

# Taconic **TALK**

From the Taconic IPA.  
Exclusive physician network for **MVP**.

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## A. JOHN BLAIR, III, M.D. MESSAGE FROM THE PRESIDENT & CEO



Many physicians have contacted the Taconic IPA and MedAllies asking questions about electronic medical record (EMR) vendors. Additionally, some physician practices have questioned why their EMR vendor will not be supported by MedAllies. It is important to restate what is happening at the local, state, and federal level regarding EMRs to underline the potential significant impact on Taconic IPA physicians and their practices.

I recently attended the e-Health Initiative's "Connecting Communities for Better Health" conference in Washington D.C. Although I have mentioned many of these issues in previous Taconic Talk, I thought it would be helpful to highlight key points from this meeting along with other important considerations for physicians regarding EMRs.

The Taconic IPA is one of nine communities recognized by the e-Health Initiative as a leading community project in the country working towards standards-based interoperable EMRs. The Taconic IPA has been actively monitoring vendors, health insurers, and government activities related to EMRs. It is clear the federal government and health plans are moving toward pay-for-performance models because of the alarming rise of healthcare costs. Recently, ten large physician groups around the country were named to pilot a Medicare pay-for-performance program. To help physicians maximize performance under these models, office practices must have information technology that delivers clinical information from multiple organizations at the point-of-care. In addition, EMRs must be able to exchange information across institutions to support a comprehensive view of the patient and incorporate standards that allow for data exchange. Unfortunately, many physicians are under the impression their EMR vendor meets these criteria when they may not.

Today, many incentive programs are claims-based and rely on chart reviews to determine the quality of care received by patients. There are many shortcomings to the current incentive programs including inaccuracy, lack of ability to provide important physiological data on patients that are the true markers of clinical outcomes. Furthermore, manual extraction of data from paper-based charts is time consuming and expensive for payers. The next generation of incentive programs will be quality outcome based and the only way to meet the criteria for these programs will be by utilizing comprehensive EMRs.

The key to achieving performance criteria is the ability of the EMR to contain an infrastructure that is standards-based. The vendors selected in the MedAllies initiative are systems that are standards-based. Experts contend that standard clinical terminology (SMOMED-CT) is a key component of the infrastructure underlying the

electronic health record (EHR). And it is a critical piece in helping to reduce the variability in the way data are captured, encoded, and used to support processes in the clinical care of patients and for medical research. As third generation EHR systems become available, a standard clinical terminology will be essential to support the interchange of information. This standard terminology will be used to support clinical documentation, decision support, and workflow. It also creates a common platform for health care practitioners to render care while allowing a basis for comparison and communication.

The standardized data allows for systems to become interoperable. Comprehensive systems mean integrated decision support, the ability to accept and integrate structured, computable data from other organizations. Comprehensive EMRs are evidenced-based according to national clinical decision support rules integrated into EMRs. EMRs, alone without connectivity, have the potential of simply automating the highly fragmented, paper-based, ineffective system that exists today, wasting limited resources.

The EMR systems selected are being built to the specifications that will meet standards for quality and outcomes in the pay-for-performance criteria for all payers. Taconic IPA, working with the Hudson Valley EHR Collaborative, is bringing the health plans in this area together to ensure the EMR systems selected meet the health plans pay-for-performance criteria. Taconic IPA is working closely with state political leaders to educate them on our efforts to create interoperable, standards-based health information exchange.

I cannot emphasize enough the importance of Taconic IPA physicians working together to ensure that we are involved in these pay-for-performance efforts and that we insist that the vendors build systems that include the ability to meet pay-for-performance criteria in their design. The two current vendors chosen will help IPA physicians meet these goals. Those physicians lured into purchasing cheaper systems pushed by the EMR vendors could potentially be heading down a "dead end street" when it comes to pay-for-performance initiatives.

Federal and State policy makers are looking to organizations such as the e-Health initiative for recommendations. Taconic IPA is a member organization

of the e-Health Initiative and a recipient of the e-Health Initiatives Connecting Communities for Better Health grant. Recommendations from the working group are recommending incentive programs based on utilizing comprehensive EMRs.

### **Comprehensive EMR Systems**

Comprehensive EMRs systems actively monitor diabetic patients. Comprehensive EMRs scan the system, retrieving data from hospitals, laboratories, and other providers to ensure Hemoglobin A1c are performed regularly and alert the physician when tests have not been done. In addition, diabetic patients being seen in the office have alerts pop-up to the physician when a Hemoglobin A1c is due.

Comprehensive EMRs mean chronic disease, population health and public health can be managed. Standardized data allows for trending of potential public health concerns and allows for real-time information from public health to be delivered to providers such as drug resistance and disease outbreak alerts. Comprehensive EMRs are patient-centric not just containing information from you as a provider, but also information from all providers treating the patient. Comprehensive EMRs allow data for clinical research activities. Finally, comprehensive EMRs mean data can be exchanged electronically among treating providers.

A comprehensive EMR provides information to physicians such as knowing which prescriptions were actually filled by the patient, knowing the other clinicians involved in the care of the patient along with their recommendations for treatment and any medications prescribed. This information is available to the treating physician at the point-of-care. Physicians have usually less than 15 minutes to gather information, keep up with the national guidelines and latest medications/treatments, evaluate the patient, and decide treatment within this timeframe. To expedite the physician-patient encounter, clinicians must have all information on the patient available to them at the point-of-care. Most data required to deliver care within physician practices resides somewhere else (reference lab, diagnostic radiology, another physician's office). Interoperable systems mean collaboration and coordination are necessary to facilitate the transmission of data to the point-of-care.

EMR certification and accreditation will assist physicians in knowing their EMR will qualify for pay-for-performance incentives. Use of these certified systems will assure that expected quality, safety and efficiency outcomes will be achieved.

Several groups have emerged to address certification including the National Committee for Quality Assurance (NCQA) and the Certification Commission for Healthcare Information Technology (HIT). Physicians who have purchased systems that are not comprehensive may not qualify for incentives from some organizations in the future.

Additional information is available online at the sites listed below:

Medicare pay-for-performance demonstration project  
<http://www.cms.hhs.gov/media/press/release.asp?Counter=1343>

e-Health Initiative, "A Framework for Aligning Incentives with Quality Healthcare"

<http://www.ehealthinitiative.org/assets/documents/ParallelPathway5-25-052PM.doc>

Health Care Technology discussion of SNOMET-CT, "Providing the Critical Building Block for Electronic Health Records"

[http://www.hctproject.com/documents.asp?d\\_ID=2723](http://www.hctproject.com/documents.asp?d_ID=2723)

The Certification Commission for Healthcare Information Technology.

<http://www.cchit.org/>



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