Study on the Effects of Pay-for-Performance Incentives Demonstrates Moderate Improvement

The majority of US residents receive their care from small practices; however, the effect of a pay-for-performance incentive in practices of this size is largely unknown. Most evaluations of pay-for-performance incentives have focused on larger practices. Historically, small practices have faced greater obstacles to providing care due to lack of scale and organizational structure. However, it is possible that EHR-enabled small practices will be able to positively respond to pay-for-performance incentives and improve their quality of care.

PCIP developed a program, Health eHearts, that focused on cardiovascular health in order to produce the greatest impact on the health of New Yorkers. Health eHearts used EHR-generated clinical quality outcomes and was designed to reduce health disparities. PCIP collaborated with the University of California, San Francisco (UCSF) to conduct a study. UCSF evaluated the effectiveness of financial incentives at small New York City practices using EHRs. Their findings were recently published in The Journal of the American Medical Association (JAMA). (Bardach NS, Wang JJ, DeLeon SF, Shih SC, Boscardin WF, Goldman LE, Dudley RA. Effect of pay-for-performance incentives on quality of care in small practices with electronic health records: A randomized trial. JAMA. 2013;310(10):1051-1059.)

Conducted from April 2009 through March 2010, Health eHearts focused on four areas that could reduce heart disease, the ABCS (Aspirin, Blood pressure control, Cholesterol control, Smoking cessation intervention). Participating practices were randomized to either the intervention group, which received quarterly quality reports and modest incentive payments, or the control group that continued with their usual care.

![Graph demonstrating the change in performance between the intervention and control groups throughout the study](image)

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**Intervention group received:**

- Access to compliance webinars
- Visits with Quality Improvement program staff
- Availability of program staff for support
- Quarterly quality reports
- Incentive payments for each patient that met the performance criteria

**Control group received:**

- Access to compliance webinars
- Visits with Quality Improvement program staff
- Availability of program staff for support
- Quarterly quality reports
Study on the Effects of Pay-for-Performance Incentives Demonstrates Moderate Improvement

(continued from page 1)

or the control group, which received only quarterly quality reports. PCIP staff provided each practice with on-site assistance, including proper EHR documentation of study measures.

The performance on all measures improved in both groups. The intervention group performed better than the control group on aspirin, blood pressure control and smoking cessation interventions (see Figure). The practices that received incentives performed better than the control group on all measures for their Medicaid and uninsured patients except for cholesterol control. Program participants from both the intervention and control groups saw improvement on all measures targeted by the program. However, further research will be required to determine if these changes are sustained over time due to the fact that the majority of pay-for-performance programs are intended to be in place for more than one year.

Further research is needed to determine whether these changes can be sustained over time; most typical pay-for-performance programs are intended to be in place for more than one year.

To learn more, please read JAMA Volume 310, number 10 “Effect of Pay-for-Performance Incentives on Quality of Care in Small Practices with Electronic Health Records: A Randomized Trial.”

For more information on this study, please contact Sarah Shih at sshih@health.nyc.gov.

Increasing Patient Engagement with The PEEK Project

PCIP is partnering with the Fund for Public Health in New York to provide iPad kiosks for primary care physician offices throughout New York City. The Patient Engagement and Education Kiosk (PEEK) Project is an initiative that aims to strengthen patient engagement and health promotion by allowing patients to access their Personal Health Records easily and securely in the physician's office. Having these kiosks in the practice also gives patients easy access to educational health materials including videos and other relevant documents for improved health management. With this technology, patients can have a more active role in their own health care and make informed decisions regarding treatment options, health lifestyle choices, and preventative actions.

The Project PEEK team installed tablet kiosks in waiting areas and exam rooms in 50 practices throughout the five boroughs. Some of these practices include Planned Parenthood, The Floating Hospital in Queens, Urban Health Plan in The Bronx, and two Care for the Homeless locations. By the end of the year, the PEEK Project plans to implement these kiosks in a total of 115 practices in New York City. These practices range from single-physician offices to community health centers.

