New York State Association of
Health Care Providers, Inc.
Representing home and community-based care

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Dr. James J. Figge
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, 8th Floor
Albany, NY 12210

Dear Dr. Figge,

On behalf of the Board of Directors and members of the New York State Association of Health Care Providers, Inc. (HCP), thank you for the opportunity to submit comments on the State's Medicaid Health Information Technology (HIT) Plan.

HCP represents approximately 500 offices of Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Hospice and other health-related organizations throughout New York State.

CURRENT LANDSCAPE

Home care faces significant barriers to HIT adoption

Home care providers are faced with a number of significant barriers that prevent widespread adoption of electronic health records and other types of health information technology (HIT). In New York State, since 2008, home care has sustained nearly $300 million in Medicaid cuts, severely limiting the ability of agencies to make investments in this area. Providers are facing an additional $150 million in proposed cuts in the 2010-11 Executive Budget. Equally as significant cuts have been enacted for Medicare home health services.

Recent cuts compound the difficulty home care agencies face in trying to accommodate the daunting financial and human resource investment required to implement HIT, particularly electronic health records. EHRs require a significant, up front investment, plus ongoing maintenance and upgrade costs. There are also costly training and business practice shifts. When operating on a small or negative profit margin, agencies are unable to afford these types of long-term investments.

Even though recent cuts have created immediate financial barriers, these barriers are nothing new. Home care has historically been left out of funding opportunities and technology initiatives. The current Federal

incentive program is just another example. These policy omissions, coupled with cost-related reimbursement methods that do not accommodate innovation, home care has put home care at a serious disadvantage. This will continue until policy efforts become more inclusive and recognize home care's role in the process.

Home care's dilemma is made worse by the fact that unlike hospitals and other facilities or large group practices, home care agencies do not have plant, property and equipment to use as collateral, and as a result, does not have access to capital. The poor economy and resulting current credit crunch has disproportionately affected home care agencies, whose executives have been known to refinance their own private homes in an attempt to access needed funds.

Additionally, home care has been unable to access on a regular basis incentive funding made available to hospitals and physicians, including recent opportunities offered through the HITECH Act and other Federal and State initiatives.

Limited use of point of care, telehealth

While implementing EHRs is cost prohibitive for most agencies, some providers have been able implement point of care systems, such as laptops, tablets, PDAs, and smart pens that create efficiencies by reducing paperwork for clinicians and allowing them to concentrate on patient care. The challenge of using this type of technology is obtaining enough units for field staff, training, and staying up-to-date with the most useful technology.

Other agencies have been able to purchase a limited number of units of telehealth equipment, which allow clinicians to monitor and measure patient health data remotely using video and non-video technology. Research has shown that this equipment can improve the quality of services provided. Agencies who use telehealth have reported a decrease in unplanned hospitalizations and emergency room visits. To date, telehealth's greatest potential has been found in improving clinical outcomes among patients with chronic diseases, including diabetes, congestive heart failure and chronic obstructive pulmonary disease (COPD).

HCP members have witnessed the powerful results of telehealth:

- A Certified Home Health Agency (CHHA) in Western New York reduced unplanned hospitalizations by 80% among all patients using the intervention;
- A Licensed Home Care Services Agency (LHCSA) on Long Island used a telehealth monitor with a 47 year old patient who is oxygen dependent, has COPD, insulin dependent diabetes, hypertension and coronary artery disease. Initially, the patient's legs were grossly edematous with the skin taut and shiny. Her diastolic blood pressure was over 90. With telehealth, communicating with her doctor, and managing her medications, her blood pressure and her legs are now assessed to be within normal limits;
- A CHHA in rural Montgomery County placed a telehealth unit at a local high school, so their patient could track her glucose levels every two hours as directed by her doctor. Using the device meant that she did not need to go to the hospital unexpectedly, and her grades and attendance improved dramatically.

Home care has received limited support for telehealth

Despite the great promise of telehealth in improving patient outcomes and reducing costs, home care has received limited State support for telehealth. Two rounds of telehealth grants have been distributed to home care providers by DOH (most recently in 2006). Funding has enabled agencies to purchase equipment to provide cost-effective telehealth services. Continuation of this program is essential.

