

MSSNY Health Information Technology Committee
September 25, 2015
Minutes

Attendees:

Deepak Buch, MD
Phillip Gioia, MD
Munish Khaneja, MD
Jason Matuszak, MD
John Paul Mead, MD
John Maese, MD
Parag Mehta, MD
Donald Moore, MD, Chair
Jeffery Sneider, MD
Renee Solomon, MD
Zebulon Taintor, MD
William Zurhellen, MD

Phillip Schuh, CPA
Liz Dears, Esq.

The minutes from the June 22nd meeting were unanimously approved.

The results from the survey were presented by Ms. Dears. Preliminary response to MSSNY's survey on EHR usage and functionality are consistent with results of other surveys which show a level of dissatisfaction with regard to EHR systems. While 78% of respondents to MSSNY's survey are using or plan within two years to use EHRs in their practice or at their hospital, 53% stated that they are either disappointed or very disappointed with their EHR. Notably, 38% of the respondents stated that their EHRs cannot generate routine reports to help manage their patient population, like diabetics, hypertension or ad hoc reports like finding patients due for a flu shot and 29% replied that their EHRs do not support meaningful use 2 or provide guidance on how to achieve MU-2. 56% responded that their EHR did not have prompts to notify them of gaps in patient care. Of the 45% of physicians who stated that they were currently participating in pay for performance (P4P) programs that require reporting from their EHRs, 32% stated that their EHR did not give adequate support to collect data to support their P4P program. Many stated that they or their staff either manually aggregated the data or purchased additional software to do so. 75% of the respondents did indicate that they were e-prescribing either non-controlled substances only (46%) or both non-controlled and controlled substances (29%). Of those who were not e-prescribing, a majority (66%) indicated that the delay in the implementation of the law was the primary reason why they were not yet e-prescribing. With regard to educational programming, 46% of respondents stated that they would like more information on three topics: the Delivery System Reform Incentive Program (DSRIP) and how it will affect my practice; the State Health Innovations Plan and how will it affect my practice; and how to get the most out of the data in your EHR. Other educational programs thought to be of value to respondents included: Value Based Purchasing; What is It and how can physicians position themselves to maximize payment (40%) and Practice transformation; what does this accomplish for the typical physician practice (33%).

Dr. Taintor raised the point that since mandatory eRX has come up, he has raised with his patients who have raised important points including the ACA offers privacy to self pay patients and the patients are responding by getting their prescriptions from NJ and CN because they do not want to become part of a New York database. Phil Schuh, however, stated that the other states are not far behind New York. Dr. Taintor said that there are some patients who want to hide and we'll be hearing more and more about them. The survey didn't ask much about privacy.

Dr. Sneider echoed that feeling and said it will get much worse now with ICD-10 and with all of the patient's information being uploaded to the RHIO, it will be available.

MU-3 asks for sexual orientation as part of the database.

Dr. Moore asked whether this Committee should be an advocate for the patient on this issue to which Dr. Taintor agreed. Dr. Moore asked if Dr. Taintor and a small group (including Dr. Mead) would put together additional materials on this issue. Dr. Sneider recommended that Dr. Taintor work with Dr. Maldonado who is also very interested in patient privacy protection with regard to their medical records and RHIOs. **ADDITIONAL ACTION WILL BE TAKEN (Taintor, Mead)**

John Paul Mead indicated that he is on a policy Committee with NYeC and will bring this issue forward to them.

Dr. Taintor mentioned an op ed that David Blumenthal wrote for the Wall Street Journal on patient privacy issues and asked if we should invite him to be a consultant to this Committee to which everyone agreed.