Applications to be involved with the PEEK Project are currently closed. If you would like to be considered for a kiosk should the project be expanded into 2014 or for more information, please contact kioskproject@health.nyc.gov.
Pediatrics 2000: Promoting Healthy Lifestyles in the Community Using EHRs to Address Childhood Obesity

Since its inception in 1992, Pediatrics 2000 has focused on providing the best possible care to the children of Upper Manhattan. Founded by Dr. Juan Tapia-Mendoza, who was also raised in the Washington Heights neighborhood of New York, Pediatrics 2000 has developed into a staple of the community.

With locations on 135th Street and 207th Street, Pediatrics 2000 set out to be a place where families from medically underserved and diverse communities can get the best possible care without having to worry about taking on an enormous amount of debt. If a family is concerned about insurance and possible costs, Pediatrics 2000 provides on-site insurance representatives who can answer questions and help patients find free or low-cost health insurance options for the family. “We want to focus on providing care, we can worry about payment afterwards.” says Dr. Robert Perello, Medical Director of the practice. “Regardless of your ability to pay, you will be seen.” Dr. Reucar Quijada, Director of the 207th Street location continues, “Our core values place the need of our patients first.”

Inside its historic landmark building on 135th Street, Pediatrics 2000 does not appear to be a typical health center. The theme of the entire practice is concentrated around street art – a concept created by Dr. Tapia and his associate, Hugo Martinez. Together, they designed and implemented an art-based health literacy model for delivering community medicine to urban youth and families. “We wanted to completely merge the healing effects of art and medicine.” Mr. Martinez explains, “The kids we treat love graffiti and recognize it as their own culture. This helps create teachable moments, when we can help them choose healthy lifestyles.”

In 2008, Pediatrics 2000 was among the first private centers to adopt and incorporate Electronic Health Records (EHR) into their practice. Since then, it has used the support it received from the Centers of Medicare and Medicaid Services (CMS) EHR Incentive Program to help fund other initiatives and future projects. One of their new key initiatives is their Childhood Obesity Program. Using their EHRs, providers track their patients’ body mass index (BMI). If a patient is considered to be overweight or obese according to the index, they are recommended to take part in this program – which offers expert nutritional information targeted not only to the patient, but to the entire family.

To make the program more appealing to young community members, Pediatrics 2000 expanded the program to include exercise classes such as zumba, yoga, and Pilates. To help make this program accessible to everyone, none of the costs associated with it are passed along to the patients. “Dr. Tapia spared no expense to make sure our patients are getting the best care,” Dr. Perello continues.

This healthy life program is the first of many that focus on preventative care. Pediatrics 2000 also offers a series of lectures for parents that provide best practices for managing conditions such as asthma and autism. The goal is to continue providing patient education events as well as other fun events for their patients that focus on staying healthy. Building on the success of the initial obesity program, Pediatrics 2000 is currently applying for grants associated with childhood obesity research.

Thanks to the implementation of an EHR, Pediatrics 2000 continues increasing the quality of care for their patients. Fittingly, the practice became one of the first in New York State to be certified as a Level 3 Patient Centered Medical Home, representing the highest level of patient care. “Meaningful Use was a great start to this shift of focus to preventative care. You don’t see the type of personalized care patients receive here being offered everywhere.”
Effectively Using The Quitline as Part of Optimal Management of your Patients who Use Tobacco

Since launching in 2000, the New York State Smokers’ Quitline, located at Roswell Park Cancer Institute (RPCI) in Buffalo, New York, has provided free individualized cessation coaching and Nicotine Replacement Therapy (NRT) kits to over 700,000 New York residents. The Quitline also offers online NRT registration, social media and cessation tools through a smoke-free community, and health information. There are additional messaging tools available to tobacco users through the online community and phone applications. The Quitline has demonstrated success, with about a third of NYS smokers reached 7 months after intake reporting abstinence. Further, knowing that many smokers relapse after quitting tobacco, the Quitline attempts to re-contact smokers 3 months after the last contact to offer continuing support through free cessation services.

As technologies and health care systems have progressed, the Quitline has expanded its services and products to meet the needs of providers, health care facilities and other health care organizations serving New Yorkers. In 2004, the Quitline added a free Referral Program to directly assist health care providers with patients who use tobacco. To date, more than 6,000 health care providers statewide have referred over 62,000 patients for free evidence-based cessation services and NRT. Providers can receive progress notes back on referred patients.

