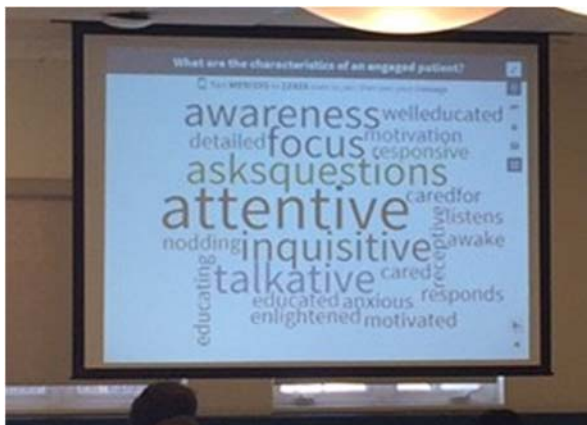


## Transforming Clinical Practice Initiative Learning Collaborative: Training the Trainer on Sustainable Practices

**T**ransforming Clinical Practice Initiative (TCPI) program leads from the Medisys Health Network, came together on June 15<sup>th</sup> and July 7<sup>th</sup> to take part in the second NYC REACH TCPI Learning Collaborative series. The collaborative focused on Patient & Family Engagement which, when implemented, leads to measurable improvements in quality of care. The collaborative attracted over 90 attendees across the health network, including chief executives, primary care providers, specialists, clinicians and administrative staff. The TCPI program helps healthcare sites implement changes to their clinical and business practice for participation in new payment models. NYC REACH provides program participants with technical assistance.

**TCPI is a CMS-funded, national initiative to help clinicians achieve large-scale health transformation and prepare for value-based payment. NYC REACH is a technical assistance provider for the New York State Practice Transformation Network (NYSPTN).**

A key component of the TCPI program is to use a train-the-trainer approach to empower program leads within each healthcare site to deliver practice transformation knowledge



*The word cloud demonstrating the characteristics of an engaged patient*

and resources to other staff members at their respective sites. NYC REACH utilizes learning collaboratives to give program leads the opportunity to engage in dynamic exchange and explore best practices and challenges across diverse medical settings with similar patient populations. Collaborative attendees showcased their site's progress on a quality improvement project during a QI Spotlight segment. Each site highlighted the project's SMART goals (goals that are specific, measurable, attainable, realistic, timely), and discussed barriers to reaching desired outcomes.

In one quality improvement project, Flushing Hospital's Ambulatory Care Center (ACC) reengineered provider schedules to decrease patient wait time from registration to discharge. Specialty care pediatric schedules were moved to mornings, leaving general sessions for the afternoon and evening. One physician's schedule was cleared for walk-in and newborn appointments. Despite the challenge of being short-staffed, the ACC has been able to move closer to its goal of a 60 minute wait time. ACC received praise and gratitude from their patients who have noticed the changes in wait time since the project's implementation. "It really makes a difference, and the patients notice" noted a project lead.



*NYC REACH staff skit about patient engagement*

After the QI Spotlight, NYC REACH led a discussion about the different components of Patient & Family Engagement (PFE) and moderated interactive activities to help attendees identify what activated patients look like. The collaborative closed with an interactive word cloud activity, in which attendees used their mobile phones to submit aspects of PFE they hope to work on. (...continued on page 2)

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## Transforming Clinical Practice Initiative Learning Collaborative: Training the Trainer on Sustainable Practices

*(continued from page 1...)* NYC REACH is hopeful that this exercise served as the beginning of the development of a vision for PFE at each site. After the collaborative, an attendee noted “to involve patients in ambulatory meetings” as a way to put the concepts learned from the collaborative into practice. Another attendee said that she “will work with leadership to create a culture change and move towards Patient & Family Engagement.”

NYC REACH will continue to support the ongoing development of each Medisys site quality improvement project outside of learning collaboratives. Both Medisys Health Network and NYC REACH look forward to the TCPI program’s next learning collaborative.

**A doctor told the story of a patient who approached her and said “Do you remember me? I used to be the one complaining about how long I had to wait, and I just wanted to tell you that you’re doing a great job.”**

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## Free Medication Therapy Management Webcast

Medication Therapy Management (MTM) is patient care provided by pharmacists aimed at optimizing drug therapy and improving therapeutic outcomes for patients. The New York City Department of Health and Mental Hygiene, in collaboration with freeCE, is offering Pharmacists and Pharmacy Technicians the opportunity to earn two free continuing education (CE) contact hours of MTM training with a focus on hypertension.

“Medication Therapy Management: A Focus on Hypertension” is available for viewing as a **free** Home Study Webcast via freeCE. Learning objectives include:

- Core elements of MTM
- MTM provisions of Medicare Part D benefits
- Considerations for developing MTM services
- Potential impact of MTM services on financial and clinical outcomes

The webcast will include a case study of a patient with hypertension to demonstrate the MTM process.