Dr. Mehta stated that on the survey it is clear that EHRs are not user friendly and should be. Wants to put together a white paper describing issues around functionality and the meaningful requirements needed from the physicians point of view. The EHR needs to function from the physician's perspective; shouldn't have to taken extra time at end of the day nor should physicians have to pay extra to make EHRs function properly. **ADDITIONAL ACTION WILL BE TAKEN (Meta, Maese, Zurhellan, Moore)**

Dr. Zurhellen asked whether the Committee is familiar with the ONC Roadmap to EHR of the future. That contains a lot of what we are looking for. It is important that when we speak of the minimal needs, they speak of fields but not usability and taking information out of it to demonstrate clinical outcomes and value (getting data out). Vendors are interested in keeping the EHRs as tools to get paid rather than tools to track outcomes. As a guideline it is good and we should push to assure that they actually adhere to it. **LIZ TO SHARE WITH COMMITTEE.**

Dr. Moore says its hard for individual physicians to get vendors to address their concerns; listen only to the government.

Dr. Moore thinks we should conduct another vendor vetting process. Dr. Maese points out that there are already entities that rate EHRs; should focus on usability and loss of productivity (which is off by 20%) for doctors who use an EHR).

Dr. Zurhellen thinks we should defined what needs to be done as opposed to stating what the current deficiencies of EHRs are. We need to drive usability and population management. There is no EHR that collects data to allow physicians to manage populations.

Doctors need to adjust their workflow, use nurses or scribes more.

Ms. Dears pointed out that the survey showed that physicians are interested in learning more about the DSRIP and SHIP programs and would also appreciate educational programs on how to get the most out of the date in their EHRs. MSSNY will develop educational opportunities on these topics.

Dr. Zurhellen wanted to know who heads the HIT unit at the DOH. Ms. Dears indicated that it is Patrick Roohan and offered to facilitate a meeting with him. **ADDITIONAL ACTION WILL BE TAKEN**

Also, it was noted that NYeC is the entity that has defined the structures for the SHIN-NY, RHIOs and policies and procedures that stakeholders must follow. A meeting with Dave Whitlinger will be scheduled wherein Mr. Whitlinger can deliver a presentation on the work of NYeC and the SHIN-NY. **ADDITIONAL ACTION WILL BE TAKEN**

There have been efforts over the years to rein in the vendor committee and if ONC isn't going to do it then the states will not. If we want to go to the top, we need to go to ONC. It is recommended that we invite the head of ONC to the HOD to

find out from the federal level what can be done to address these concerns. Phil indicated that we will need to get the approval from the Speaker of the HOD for such a program. **ADDITIONAL ACTION WILL BE TAKEN**

Dr. Khaneja pointed out that the PPSs under DSRIP must be connected to the SHIN-NY through the RHIOs. How many patients do MSSNY physicians represent as part of DSRIP. It is that focus that will interest Helgerson.

Dr. Gioia asked when the AMA will do a listening tour on HIT in NYS. We have put in a request for such a meeting.

On the issue of interaction with RHIOs, Dr. Moore noted that there are additional charges that he will incur to connect with the RHIO. Dr. Mead stated that connection to the RHIO is a mandate if you are involved with DSRIP and all hospitals and clinics must join RHIOs but there is no mandate for physician offices to join the RHIO unless they want to be part of DSRIP.

Dr. Mead clarified that RHIOs are supported by state funds and its free to access patient information from the RHIO. Perhaps MSSNY can advocate for the vendor costs to also be paid for by the state. He also clarified that the RHIOs must provide dial tone or member facing services for free patient look up and results delivery. But the costs of connecting to the RHIO is borne by the physician. MU-3 will in some cases require joining the RHIO. He pointed out that some of the MU money is in theory supposed to be used to pay these costs. If it is true, then we wouldn't have complaints from the doctors.

Discussion of the letter to ONC from Steven Keating, MD. Dr. Sneider observed that he wants to create an app to allow patients to access their medical records wherever they are and keep them on their own database. In order to have that capability, it will cost physicians quite a bit. Watch out what we wish for...but it is probably the future and should prepare for it.

Dr. Solomon added the perspective that EHRs do not offer the opportunity to protect patients from disclosure of their records. EHRs offer no opportunity for an assumed name to be used.

Dr. Sneider agreed but noted that this younger generation is more interested in access and transparency and is not concerned about privacy.

A survey of members will be conducted to pick the next meeting date. We will hold the meeting at 7AM as this appears to be a very good time for Committee members.