Health care providers can refer their tobacco-using patients to the Quitline using the Refer-to-Quit fax referral form or secure online referral program on www.nysmokefree.com. In addition to the traditional referral program, the Quitline offers a free Opt-to-Quit™ Program that helps health care providers systematically identify all tobacco-using patients and refer them to the Quitline unless they opt out. Opt-to-Quit™ provides patients with free, confidential, evidence-based services promptly and efficiently. This service is particularly helpful for those patients who might otherwise not have easy access to, or be able to afford, cessation services.

The Quitline also provides free CME opportunities, including an online “Smoking Cessation with Adult Patients” course. In conjunction with 19 New York State Cessation Centers, RPCI administers the Collaborative Conference Call series. This educational series increases providers’ ability to access quality, evidence-based training on a range of topics relating to tobacco dependence treatment, while receiving free CME. The Conference series can be adapted for general reference and training purposes by medical residents and other house staff screening and supporting patients who use tobacco.

Providers can currently use their EHR to track smoking cessation. For more information on how your EHR can work with the Quitline, please contact your vendor.

To learn more about the Quitline services or implementation of the Referral Program, including Opt-to-Quit™, please contact Patricia Bax, RN, MS, Marketing Coordinator at 716-845-4365 or patricia.bax@roswellpark.org

NYS Smokers’ Quitline Services
Patients can enroll online or call (866)697-8487 or 311

Providers can refer via fax, online, and Opt-to-Quit™

Contact: Patricia Bax, RN, MS
Phone: (716) 845-4365
patricia.bax@roswellpark.org

Hepatitis C Reflex Tests Now Available from Commercial Labs

NA testing is needed to confirm hepatitis C infection in patients who test positive for hepatitis C antibody. Too often, though, the RNA test is not ordered after a positive antibody test. Now, clinicians can now order a hepatitis C reflex test from several commercial laboratories: the laboratory will do the hepatitis C antibody test, and if the result is positive, the laboratory will immediately do a quantitative RNA test on the same specimen. Only one tube of serum is needed. This reflex test provides the information needed to determine hepatitis C infection status in one step, without having the patient return for a second blood draw.

- For Quest Diagnostics, search test # 91438X
- For LabCorp, search for test # 144028
- For BioReference, search for test # B125-6.
A Guide to Accountable Care Organizations

Since the passing of the Patient Protection and Affordable Care Act in 2010, “ACO” has become an increasingly prevalent buzzword in the healthcare field. However, the recent talk touting ACOs’ benefits and describing their popularity may not as clearly address what they actually are and how they are supposed to work.

What exactly are ACOs, anyway? How do they work?
ACO stands for Accountable Care Organization. According to the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS), an Accountable Care Organization is essentially a network of doctors and hospitals that share responsibility for providing care to Medicare patients enrolled in a traditional fee-for-service program. In return, Medicare agrees to allow participating providers to share in any savings they are able to generate as a result of providing high-quality, efficient care to that population.

The ultimate goal of the ACO model is to reduce cost while also improving healthcare quality. Instead of being paid based on the number of services delivered (number of visits, number of tests administered, surgeries performed, and so forth), providers are financially rewarded for keeping their patients healthier. While the ACO model does not replace fee-for-service payments, it does create savings incentives by offering bonuses to providers when they keep costs down and also meet specific quality benchmarks for patient health outcomes.

What would becoming part of an ACO mean for a provider?
Shifting to an accountable care model involves making changes to the structure and function of the healthcare delivery system. Focusing on providing high-quality, cost-effective care, and may also require utilizing and coordinating a diverse healthcare workforce—physicians, nurse practitioners, other clinicians, and administrative staff must work together to manage patients’ care across various sites and services. Governance and decision-making among this diverse workforce must formally be established.

Preventive health services would be given increased attention. This includes maintaining a strong primary care base, often built on the Patient-Centered Medical Home model, establishing programs of patient health education and patient engagement which allow patients to participate meaningfully in their own care.

ACOs and health information technology
Accountable care focuses strongly on quality improvement, so organized, system-wide processes must be implemented that can measure, report on, analyze, and manage members’ utilization and costs of care. Participation in an ACO would center around a physician group or a hospital-physician partnership.

In a successful ACO, doctors, hospitals, and other health care providers and staff will be able to coordinate patient care collaboratively. To do so, all members of these diverse health care teams must be able to access patients’ medical records easily and at any time and to utilize them effectively and meaningfully. With more sites sharing data through Health Information Exchange, the importance of adding health data in structured formats (as opposed to free text) becomes even more crucial for the information to be shared across settings.

