

NYC REACH Newsletter

March 2018

Volume 1, Issue 1

Welcome to the new NYC REACH Newsletter. We will be publishing this newsletter quarterly to share more frequent updates with you about NYC REACH initiatives, federal and state healthcare program changes, NYC REACH provider accomplishments, and more.

In this issue we include highlights from our February learning collaborative; stories about providers who were recognized for achieving exceptional levels of hypertension control in their patients; and changes to the Quality Payment Program for the 2018 performance year.

We also include a Q&A with Geraldine Valme-Daleus, office manager at a primary care practice in Ditmas Park, Brooklyn. With assistance from NYC REACH, the practice overcame numerous obstacles to achieve Meaningful Use just before the attestation deadline last year.

We hope you enjoy this new newsletter.

Sincerely,
The NYC REACH Team



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Achieving the Quadruple Aim in Primary Care

The healthcare landscape continues to evolve, bringing new challenges and opportunities for providers to transform their practice workflows. NYC REACH hosts in-person and virtual events to support providers as they adapt to meet changing program requirements and performance metrics. In February, NYC REACH invited members to network, discuss changes in healthcare programs and payment systems, and share helpful resources over breakfast.

The Quadruple Aim

At the event, “Achieving the Quadruple Aim in Primary Care: Sharing Opportunities and Best Practices,” NYC REACH experts gave an overview of the Quadruple Aim and what it means for providers.

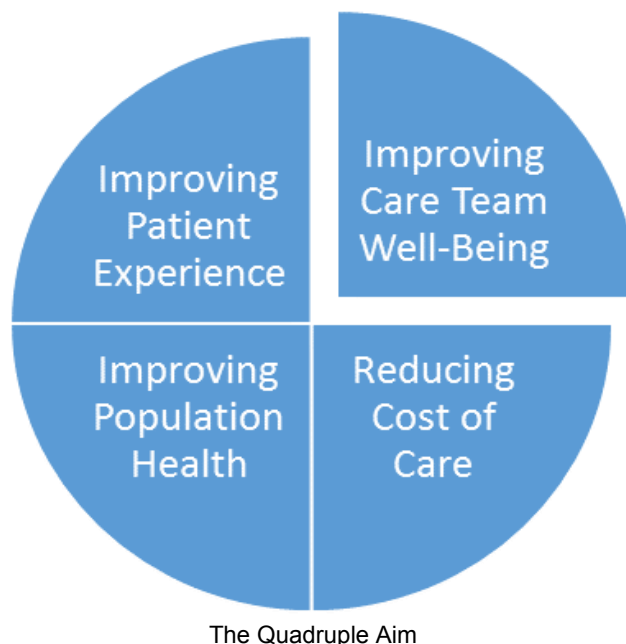
The Quadruple Aim is a healthcare framework that emphasizes four components (noted in this graphic) to strengthen health system performance. It builds upon the Triple Aim to include a focus on the well-being of the healthcare workforce. This approach recognizes that a positive work life for providers and staff is a pre-requisite to improving population health.

Providers who use this framework to guide their activities can expect to see improved results for their patients and their colleagues. As Alvin Lin, Senior Managing Director of Strategy for the Primary Care Information Project, put it, “Happy doctors means happy patients.”

Attendees at the event welcomed this new approach. Dr. Luz D. Ares of Broadway Internal Medicine noted, “The recognition that providers need to be ‘happy’ to provide the best care is really essential to success in the transformation of primary care.”

The actions providers can take to address these components are included in various healthcare programs. Providers who achieve Meaningful Use (also known as the New York Medicaid EHR Incentive Program) can improve patient experience, population health, and care team well-being. Participating in the Quality Payment Program and joining a regional health information organization helps to reduce the cost of care. Joining the Mental Health Service Corps, a new program administered in part by NYC REACH, can improve care team well-being and population health.

NYC REACH supports providers with participation in these programs and others that align with this new framework. Contact pcip@health.nyc.gov to learn more about how your practice can achieve the Quadruple Aim. Click [here](#) to learn more about how this framework was developed.



Promoting Heart Health

Dr. Sonia Angell, Deputy Commissioner, Division of Prevention and Primary Care at the New York City Department of Health and Mental Hygiene, gave a presentation about hypertension among New Yorkers. Dr. Angell spoke about the prevalence of hypertension and the rate of uncontrolled hypertension in NYC, particularly among racial and ethnic minorities, and the City's efforts to reduce premature mortality from heart disease and stroke. Activities include promoting awareness, encouraging heart healthy behaviors, and supporting treatment adherence.

