

New York State
Department of Health
HEAL 10
Quarterly Reporting

Project Name: HEALTHeLINK HEAL 10

Date of Report: 6/30/2010

Reporting Period: Quarter 2 04/1/2010 to 6/30/2010

Brief Description of Current Project Status:

Overall:

Quarter 2 activities centered on completing project orientation tasks, creating the project artifacts and beginning communication activities with the community at large by scripting a Public Broadcasting TV program focusing on diabetes in Western New York. We also supported the local NYeC Meaningful Use seminar and built on that event with our own Meaningful Use/ PCMH Seminar. This event encompassed a panel of PCMH local experts and included vendor, HEALTHeLINK and HEAL 10 venues. A co-sponsored event with the Medical Society of Erie County is also scheduled for later in the Summer. Our greatest challenge has been in saturating the community with awareness of our HEAL 10 and Payer funding models.

Additionally, the HEAL 10 Team hired and trained clinical transformation specialists who began working with practices who are implementing EMRs. We also began formulating processes and procedures for connecting PC practices to the HIE, HEALTHeLINK.

The HEAL 10 Project's designated practice group activities were:

- A Practices - 32 practice sites which have been working with their EMR systems for some time and are in process of being PCMH certified. 5 practices received Level 3 PCMH certification; deliverables and acceptable work products to show progress toward PCMH were developed
- B Practices – memoranda of understanding were negotiated with the P2 Collaborative and the Catholic IPA organization to supply clinical transformation services to 111 practices
- C practices – a practice development specialist was hired to recruit PC practices into the program. Personal visits to the PC practices has proven to be highly effective in engaging physicians with the HEAL 10 Program.
- Patient Portal – Our 278 practices span the continuum of EMR and PCMH maturity across the region. To support patient portals throughout the area most effectively we decided to allocate an incentive to a percentage of each of the practice classifications. The incentives are heavily weighted toward those practices that we deem more likely to successfully implement patient portals. In this Quarter we began searching for viable methods and mechanisms to successfully determine progress toward PCMH certification. We identified a tool developed by the American College of Physicians --- the Medical Home Builder as our tool of choice.

The H10 Team, along with our Physician Executive Committee established a validation team and procedure for ensuring that work toward PCMH was viable, accurate and of such quality as to be useful in certification through NCQA if the practices warranted. The Validation Team is comprised of a Primary Care Physician, P2 and Catholic IPA representatives and Clinical Transformation Specialists from HEALTHeLINK. The Team will meet bi-weekly and review practice progress toward PCMH deliverables on a quarterly basis.

Lessons Learned This Quarter:

From Quarter 1, we learned that providing more venues where PCMH awareness and understanding of the Payer Supported EMR effort was going to be paramount to the success of this project. We built on that learning by enthusiastically supporting the NYeC Seminar and then organizing a locally sponsored event to continue the awareness. Even with this series of events there seemed to be great hesitancy among Primary Care Physicians to commit to the effort. We learned that successful efforts to date have required much individual attention and an increased “sell cycle” not originally planned. To address this issue, we hired a business development specialist to make personal calls on all of the PC physicians in the area.

We have also learned that WNY Healthcare, like much of the country, is in a state of flux. Healthcare organizations are actively recruiting and combining physicians and their practices –combining many single practices into larger practices. We are constantly updating our data

Our strategies regarding decision support tools continue to evolve as the technology changes. We continue to refine our strategies in an effort to provide the best possible opportunities to the community even as we stay true to the intent of the RGA.

Overall:

With only 6 quarters remaining, the predominant concern is getting EMRs in the pipeline for installation and in getting our clinical transformation suppliers working aggressively inside the practices to continue the clinical transformation work needed to progress toward PCMH certification. To address this concern, the HEAL 10 Team has developed deliverable packets that assign specific deliverables, identify acceptable work products and provided samples.

Submitted by: _____

Signature: _____

Date Signed: _____