Health information technology such as certified EHRs also help ACO participants meet reporting requirements and track quality and utilization over time. Instead of doing individual chart reviews, electronic systems allow providers and administrators to track an entire patient panel. These systems also offer methods for contacting patients with gaps in care as a means of improving quality.

NYC REACH works with ACOs to increase the use of EHRs and improve documentation of health information, train practices on quality improvement methods, and explore new technology solutions. During quarterly round tables, local ACOs meet with NYC REACH to share challenges and best practices.

To learn more about ACOs, visit www.cms.gov and search “Accountable Care Organizations.” For information on the ACO roundtable, contact Stephanie Lizza at slizza@health.nyc.gov.

Providers who are part of an ACO must be participating in the Meaningful Use EHR Incentive Program. Some ACO measures align with Meaningful Use measures, including:

- Tobacco Cessation Intervention
- Breast Cancer Screening
- Blood Pressure Control
- Falls Screening
- Depression Screening
- Reducing Readmissions
Trauma in Primary Care: Recognizing Providers’ Key Role
A New Health Department Training Initiative

By Monika Erős-Sarnyai M.D., MA, Best Practices Specialist - New York City Department of Health and Mental Hygiene

The NYC Health Department has developed a new cutting edge, interactive training using virtual technology to increase primary care providers’ ability to manage the acute and long term mental health conditions most commonly associated with trauma exposure. This 60 minute, no-cost online training developed in collaboration with Kognito Interactive can be completed at multiple intervals or in one session for free CME/CNE credits.

Primary care settings are often the first point of contact for individuals seeking medical care, including those with mental health conditions. This training program recognizes that primary care providers are in a key position to recognize symptoms and risk factors for trauma related mental health disorders, identify at-risk patients, and discuss treatment options with patients whose symptoms might otherwise go unnoticed and untreated. The trainings use a simulation platform to create virtual role-play conversations with intelligent, fully animated, emotionally responsive avatars. Narrative “case-examples,” role-play situations, and high levels of interactivity present key information and demonstrate practical strategies for providing trauma related mental health care.

The training aims to increase PCPs’ knowledge about the symptoms, risk factors and treatment options for Post-Traumatic Stress Disorder, depression, alcohol and substance abuse, and Generalized Anxiety Disorder, so that they can better recognize and identify these mental health issues in their patients. Through interaction with virtual patient avatars, PCPs can learn to navigate patient questions, concerns and potential resistance, thereby building skills for conversing with patients about potentially sensitive issues in a non-threatening, efficient and professional manner.

By embracing this new method of professional learning, the Health Department is working to better accommodate health care professionals’ needs, training preferences, and busy schedules; and increase the number of trained professionals providing the needed care to those psychologically impacted by disasters and other traumatic events.

At-Risk in Primary Care
Free CME/CNE Interactive Online Course for Primary Care Providers on Identifying and Managing the Care of Patients with Trauma-Related Mental Health Disorders
www.kognitomed.com/34 (Use Enrollment Key: nyc34)

NYCREACH.ORG Introduces New Research Webpage

Providers can now read previous PCIP Research Briefs and other abstracts on our new research page. Research Briefs available include:

- Issue #1: Getting the Most from Quality Measures
- Issue #2: Clinicians Using Available Support Are More Likely to Realize Full Potential of EHRs

The next issue of PCIP’s research brief highlights a case study for how one large community health center implemented health information technology to support quality improvement as well as increasing productivity.

For more information, visit www.nycreach.org/news/research
In December 2012, Mayor Bloomberg created the Special Initiative for Rebuilding and Resiliency (SIRR) to address how to create a more resilient New York City in the wake of Hurricane Sandy. The key long-term focus of this initiative is preparing for and protecting against the possible impacts of climate change. A final report, released in June, provides recommendations for rebuilding the communities affected by Sandy as well as ways to increase the resilience of infrastructure and buildings citywide.