Dr. Hang Pham-Singer, Senior Director of Quality Improvement at the Primary Care Information Project, discussed HealthyHearts NYC. HealthyHearts NYC is a cooperative formed by NYC REACH, the Community Health



NYC REACH members and staff networking



NYC REACH experts answering questions

Care Association of New York State (CHCANYS), and NYU Langone Medical Center. This public-private partnership is part of a nationwide program to advance heart health in primary care settings. There are seven regional cooperatives throughout the country.

The program helps providers in small- and medium-sized independent practices to implement evidence-based care to advance heart health. NYC REACH enrolled and manages about 260 independent small practices.

Three NYC REACH members who participated in HealthyHearts NYC were recently named Million Hearts® 2017 Hypertension Control Champions. Visit pg. 4 to learn more about these “Champions” who were honored at the collaborative.

Support Services for Providers

NYC REACH experts shared resources and answered questions before and after the presentations. During closing remarks, Million Hearts® Champion Dr. Michael Richter said, “I don’t know how providers who aren’t NYC REACH members do all of this!” As the healthcare landscape evolves, NYC REACH will continue to help members navigate new and existing programs.

Do you know a provider who could benefit from NYC REACH membership? Please invite them to contact pcip@health.nyc.gov.

NYC REACH Providers Named 2017 Million Hearts® Hypertension Control Champions

Million Hearts® is a national initiative established by the U.S. Department of Health and Human Services (HHS) and co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) to promote heart health and reduce heart disease and stroke. Each year, Million Hearts® recognizes health care providers who have used health information technology and other tactics to achieve blood pressure control for at least 70% of their adult patients with hypertension.

NYC REACH is pleased to share that three NYC REACH members, out of only 24 healthcare professionals, practices and systems nationwide, were named 2017 Million Hearts® Hypertension Control Champions. The Champions are Dr. Charles King Chan, Dr. Anming Luo, and Dr. Michael Richter. NYC REACH colleagues within the Primary Care Information Project (PCIP) provided technical assistance and support to these providers as they optimized their workflows and systems to improve blood pressure control rates for their patients.

Dr. Charles King Chan is an internist in lower Manhattan serving mostly non-English speaking Asian immigrants. Following each hypertension diagnosis, the practice 1) gives the patient a [Blood Pressure Tracking Card](#), 2) uses a validated scale to assess medication adherence, and 3) sends an outreach letter followed by a phone call to check in on patients between visits. Dr. Chan achieved hypertension control in 83% of his adult hypertensive patients.

Dr. Anming Luo is an internist in Sunset Park, Brooklyn, serving mostly Chinese patients. Dr. Luo provided patient education materials in Chinese during check-in, used dashboards provided by PCIP to track patient progress, created eBO reports, and analyzed reports from payers. As a result of these efforts, Dr. Luo achieved hypertension control in 93% of his adult hypertensive patients.

Dr. Michael Richter operates a small family practice in Rego Park, Queens, and serves mostly elderly patients. At each visit, he reviews patients' salt intake and diet, discusses medication adherence, and educates patients about hypertension. He also uses a two blood pressure reading method to minimize incorrect readings, and educates staff and patients on how to address any discrepancies between readings. Dr. Richter consistently achieves hypertension control in over 70% of his adult patients.

Awardees were recognized at the NYC REACH Learning Collaborative in February, 2018. Chien Ting Chen received the award on behalf of Dr. Luo, who was unable to attend.



From left to right: Sarah Shih, MPH, Assistant Commissioner, PCIP; Sonia Angell, MD, MPH, Deputy Commissioner for Prevention and Primary Care; Hang Pham-Singer, PharmD, Senior Director of Quality Improvement, PCIP; Chien Ting Chen, MD, MPH, Clinical Quality Specialist, PCIP; Charles King Chan, MD; Michael Richter, MD; Vitaliy Shtutin, Senior Clinical Quality Manager, PCIP; Dorothy Chan, Clinical Quality Manager, PCIP

Click [here](#) to learn more about Million Hearts®.

For support with optimizing workflows and systems to improve blood pressure control rates, contact NYC REACH at (347) 396-4888 or pcip@health.nyc.gov.

Quality Payment Program Year 2: Changes for Eligible Clinicians

The Quality Payment Program (QPP) is a value-based payment framework established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The first year to participate in QPP was 2017. Data submission for performance year 2017 year is now closed, and eligible clinicians (ECs) should begin preparing for performance year 2018.

