

## More PCIP Physicians Document BMI After Seeing EHR Alerts

### How do EHRs help my practice address obesity?

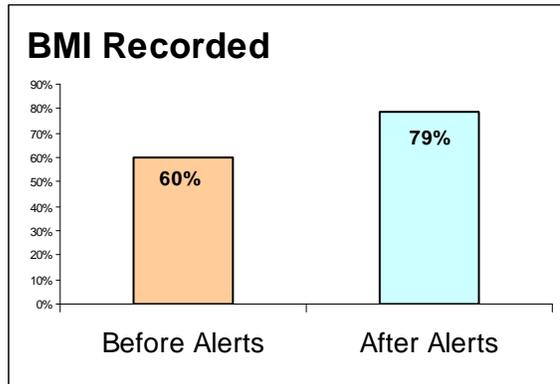
Obesity is epidemic across the country, and here in New York City 58 percent of adults and 39 percent of children are overweight or obese and one in three adults has diabetes or pre-diabetes. How many of your patients are obese and what are the trends?

One of the great things about using an electronic health record is the ease with which you can track key indicators such as obesity and set goals for improvement. However, as with many EHR functions, you will only have access to this information if your practice systematically documents key patient information in structured fields. PCIP has worked closely with eClinicalWorks to roll out decision support alerts that make it easy for you to collect the information you need to get a handle on the obesity epidemic in your practice.

Recently PCIP looked at documentation at a sample of practices, with their valuable cooperation. Early results suggest that documentation of body mass index (BMI) improved dramatically when alerts were active. Before the implementation of clinical decision support only 60 percent of patient records had BMI documented. With decision support, this figure rose to nearly 80 percent. With ongoing training, we hope to continue to improve these levels so that your practice has a full view of the state of the obesity epidemic among your patients.

### Why is it important to track a patient's BMI?

Knowing a patient's BMI allows your



practice to be proactive and take immediate action during office visits. While looking at current or past BMI with a patient, you can discuss how being overweight or obese leads to heart disease, stroke, diabetes, arthritis and cancer, and reinforce the value of physical activity and eating healthy food.

### National Crisis, National Attention

There are several programs working in coordination with the Health Department to address obesity (visit: [www.nyc.gov/html/doh/html/scah/scah-obesity.shtml](http://www.nyc.gov/html/doh/html/scah/scah-obesity.shtml) and [www.cdc.gov/obesity/stateprograms/index.html](http://www.cdc.gov/obesity/stateprograms/index.html)). Michelle Obama's Let's Move program also provides tips on communicating with parents about healthy choices, such as healthy and affordable food and physical activity ([www.letsmove.gov](http://www.letsmove.gov)). New York City was also recently awarded a major grant to create citywide policy, systems, and environmental strategies for obesity prevention and control by the CDC ([http://fphny.org/p\\_cppw.php](http://fphny.org/p_cppw.php)). Join the health department as a community partner by putting obesity reduction as a priority in your practice.

For more information, visit: [www.nyc.gov/html/doh/html/tcny/tcny\\_partner01.shtml](http://www.nyc.gov/html/doh/html/tcny/tcny_partner01.shtml)

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## Health Reform and Primary Care

### How does health reform affect me?

After a long year of tense debate, a health care reform bill, the *Patient Protection and Affordable Care Act*, became federal law on March 23<sup>rd</sup>. What does the passage of this bill mean for practices enrolled in the Primary Care Information Project?

- Primary care physicians will get paid more by Medicaid
- Your patients will have better coverage for evidence-based preventive services
- Medicare will reward high quality care
- There will be funding for ambitious programs to support practices to adopt advanced models of care

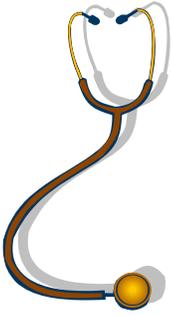
Your early adoption of an electronic health record through PCIP, work with our quality improvement specialists, and efforts with NYC REACH to achieve Meaningful Use will position your practice to make the most of these historic federal investments.

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## Meet Your PCIP Physician Advisory Board



Earlier this year PCIP asked for nominations for outstanding members of our community to serve as members of the PCIP Advisory Board, and the response was overwhelming. Physicians and office staff recommended dozens of providers who are dedicated to PCIP's mission of improving health through innovative technology. After a careful selection process, we've chosen a diverse group of providers to represent the community.