Below are two key SIRR initiatives and some recommendations of best practices:

**Encourage Electronic Health Record-Keeping**

Providers rely on patients' medical records to provide and track care. However, these important records may be compromised or destroyed due to flooding. EHRs can help prevent permanent loss of data and allow for quick restoration of services after a disaster. Keep in mind, even EHR systems need to be implemented with operational resiliency in mind—providers must ensure that they can still access patient information if they cannot safely travel to their offices. It is recommended that computers and servers are not placed on floors where they can be flooded. Perform an annual risk assessment (required for Meaningful Use) to identify potential problems. Providers should also develop a disaster recovery plan, which is kept off-site. Developing a plan covers the Addressable Standard Requirement under HIPAA physical safeguards. Some things to include in the recovery plan include chain of command, vendor account/phone numbers and manual forms.

**Telecommunications Strategy**

In some cases, patients’ needs can be addressed over the phone when in-person care is not possible. Some examples of this could be for prescription refills, maintenance of chronic conditions, and other questions regarding basic health and safety. Having a back-up phone service allows a provider to offer a basic level of care during and shortly after an emergency that causes facilities to be closed. Some best practices for establishing telecommunications resiliency include directing incoming calls to off-site phones and planning for emergency operations to handle redirected call volume and providing appropriate care. Some options to assist with the creation of a resiliency plan include:

- **Option A** – Work with a primary phone provider to redirect patients’ calls to alternate phone numbers during emergencies
- **Option B** – Work with a call answering service to answer calls from patients and connect the provider to the collected information from patients
- **Option C** – Purchase Voice over Internet Protocol (VoIP) phone service that plugs into any available internet connection. You may be able to obtain a VoIP device from your existing phone/internet vendor

If you are in need of immediate recovery assistance or are looking for more information, please visit [www.nyc.gov/recovery](http://www.nyc.gov/recovery)

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**Billing Help Available**

NYC REACH offers services to help you work faster, code better and increase revenue. The NYC REACH Billing team is ICD-10 certified. Our Billing Consultants are AAPC members with over 20 years of experience.

The NYC REACH Billing Consultants can assist practices with:

- Revenue Optimization
- EHR Training
- Payment Posting
- Clearinghouses

We can also provide support to FQHCs and Article 28s.

Visit [www.nycreach.org/billingservices](http://www.nycreach.org/billingservices) to request billing support. For more information, contact Stephanie Lizza at [slizza@health.nyc.gov](mailto:slizza@health.nyc.gov) or (347)396-4951

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The NYC REACH Billing Team (from left to right): Ahmad Masoud, Senior Billing Specialist; Pat Pooran, Senior Billing Manager; Marie Solis, Large Practice Billing Specialist; Tabitha Mercado, Medical Billing Coordinator
PCIP in the Community

In early October, PCIP partnered with Empire BlueCross BlueShield and The Brooklyn Hospital Center to host **Connecting Quality Incentive Programs**, a forum covering the intersection between Meaningful Use and the Patient-Centered Medical Home (PCMH) recognition program. Providers from all over the Brooklyn area were in attendance as presenters discussed how Meaningful Use establishes a foundation for other incentive programs. One incentive program that was discussed was Empire BlueCross BlueShield’s Patient Centered Primary Care (PCPC) program. Empire BlueCross BlueShield’s PCPC program focuses on providing comprehensive “whole patient” health care services, helping patients navigate the complex health care system to ensure they get the care they need when and where they need it. NYC REACH provider champion and PCPC ambassador Dr. Frank Maselli provided his perspective and shared his experiences with both the Meaningful Use Incentive Program and the PCPC Program. For more information on Empire BlueCross BlueShield’s PCPC program, please contact NYPrimaryCareProgram@empireblue.com.

PCIP also hosted a roundtable on **Quality Improvement: The Alignment of Million Hearts and Meaningful Use**. Primary Care Providers with an interest in Cardiology attended to learn about the ABCS of Million Hearts - The ABCS cover Aspirin Therapy, Blood Pressure Control, Cholesterol Management, and Smoking Cessation. Million Hearts is a national initiative striving to prevent one million heart attacks and strokes by 2017. The initiative brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to assist with the fight against heart disease and stroke. For more information on Million Hearts, please visit www.millionhearts.hhs.gov.

Provider champion Dr. Frank Maselli gives his provider perspective and discusses the overlap between Meaningful Use and PCMH.

NYC REACH is the federally designated regional extension center (REC) for NYC founded by PCIP.