All clinicians should check the eligibility requirements for participation year 2018 to determine if they can participate in the program. These requirements have changed from the 2017 performance year. If a clinician meets the eligibility requirements, they are required to participate. ECs who do not participate will receive a negative Medicare Part B payment adjustment in 2020.

The Centers for Medicare & Medicaid Services (CMS) made several changes to the program for the 2018 performance year to enhance the benefits of participation and simplify reporting for eligible clinicians (ECs). These include changes to eligibility, participation options, overall scoring, and potential bonuses. Notable changes are described below.

Eligibility and Exemption

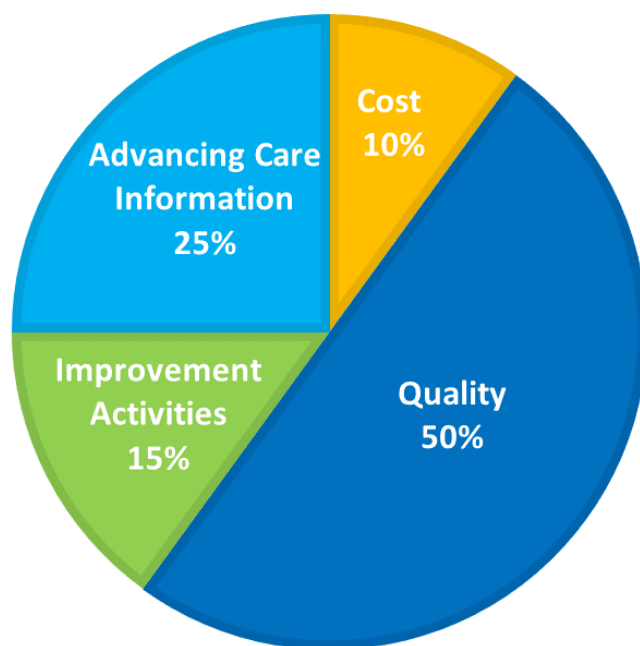
In performance year 2018, ECs must bill more than \$90,000 in Medicare Part B services and see more than 200 Medicare Part B patients per year. Small practices (15 or fewer clinicians) can apply for a hardship exemption in the Advancing Care Information (ACI) performance category. Exempt practices will have their ACI information reweighted to the Quality category.

Participation Options and Scoring

The performance categories remain the same: Advancing Care Information (ACI), Cost, Improvement Activities (IA) and Quality.

The minimum performance period for each category varies. The minimum Quality category performance period will increase from 90 days to 12 months. The minimum performance period for the other categories has not changed. The ACI and IA categories have a performance period of 90 days. The Cost category has a performance period of 12 months.

The pie chart explains the weighting for Merit-based Incentive Payment System (MIPS) scoring in performance year 2018. In performance year 2017, the Cost category was not considered in the final MIPS score. In the 2018 performance year, Cost will comprise 10% of the final MIPS score. ECs do not need to submit data for this category. CMS will calculate scores using Medicare Parts A and B claims data.



MIPS scoring in performance year 2018

CMS has also adopted a number of new policies to make it easier to participate in the Advanced Alternative Payment Model (APM) track. The Advanced APM track allows providers to earn additional incentive payments by adopting some risk related to their patients' outcomes. Providers affiliated with the Montefiore ACO should participate in Advanced APM track. CMS provides further details on this track in the final rule.

Bonuses

CMS will allow for the use of 2014 and/or 2015 Certified EHR Technology (CEHRT) in performance year 2018. ECs who use only 2015 CEHRT will receive a 10% bonus on their final MIPS scores.

ECs who treat medically complex and vulnerable patients are eligible for a new complex patient bonus of up to five points. ECs must submit data in at least one performance category to be eligible. The bonus will be based on the percentage of dual eligible beneficiaries and the Hierarchical Condition Categories risk score.

Small practices will automatically receive five bonus points if they submit data in at least one performance category.

Resources

To read the Year 2 Final Rule, [click here](#). For more QPP resources, [visit CMS' Quality Payment Program resource library](#). NYC REACH will continue to update providers on the data submission process and deadlines through member digests, other email communications, and website updates. The [NYC REACH resource library](#) also has resources to support ECs who participated in the Quality Payment Program in 2017. These resources include an overview of the program, eligibility, participation, and scoring, and will be updated as more information is released for QPP in 2018.

For support with QPP participation, contact NYC REACH at (347) 396-4888 or pcip@health.nyc.gov.