Advisory Board members contribute advice from the provider's perspective, helping PCIP better serve NYC physicians and patients. In the next year, the Board will discuss topics regarding health information exchange in New York City, the barriers to achieving Meaningful Use and how PCIP can help, new models of care, and other ways technology can help doctors improve care.

**How can I contribute to PCIP?**

***Want to get involved?***

In addition to the Advisory Board, PCIP is also convening a panel of providers who would like their voices heard. This panel will participate in conference calls and discussions via email throughout the year to help PCIP get a complete understanding of the NYC physician community. To get involved, email Rachel Helfont at [rhelfont@health.nyc.gov](mailto:rhelfont@health.nyc.gov).

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***We encourage you to interact with the Board at On The Record, the social networking group for EHR users in New York City. Visit the Advisory Board group to see reports from the quarterly meetings and follow group discussions.***

<http://ontherecord.ning.com/group/advisoryboard>

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*Meet the Board  
May 2010 - May 2011*

**Dr. Terry Blackett-Bonnet**  
Terry Jan Blackett-Bonnett MD P.C.  
Brooklyn

**Dr. Teresa Chan**  
Health Unlimited  
Manhattan

**Dr. Edgar Flores-Castillo**  
Edgar Flores-Castillo, MP PC  
Queens

**Dr. Amish Nishawala**  
The Children's Aid Society  
Manhattan

**Dr. Olive Osborne**  
Maisel and Osborne MD PLLC  
Bronx

**Dr. Yvette Ortiz**  
Uptown Medical  
Bronx

**Dr. Michael Raffinan**  
Access Physician, P.C.  
Brooklyn

**Dr. Michele C. Reed**  
MS Family Medicine Health Care. P.C.  
Queens

**Dr. Jack Resnick**  
Empire State Medical Associates  
Manhattan

**Dr. Sumir Sahgal**  
Essen Medical  
Bronx

# NYC REACH Announces Preferred Vendors

**F**or the first time since its founding, PCIP will offer implementation services for three EHR systems and post-go live support for an even wider selection.

*How can I find a reliable EHR vendor?*

EHR without the help of PCIP.



Health IT is a rapidly expanding industry and many inventive companies are building EHRs to meet a wide variety of practice needs. As a federally designated Regional Extension Center, PCIP is going to work with even more practices looking for a range of solutions.

**NYC REACH** – PCIP’s Regional Extension Center – will work with EHR vendors to offer New York City providers more options to suit their practice needs. This will allow us to continue to help implement EHRs and work with those of you that adopted an

Each of the preferred vendors went through a rigorous, open selection process over several months. PCIP staff looked for financially sound companies that are most likely to meet and exceed the certification requirements for Meaningful Use. In addition, the chosen vendors have a satisfied existing customer base and a culture that understands the unique challenges of implementing an EHR in a small practice.

In the end, three EHR vendors came out on top in the most important categories:

**Technology:** Each EHR has current certifications, easy-to-use interfaces, and advanced functions that will allow providers to meet the Meaningful Use criteria.

**Cost:** NYC REACH negotiated group discounts with each company, ensuring that our members get a great deal.

**Service:** Practices that commit to an EHR expect great customer service and technical support. NYC REACH chose these vendors based on positive feedback from existing users and their abilities to continually improve their systems.



**Product:** eClinicalWorks EMR  
www.eclinicalworks.com



**Product:** iClinic  
www.mdland.com



**Product:** PrimeSuite  
www.greenwaymedical.com

In addition the three Preferred EHR Vendors, NYC REACH will work with a larger group of selected Meaningful Use partner vendors. If you choose to implement, or already use, one of these EHRs, NYC REACH staff will work with you after you are live on the system to help you achieve Meaningful Use. We will continue to add more EHRs to the Meaningful Use partner list.

NYC REACH has evaluated each of these products and is confident that with the right training and education, providers using them will be able to meet each of the 25 Stage 1 criteria for Meaningful Use. By supporting a wider range of EHRs, we will be able to serve many more providers throughout New York City, ensuring that all EHR users have the tools to improve care quality.



## Working Together: Care Coordination at Women’s Health Care

**How are other practices using their EHRs to improve care?**

Despite the name, the Primary Care Information Project encompasses more than only internal medicine and family physicians. To truly improve patient care, physicians across the healthcare spectrum, including family doctors, OB/GYNs, and specialists, all must coordinate efforts to put patient needs first.