### Accessing the free MTM webcast

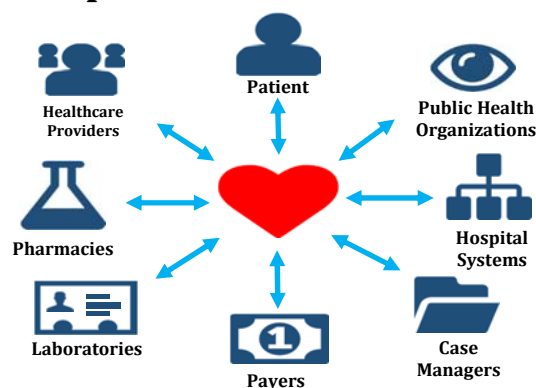
Visit <http://www.freece.com/program/MedicationTherapy> and click “Get Started”.

### Accessing future live MTM trainings

Individuals can register as a user for free at [www.freece.com](http://www.freece.com). NYC REACH will promote future live trainings once they are available.

## Heritage HealthCare Center: Using a RHIO to Improve Practice Performance

Dr. Jason Waterman, a pediatrician at the Heritage HealthCare Center, recently championed the transition for Heritage HealthCare Center to join a Regional Health Information Organization (RHIO). Heritage is a community health center in Harlem that provides a wide range of services across a number of specialties such as internal medicine, women's health, dental services, podiatry services, and HIV/AIDS services across all age groups. Dr. Waterman became interested in joining a RHIO after learning that integrating with a RHIO could help Heritage to be successful in payment reform initiatives.



During the RHIO integration process, Heritage HealthCare Center received assistance from NYC REACH. Activities to start the integration included:

- Selecting a RHIO - Dr. Waterman decided to join the Healthix RHIO because the coverage and other contributors to the RHIO overlapped best with Heritage's patients' neighborhoods;
- Identifying changes to Heritage's day-to-day workflow - After reviewing a sample workflow, Heritage updated their practice workflow in order to participate in existing and new payment models; and
- Offering trainings to the entire practice staff including front desk staff, nurses, medical assistants, case managers, and providers.

Dr. Waterman and his Administrative Nurse Manager, Yelitza Castanos, championed this new process, leading the practices' efforts to successfully integrate the RHIO into their workflow. Motivating all practice staff and integrating them within a new workflow can be challenging. Ms. Castanos noted, "Something that was very beneficial was when we had the whole staff present when we were rolling out the program. Everyone understood the purpose of the program and there wasn't any resistance from the staff." Ms. Castanos advises practices to be flexible while implementing the workflow, as staff roles may need to change.

One way the practice customized the sample workflow was deciding how to implement the patient consent process. Because the practice is in Harlem and many of the patients speak Spanish, Heritage decided to provide patients with information about the RHIO and consent forms in both English and Spanish. Front desk staff are responsible for enrolling consenting patients, but can receive support from trained clinicians. Heritage HealthCare Center has found that patients generally have a positive reaction to enrolling with the RHIO, and some assume the practice was already involved with such a system.

After Heritage HealthCare Center implemented the new workflow, staff found it easier to view patient health

information, such as a patient's admission to an emergency room. Before Heritage integrated with a RHIO, their providers could not receive real time information on a patient's visits to the emergency room or to other doctors – requiring them to contact the emergency room or the other practice directly or rely on the patient to share that specific information during their next visit.

Participation in the Healthix RHIO also helped Heritage HealthCare Center to be successful in the practice transformation program Patient-Centered Medical Home (PCMH). Ms. Castanos noted that "...one of the goals the practice was to meet the PCMH standard of Health Information Exchange, and with the help of the RHIO, the practice was able to do so. We are now looking into other incentive programs to see if we can receive additional incentives for using the RHIO."

If you have questions about joining a RHIO or would like to enroll, NYC REACH is here to help. Please visit <http://nycreach.org/practice-transformation/#rhio-connectivity>.

A Regional Health Information Organization (RHIO) is a group of organizations, which can include public health organizations, laboratories, pharmacies, payers and providers that share healthcare-related information electronically through accepted healthcare information technology (HIT) standards. This system allows all providers involved in a patient's care to share and receive patient information in real time for managing patient care with co-providers, track laboratory reports, diagnoses, and referrals process. New York State currently has eight RHIOs available. Three of the eight serve the New York City area: Bronx RHIO, New York Care Information Gateway (NYCIG), and Healthix. RHIOs and other networks called Qualified Entities comprise the Statewide Health Information Exchange Network for New York (SHIN-NY), which enables the secure exchange of this health information. Research has shown the use of RHIOs can improve patient care as health information about the patient is more readily available across multiple care providers.

Heritage HealthCare Center <http://www.heritagencyc.org/services.php>

Qualified Entities (QE) <https://www.nyehealth.org/shin-ny/qualified-entities/>

What is the SHIN-NY | Join SHIN-NY | NYeC <https://www.nyehealth.org/shin-ny/what-is-the-shin-ny/>

Health IT Improved Diagnostics & Patient Outcomes [www.healthit.gov/providers-professionals/improved-diagnostics-patient-outcomes](http://www.healthit.gov/providers-professionals/improved-diagnostics-patient-outcomes)

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## Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Provider Letter

In May of 2017, New York State Health Commissioner Dr. Howard Zucker focused part of his monthly letter to physicians on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). ME/CFS is a disabling, complex illness characterized by overwhelming fatigue that is not improved by rest and may get worse after any activity, whether physical or mental. A 2015 report by the Institute of Medicine noted:

- An estimated 836,000 – 2.5 million Americans suffer from ME/CFS.
- About 90 percent of people with ME/CFS remain undiagnosed.
- Less than one third of medical schools include ME/CFS in their physician training.