Q&A with Geraldine Valme-Daleus

Achieving Meaningful Use: a Family Project

Geraldine Valme-Daleus is the office manager, biller, and registered nurse at a primary care practice in Ditmas Park, Brooklyn. Her father is the doctor, her brother is the front desk manager, and her aunt works at the front desk as well. The family business, Gerald Valme MD P.C., sees about 40 patients a day. In 2017, Geraldine led the practice to successfully achieve the Modified Stage 2 Meaningful Use objectives on Christmas Day, just before the last day of the final reporting period of the year. We spoke to Geraldine about her experience.



From left to right: Dr. Gerald Valme, Geraldine Valme-Daleus, Gerry Valme, Katty Loriston

Can you tell us about your practice?

We have seven staff members and one doctor. We treat everyone from babies to geriatric patients. The most common conditions are hypertension, diabetes, and high cholesterol - I call it the triple threat. We provide all services, even GYN. Most of our patients are Haitian immigrants and insured through HMOs, some have private insurance. We take everyone from everywhere.

What prompted you to work towards Meaningful Use? How did you start?

We had missed it a few years because we are so busy, and decided we couldn't miss another one. We wanted to get the incentive rewards, and the motivation from NYC REACH helped a million times more. We already had an EHR but had no idea how to go about achieving Meaningful Use, so I called NYC REACH in August.

I spearheaded the process, and the front desk staff took on a lot of new responsibilities. The doctor mostly did patient education, sharing materials from our EHR

with all of the patients. Everyone helped to get patients to sign into the patient portal. I was a bossy lady, especially to the doctor! We had to catch up with about 1,700 to 1,800 patients in a three-month period. It was missionary work.

What challenges did you have? How did you overcome them?

Getting patients to sign in to the patient portal was challenging, particularly with geriatric patients. They were willing to do it, it was just a matter of making sure they logged in right away.

The front desk came up with a strategy. We logged in every single patient that visited before they left the office. We also hired a temp to help out. The doctor would even tell patients before they left, "Make sure they have your email at the front!" I created a general welcome email from the portal and sent it to every patient. Without this process we would not have made it.

Another issue was working with specialists to be able to exchange electronic referrals. I called providers from every single specialty, even told them how to set up a direct address through their EHRs. Many specialists just didn't have the capability set up. But we eventually found one of our ophthalmologists did accept electronic referrals. We have so many diabetic patients, and all of them need to see an ophthalmologist, so we started to refer every diabetic patient to him. This focused strategy helped us to meet the referrals threshold.

How did the process improve your practice?

I like being able to contact patients by email. We can answer questions more quickly, tell them when they missed an appointment, tell them to get flu vaccines, etc. And specialists can send us results more easily.

What advice would you give to providers who would like to achieve Meaningful Use?

Definitely do it. Start the process now and don't wait until the last minute. It's 100% worth it in the end. You are going to have to be on board with MIPS, and you don't want to be starting from scratch. Know that there's help out there, and that it gets easier. Sign the patients into the patient portal at the office and get them interested in using the portal, encourage specialists to get on board, and find a good EHR.

How did NYC REACH help?

Our Client Services Coordinator was extra, extra, extra amazing - on the phone with the EHR vendor to get upgrades, motivating us to get it done, keeping on top of deadlines. She was 50% of the reason if not more why this was done. If you're trying to do this, definitely call NYC REACH. If not for them I wouldn't have done it.

Now that you've achieved Meaningful Use, are you going to participate in other Quality Improvement Programs?

Yes! There are so many things I want to do, but one thing at a time. I'd like to work towards Patient-Centered Medical Home next.

Medicaid Meaningful Use, also known as the New York Medicaid Electronic Health Records Incentive Program, is still active. The last year to attest and receive payment is 2021. Providers can contact pcip@health.nyc.gov with any questions or for support with achieving Meaningful Use.

ABOUT NYC REACH

New York City Regional Electronic Adoption Center for Health (NYC REACH) is New York City's Regional Extension Center, a designation of the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology.

NYC REACH supports and enhances the healthcare delivery system to improve population health by assisting New York City-based independently-owned private practices, community health centers, and hospital-based ambulatory sites with adopting and implementing health information systems, quality improvement, and practice transformation initiatives. To accomplish these goals, NYC REACH provides technical expertise and guides healthcare practices to utilize delivery models that emphasize care coordination, patient engagement, and community resource linkages.

NYC REACH is operated by the Primary Care Information Project (PCIP), a bureau in the Division of Prevention and Primary Care at the New York City Department of Health and Mental Hygiene.

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