Under the leadership of Dr. Rehanna Sajjad, Women’s Health Care in Rego Park & Richmond Hill, Queens has made care coordination central to its mission. The practice uses its EHR to the fullest extent to make healthcare accessible and convenient for patients, while working with other providers to reduce the burden on patients to receive appropriate care.



eClinicalWorks in 2006. Dr. Sajjad now relies heavily on the EHR to guide patients through a complex system once they leave the doctor’s office. Knowing that it’s nearly impossible to keep track of all patients using paper charts, she

standardized educational materials for the patients to take away for review.

### Increased Trust from Patients

With over 30 staff members caring for patients, it would be easy for notes and details to slip through the cracks. This doesn’t happen with an EHR. As soon as a patient calls or enters the office, the provider she sees has a complete history including which provider she saw last, prior complaints, lab results, and even phone messages.

Dr. Sajjad believes that her patients have more confidence in her as a physician because of the technology she uses. Having information at her fingertips makes patients feel secure knowing that she is making decisions based on their full history.

*“My goal is to reduce the barriers to patients receiving care.”*

### Bringing Care to Patients

Women’s Health Care is designed to give patients all the services they need under one roof. “My goal,” explains Dr. Sajjad, “is to reduce the barriers to patients receiving care.” Our fractured healthcare system requires patients to work with multiple providers, remember to schedule follow up appointments, and transport their own records to outside doctors. By bringing multiple services under one roof, Dr. Sajjad alleviates some of this work for her patients. For example, the exam rooms are equipped with 3D sonogram machines so pre-natal patients don’t have to go to another location, and a nutritionist on site helps patients understand the importance of a healthy diet. The practice location at Rego Park has also received the AAAASF certification so that minor surgeries can be done on site.

Even with coordinated staff efforts, many doctors have a hard time knowing what happens to their patients after they leave the office. To obtain a more comprehensive view of patient records, Women’s Health Care decided to adopt

works with PCIP quality improvement specialists to learn how to stay on top of referrals, lab results, and patients requiring follow up services. Dr. Sajjad set up her own tracking system within the EHR to follow up with patients personally, too, further ensuring that they receive the care they need.

The practice has adopted automated voice messaging for appointment reminders and communications about lab results, along with eClinicalworks’ patient portal. The portal allows patients to review their medical history, their lab and diagnostic results, and referrals. For patients who speak languages other than English, the front desk staff is trained to educate them about such tools in languages including Urdu, Bengali, and Hindi so they get the full benefits. Research suggests that most patients forget half of the counseling that’s done by providers during their appointment. To ensure that patients remember what they were told, the practice has also implemented the Krames patient education module within the EHR that allows the providers to print

### Coordinating Care

Dr. Sajjad sees her role going far beyond basic women’s health. Knowing that many of her patients do not see a doctor regularly, she makes sure to check A1C levels and other vital signs and sends automatic referrals to other specialists and primary care providers when necessary.

There are still occasional hurdles for Dr. Sajjad to get her patients the care they need. She has encountered insurance issues that delay patients getting treatment, and has found that other providers may be wary of working closely with physicians outside their own practice. But Dr. Sajjad and the rest of the staff at Women’s Health Care know that waiting for others to overcome these challenges is not the best solution to improving patient care. Instead, by working with PCIP and other forward-thinking practices, they are contributing to a future of patient-centered, coordinated care.

Adopting an EHR was difficult, but Dr. Sajjad now says, “I would never want to go back to paper records.”

# Tracking BMI (Continued)

**It's easy to document your patient's BMI.** The clinical decision support system (CDSS) within eClinicalWorks includes an alert to prompt you to enter a patient's height and weight, from which the system calculates the patient's BMI. The preliminary results of the data validation study suggest providers were more likely to document BMI after the CDSS was made available.

(Continued from page 1)

We'd like to thank the 31 practices that allowed PCIP to conduct chart reviews. If your practice is interested in participating or would like more information about the obesity data validation project, please contact Colleen McCullough at [cmccullo@health.nyc.gov](mailto:cmccullo@health.nyc.gov).

