-260-7725	Services for the UnderServed Tel: 347-505-0870
Manhattan residents	Visiting Nurse Service Tel: 212-609-1843	Community Access Tel: 646-257-5665
Queens residents	Visiting Nurse Service Tel: 718-888-6940	Transitional Services of NYC, Inc. Tel: 718-464-0375

NYC Treats Tobacco — Helping Healthcare Organizations and Providers to Help their Patients Quit

NYC Treats Tobacco is a New York State Department of Health (NYSDOH) grant-funded project aimed to help health care organizations implement policy reform and improve care systems, with the assistance of the Primary Care Information Project (PCIP). **The goal of this initiative is to ensure that all NYC patients are screened for tobacco use and all tobacco users are offered treatment for nicotine dependence.**

NYC Treats Tobacco is seeking to partner with medical and behavioral health care organizations to enhance tobacco dependence treatment services.

NYC Treats Tobacco provides technical assistance for health care organizations to:

- Update current ***institutional Tobacco Use Treatment (TUT) policies*** to align with the Public Health Services and NYSDOH evidence-based guidelines
- Ensure TUT policies are ***implemented*** throughout the organization
- Map the full spectrum of TUT quality indicators in electronic health record systems to ***fulfill federal quality reporting*** requirements
- Develop a system for generating ***performance feedback*** reports
- Ensure compliance with TUT-related ***meaningful use*** measures
- ***Optimize billing*** to obtain Medicaid reimbursement for TUT
- Implement a seamless system to refer smokers to the New York State (NYS) ***NYS Smokers' Quitline***
- Provide access to webinars and ***panel discussions*** that can assist in health system change

Email: info.nyctt@nyumc.org
Phone: 646-501-2537
Twitter: @NYCTreatTobacco

NYC Treats Tobacco is led by the NYU School of Medicine, Department of Population Health with funding from the New York State Department of Health, Bureau of Tobacco Control

Receiving Health Alerts from the NYC Health Department

The Health Alert Network (HAN) is an NYC MED application that provides up-to-date public health information for medical providers, delivered straight to your inbox and archived on the web. Other resources include an online document library on public health topics and an online community to exchange information and ideas with colleagues.

To sign up, please register to become a member of NYC MED here: a816-healthpsi.nyc.gov

Providers that register for NYC MED can also access:

- Provider resources for alcohol and drug use
- Communicable diseases and outbreak reporting instructions
- Early intervention information
- Information on health topics such as HIV, immunization, falls prevention and mental health

For more information on the HAN and other resources, visit nyc.gov and search **health alert network**.

NYC REACH

Regional Electronic Adoption Center for Health

NYC REACH is the federally designated Regional Extension Center for NYC, founded and operated by PCIP.

Reporting for PQRS in 2015

Eligible Providers (EPs) have until December 31, 2015 to report for PQRS in order to avoid a 2% payment adjustment in 2017. Individual EPs do not need to sign up or pre-register in order to participate in PQRS. However, EPs must meet the criteria for satisfactory reporting specified by the Centers for Medicare and Medicaid Services (CMS) for a particular reporting period in order to qualify for PQRS incentive payments. All EPs participating in PQRS need to report ***at least*** nine measures.

To participate in PQRS for **2015**, individual EPs may choose to report information on individual PQRS quality measures or measure groups using the following methods:

- Medicare Part B claims, also referred to as "Claim-based reporting" (EPs can use this if they have not been reporting through other methods for this year)
- Qualified registry
- Direct Electronic Health Record (EHR) using Certified EHR Technology
- Data Submission Vendor via Certified EHR Technology
- Qualified Clinical Data Registry

NYC REACH has recently created and updated resource guides for PQRS. Please visit the PQRS section of the NYC REACH Resource Library for more information.

For more information about participating in PQRS, please visit cms.gov/PQRS.

For additional questions, call or email the QualityNet Help Desk.

QualityNet Help Desk
Phone: 1-866-288-8912
TYY: 1-877-715-6222
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The Primary Care Information Project (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 Anthony Cruz, Communications Specialist, at mcruz11@health.nyc.gov