We have republished the ME/CFS portion of Dr. Zucker's May letter below. We recommend the following reference materials about this illness:

- The full IOM report, "Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining and Illness" can be found here: <http://www.nationalacademies.org/hmd/Reports/2015/ME-CFS.aspx>
- The CDC's site on ME/CFS, which provides additional information and resources for providers, can be found here: <https://www.cdc.gov/me-cfs/index.html>

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Dear Colleagues:

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS):

Next time a patient complains of long-standing and debilitating fatigue, I urge you to consider whether your patient has myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), a multi-system disease associated with neurological, immunological, and energy metabolism impairment. The hallmark of ME/CFS is post-exertional malaise (PEM), a delayed exacerbation of symptoms and loss of stamina following even minimal mental or physical function. In addition to PEM, patients may complain of other symptoms including cognitive dysfunction, sleep abnormalities, autonomic manifestations and, at times, pain. Sleep is typically unrefreshing. People with ME/CFS are unable to maintain their daily routines, one-quarter are housebound or bedbound and many are unable to work. In 2015, the National Academy of Medicine recommended new diagnostic criteria for ME/CFS that require a substantial impairment in activity that lasts six months or more and is accompanied by fatigue, post-exertional malaise, unrefreshing sleep, and either cognitive impairment or orthostatic intolerance. The patient may appear perfectly healthy and routine blood tests are typically normal.

ME/CFS is believed to impact approximately one million Americans, but the actual number may be much higher. The lack of biomarkers or a diagnostic test has made it difficult to diagnose ME/CFS. The disease is more common in women than men, and affects people of all racial and ethnic backgrounds. It can also impact children and adolescents. Experts believe ME/CFS is triggered by a viral infection, but the exact cause remains unknown. In the past, cognitive behavior therapy (CBT) and a graded exercise therapy (GET) were recommended as treatments. However, these recommendations were based on studies that included patients with other fatiguing conditions. Because of the hallmark intolerance to exertion of ME/CFS, exercise may actually worsen the health of those living with this disease. Currently, there are no FDA approved treatments for ME/CFS.

Clearly, more information is needed. The National Institutes of Health recently called for the creation of collaborative research centers to spur research into the cause and treatment of ME/CFS. The Centers for Disease Control and Prevention (CDC) published an article in the *Morbidity and Mortality Weekly Report (MMWR)* last December urging continued research into the science and epidemiology of ME/CFS. The CDC has also begun a new initiative to develop educational materials on ME/CFS, with input from patients, medical professional organizations, medical educators, clinical experts and government agencies.

As physicians, I hope you will make ME/CFS a part of your differential diagnosis when evaluating patients with these symptoms. Few things are as detrimental to a patient's health and wellbeing as not being taken seriously when presenting a problem to a health care provider. To learn more about ME/CFS from the patient perspective, consider watching this TED talk by Jennifer Brea ([https://www.ted.com/speakers/jen\\_brea](https://www.ted.com/speakers/jen_brea)), who shares her journey with the disease and its impact on her life.

Sincerely,  
Howard A. Zucker, M.D., J.D.

## New Quality Payment Program Resources

The release of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) implemented a new unified framework called the Quality Payment Program (QPP). QPP has two participating tracks: The Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). MIPS is a combination of three previous quality-based reporting incentive programs – Physician Quality Reporting System (PQRS), the Value-Based Modifier (VM), and Medicare EHR Incentive Program.

For participation in QPP, during the 2017 performance year, eligible clinicians must bill more than \$30,000 in Medicare Part B charges and see more than a hundred Medicare Part B unique patients a year.

### Eligible clinicians include:

- Physicians (MS, DO, DPM, OD)
- Dentists (DDS, DMD)
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

NYC REACH has developed resources including recorded webinars and fact sheets to help eligible clinicians understand program eligibility and participation in the Quality Payment Program (QPP) in 2017.

[Click here to access Quality Payment Program resources in the NYC REACH resource library.](#)

### Topics include:

- Program Structure
- Eligibility Criteria
- Individual Participation vs. Group Participation
- Tracks for participation (MIPS or APMs)
- Exemptions
- FAQs

These resources provide a high level overview of QPP. NYC REACH will continue to develop additional resources to assist providers with successful participation in QPP.

For additional information, visit [CMS' Quality Payment Program resource library](#).

To request support with QPP, contact NYC REACH at (347) 396-4888 or email [pcip@health.nyc.gov](mailto:pcip@health.nyc.gov).



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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 Sarah Mednick, Communications Project Manager at [smednick@health.nyc.gov](mailto:smednick@health.nyc.gov)