## Emergency Preparedness Corner: Tips for Pediatricians

The NYC Health Department recognizes the special vulnerabilities of the pediatric population during a disaster and has made pediatric preparedness one of six preparedness focus areas. Over the years, many facilities have collaborated with Healthcare Emergency Preparedness Program (HEPP) around training, coalition building, and policy enhancement to prepare for emergencies and their effect on patients and clients that are 18 years and younger.

### EHRs for Emergencies

Electronic health records can prove invaluable for preserving patient data in the face of a disaster. Unlike paper records which can be completely wiped out by a flood, fire, or other catastrophe, electronic files can remain accessible when they are needed the most. However, an EHR by itself does not guarantee security of patient records. Safeguarding patient information requires redundancy and back-up of electronic files. If you host your server, you can back up your data on a

daily basis using tapes or performing remote back ups to another location. Tape back ups should be stored in a secure offsite location. Your practice should also have a contingency plan outlining what steps the practice will take to restore the system in case of an emergency.

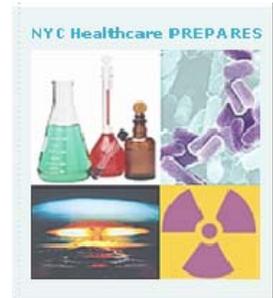
### NYC Preparedness Initiatives for Pediatricians

In September 2004, HEPP began an intensive effort to help hospitals prepare for pediatric victims and their families during disasters by creating a working group to address this important area. The culmination of this work was the publication of "Children in Disasters: Hospital Guidelines for Pediatric Preparedness," available on-line at <http://www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-peds-childrenindisasters-010709.pdf>.

HEPP staff has remained committed to this goal by sponsoring multiple pediatric projects

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**What resources are available to help pediatricians prepare for an emergency?**



# Healthcare Reform, continued

**Health Reform includes increased payments for Primary Care**

Here are a few provisions of the bill that will directly support our mission to save lives in New York City through high quality primary care.

**Primary Care Payment**

Starting next year, primary care physicians in health professional shortage areas will receive a 10% rate hike from Medicare. In 2013 and 2014 Medicaid payments for primary care must be increased to match Medicare payment levels. These investments in strong primary care will be important in meeting the increased demand for care as an estimated 4.4 million New Yorkers become insured through separate provisions of the bill.

**Covering Prevention**

Next year Medicare and Medicaid will cover all proven preventive services. People on Medicare will be eligible for an annual wellness visit, exempt from co-insurance fees. The bill also requires all new health plans, and those that

participate in a Health Insurance Exchange in 2014, to cover preventive care. Thanks to these provisions, many of your patients will no longer have to worry about the cost of life-saving preventive care.

**Rewarding Quality**

In 2015, the year that many of you will be receiving your final Meaningful Use rewards, Medicare will launch a program to reward high quality care. We believe that the quality measures that Meaningful EHR Users will submit to CMS will serve as a platform for this permanent reward program.

**Moving Beyond Meaningful Use**

The bill will establish a Primary Care Extension Program and Community Health Teams, which will fund primary care practices to develop new skills and programs to manage chronic disease and coordinate treatment with hospitals and specialists; offering patients a medical home.

# PCIP Training Updates

As explained on Page 3 of this Bulletin, PCIP will now offer support for at least seven different EHR systems, including hands-on implementation support for three preferred EHRs. To meet the training demands of all practices, no matter which system they decide to use, PCIP will collaborate with each vendor to offer a combination of training classes in addition to the on-site assistance offered by both PCIP staff and the EHR vendors (see opposite page).

PCIP will continue to offer classes for providers regardless of which EHR they use.

**PCIP Free Training Classes**

All classes listed on the opposite page are offered FREE to practices participating in PCIP or enrolled in NYC REACH. This includes:

- **Revenue Cycle Optimization:** Classes to teach you best practices for billing with an EHR
- **Meaningful Use Webinars:** Live presentations you can view from any internet connection, focused on the structure and requirements for Meaningful Use incentive payments

- **Patient Centered Medical Home:** In-person sessions to help you understand the concepts and requirements of PCMH, how PCIP can help you get certified, and the incentives available for certified practices
- **Small Business Workshops:** Hosted by NYC Business Solutions, these workshops help you run the business side of your practice successfully

In addition to offering limited access to billing consultation services, PCIP is partnering with NYC Business Solutions to help practices hire or train permanent, capable billing staff. Interested practices should email [business@sbs.nyc.gov](mailto:business@sbs.nyc.gov) with the following information: practice name, telephone number, whether interested in training a current staff member to become certified as a medical biller/coder or hiring a new certified medical biller/coder, whether the position would be part-time or full-time. Based on your response, we will explore creating a customized training program to meet the needs of New York City physicians' offices.

# Free EHR User Training

*Where can I get more training for free?*

Find Updated Training Schedules at [NYC.gov/PCIP](http://NYC.gov/PCIP)

- Bill:** PCIP Billing classes are held on the 5th floor of 161 William St. Please email Sara Bello at [sbello1@health.nyc.gov](mailto:sbello1@health.nyc.gov)
- Web:** To attend a **Meaningful Use Webinar**, email Nadine Nikas at [nnikas@health.nyc.gov](mailto:nnikas@health.nyc.gov) with participant and practice names, phone, email, and preferred date
- Train:** To attend an **EHR training Class** at 80 Centre St., email Michele Quigley at [mquigley@health.nyc.gov](mailto:mquigley@health.nyc.gov)

## June 2010

MON	TUE	WED	THU	FRI
	1 Bill: 8:30 - 10:30	2	3 Bill: 8:30 - 10:30 Web: 5:00 - 6:00	4
7 Train: 8:30 - 4:30	8 Train: 8:30 - 4:30 Train: 1:00 - 4:30	9 Train: 8:30 - 10:30 Train: 10:30 - 12:30 Train: 1:00 - 4:30 Web: 5:00 - 6:00	10 Train: 8:30 - 12:30 Train: 1:00 - 4:30 <div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; text-align: center; margin: 10px auto;">PCIP OPEN HOUSE</div>	11
14	15 Bill: 5:00 - 7:00	16 Web: 8:30- 9:30	17 Bill: 5:00 - 7:00	18
21	22	23	24 Web: 8:30- 9:30	25
28	29	30		

**June 2010**

**80 CENTRE ST.**

**Mon June 7**  
8:30am - 4:30pm New Staff: Front Office

**Tue June 8**  
8:30am - 12:30pm Intro to Billing: Crash Course  
1:00pm - 4:30pm Advanced Billing: Account, A/R, Collection Management & Capitalization

**Wed June 9**  
8:30am - 10:30 am Billing Basics: So you want to be a biller  
10:30am - 12:30pm Reporting & Outreach Management  
1:00pm - 4:30pm Leadership: Settings & Security

**Thurs June 10**  
8:30am - 12:30pm EMR+: Advanced User Forum  
1:00pm - 4:30pm Advanced Front Office: Optimizing Practice Management

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**161 WILLIAM ST.**

**Tue June 1**  
8:30am - 10:30am Basic Billing

**Thurs June 3**  
8:30am - 10:30am Advanced Billing

**Tue June 15**  
5:00pm - 7:00pm Basic Billing  
8:30am - 12:30 pm PCMH Basic Training

**Thurs June 17**  
5:00pm - 7:00pm Advanced Billing

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**ONLINE: MEANINGFUL USE WEBINAR**

**Thurs June 3**  
5:00pm - 6:00pm

**Wed June 9**  
5:00pm - 6:00pm

**Wed June 16**  
8:30am - 9:30am

**Thurs June 24**  
8:30am - 9:30am

### New Meaningful Use Webinars

Join us in an online seminar to learn:

- What Meaningful Use is
- The incentives available for physicians who demonstrate Meaningful Use of an EHR
- The Federal requirements for these incentives
- The eligibility criteria for receiving these incentives
- How NYC REACH will help providers meet the requirements

RSVP to Nadine Nikas at [nnikas@health.nyc.gov](mailto:nnikas@health.nyc.gov)



### Vendor-Specific Training Classes

Each EHR vendor will host training classes for their users.

eClinicalWorks will continue to host the trainings that were previously held at 80 Centre St. To find out more, log on to [support.eclinicalworks.com](http://support.eclinicalworks.com), enter your user name and password, go to services, to eCW Webinars, to in house training and register for the number of classes you want to attend. Contact Laj Navani at 508-475-0510 Ext 7071 or [laj.n@eclinicalworks.com](mailto:laj.n@eclinicalworks.com).

## ePrescribing Incentive Update

Healthcare providers that ePrescribe (eRx) are eligible to participate in incentive programs under both Medicare and New York State Medicaid. These incentives apply to electronically-transmitted interoperable computer-to-computer e-prescriptions ONLY (not faxed scripts).

### MEDICARE PART B

The Medicare program, which began in January 2009, allows providers to qualify for an incentive payment of 2% of their total allowed charges under Medicare Part B. Participating providers must report the eRx measure for at **least 25** electronic prescriptions using the appropriate G-code (G8553). This can be done through the PQRI function in eClinicalWorks

### **Payment Schedule**

The Medicare incentive program payments should be received before February 28, 2011.

**Eligibility:** Eligible professionals include physicians and other recognized practitioners under the Medicare Act who have prescribing authority within their scope of practice.

*For further information about Medicare Part B e-prescribing: [http://www.acponline.org/running\\_practice/technology/eprescribing/medicare\\_program\\_overview.pdf](http://www.acponline.org/running_practice/technology/eprescribing/medicare_program_overview.pdf)*

### NEW YORK STATE MEDICAID

Effective June 1, 2010, providers in New York State will be able to participate in the New York State Medicaid e-Prescribing Incentive. Payments will be equal to \$0.80 per dispensed Medicaid e-prescription.

**Eligibility:** Enrolled Physicians (MD, DO), Dentists, NPs, Podiatrists, Optometrists, and Licensed Midwives are eligible.

**Payment Schedule:** The New York State Medicaid incentive program officially started June 1st, but payments will be made quarterly. The first quarter is June to August, and the state expects to pay providers in September, 2010.

*For further information about New York State Medicaid e-prescribing: [http://www.health.state.ny.us/regulations/arra/docs/nys\\_medicaid\\_e-prescribing\\_incentive.pdf](http://www.health.state.ny.us/regulations/arra/docs/nys_medicaid_e-prescribing_incentive.pdf)*

## Health eHearts Enrollment Open!



PCIP is accepting new applications for Health eHearts. Health eHearts was launched in 2009 and is an incentive program that rewards and recognizes EHR-enabled practices for achieving excellent heart health in patients. All practices will receive Quality Reports and tools and tips to utilize the EHR to help improve population health. Half of the practices will be randomly selected to receive monetary rewards. For an application, please email [eharts@health.nyc.gov](mailto:eharts@health.nyc.gov).

Don't delay! For additional information on Health eHearts, visit <http://www.nyc.gov/html/doh/html/pcip/eharts.shtml>

## Emergency Preparedness for Pediatrics, Continued

*(Continued from page 5)*

including the current efforts of the NYC Pediatric Disaster Coalition, designed to ensure effective use of field triage, transport, and pediatric critical care assets during and after a large scale disaster affecting children.

### **NYC Pediatric Resource Directory**

[The New York City Hospital Pediatric Resource Directory](#) provides New York City healthcare facilities and response agencies with a comprehensive resource of pediatric services offered by NYC hospitals. This resource is a useful tool for all providers who care for children as it lists all 43 NYC hospitals with pediatric services and subspecialty services and the contact methods to request admission or transfer.

### **Preparing NYC Pediatricians**

HEPP has primarily focused on the impact of disasters on hospitals and more recently on health care centers, but is now looking to address the concerns of private pediatric providers by

providing support and leadership in the development of emergency preparedness measures. **To get involved in these efforts, contact us or visit our website: <http://www.nyc.gov/html/doh/html/bhpp/bhpp.shtml>**

Some recommendations from the **American Academy of Pediatrics** around disaster preparations:

- Secure Practice Information
- Review Key Resources
- Plan for Continuing Operations
- Review Insurance Coverage
- Store Essential Supplies and Minimize Risk to Equipment
- Protect Patient Records and Office Files
- Handle Vaccine Issues
- Attend to Facility Issues

For more, see "[Additional Pediatric Preparedness Resources](#)" on the HEPP website.

### **Primary Care Information Project**

161 William St., 5th Floor  
NY, NY 10038

[www.nyc.gov/pcip](http://www.nyc.gov/pcip)  
<http://ontherecord.ning.com>

*The Primary Care Information Project is a NYC Mayoral Initiative charged with improving the quality of care in underserved communities through health information technology.*

Questions about the newsletter?

Email Rachel Helfont at [rhelpont@health.nyc.gov](mailto:rhelpont@health.nyc.gov)