In the summer and fall of 2007, HCP participated in discussions with the Department to create a tiered structure for a Medicaid telehealth reimbursement demonstration project. Claims were permitted for services provided on or after October 1, 2007 that meet the requirements. Rate letters were sent out to providers in February 2008 and agencies have been successfully billing for services.

Unfortunately, the reimbursement demonstration is only open to Certified Home Health Agencies (CHHAs). Exclusion of LHCSAs is illogical because licensed agencies provide ongoing supports to chronically-ill patients beyond the acute care reimbursed services. If agencies have patients who meet the criteria for the demonstration project, they should be able to participate. HCP is working with the Legislature to amend the statute to allow LHCSAs to participate; bills have been introduced in both the Assembly (A.878 Gunther) and the Senate (S. 4881 Valesky) but have not moved beyond the respective health committees.

INTEGRATING HOME CARE IN THE STATEWIDE MEDICAID HIT PLAN

Opportunities for home care

While home care is not eligible for incentive funding for electronic health records, opportunities for home care do exist in the State's Medicaid HIT Plan.

Care coordination

Many home care patients have chronic conditions that require services from across the spectrum of care. As explained above, telehealth provides a valuable tool for improving patient outcomes. Through telehealth, physicians can access key medical indicators, such as pulse, weight, medication adherence, blood sugar, etc. This data will be a valuable resource for physicians who strive to improve care across settings and reduce avoidable, unplanned hospitalizations.

- **HCP Recommends:** telehealth data be incorporated into the patient's medical record, as managed by the primary care physician at the medical home.

Administrative Funding

The 90/10 Medicaid HIT Administration Funds also provide opportunities for home care, particularly in the areas of outreach, education and training. As explained in the current landscape, home care providers will need significant education and training to be able to participate fully in the constantly evolving health information technology environment.

In the immediate future, the strongest training need will be in the development and implementation of patient consent policies and procedures, now that a wealth of Medicaid data will be available through the Internet. Home care providers will also need assistance building relationships with Regional Health Information Organizations (RHIOs) and other stakeholders to create meaningful partnerships.

HCP's affiliate, Community Health Care Services Foundation, Inc. (CHC), is an ideal conduit for reaching home and community-based care providers. For 20 years, CHC has developed and delivered affordable, practical, high-quality education for home care, hospice and other community-based providers in New York State. CHC designs seminars and other programs to meet the needs of a broad range of workers in the home care and hospice communities--managers, administrators, clinicians and direct care paraprofessionals. Educational sessions are held in various locations across New York. CHC has also conducted many webinars and audio conferences, allowing people the convenience of participating without leaving their offices.

Over the past few years, CHC set new goals for itself in the area of grants and demonstrations. Projects have covered a wide range of topics, including telehealth, geriatric depression, and workforce recruitment and retention.

- **HCP Recommends:** DOH and the New York eHealth Collaborative (NYeC) partner with CHC to conduct outreach, education, and training to home and community-based care providers utilizing the 90/10 Medicaid Administrative funds.

- **HCP Recommends:** Consulting services be made available to the home care industry through the Regional Health Information Organizations (RHIOs) or other entities, using the 90/10 Medicaid Administrative funds. Giving home care providers access to free or low cost consulting services will further efforts to prepare providers for technological changes.

Pilot Project: Home Care EHR

The New York State Department of Health Health Information Technology Planning Advance Planning Document (HIT P-APD, October 2009) notes that the State is exploring the development of pilot personal health records (PHRs) for clients of the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) (pg. 4).

HCP proposes a similar pilot project be implemented for home and community-based care patients. As noted above, home care plays a critical role in the care of patients with chronic diseases. Home care agencies provide services in the patient-preferred setting and often possess valuable knowledge about patients that is unavailable to the primary care physician, because of the nature of office-based services. Home care's accumulation of patient condition intelligence is gathered over time, as patients become more comfortable with their nurses and aides.

- **HCP Recommends:** DOH launch a pilot electronic health record project for home care patients, incorporating telehealth data, as well as detailed visit notes, to provide home care agencies, primary care physicians, and other clinicians with information critical to improving patient outcomes.

Use of aggregate data to improve patient care

The development of a Statewide Medicaid HIT Plan marks a paradigm shift in the State's use of Medicaid data. Sharing of this aggregate information with providers that participate in the program and the associations that represent them, has the potential to substantially improve the quality of care. Medicaid data housed at DOH will help home care industry identify patient trends and develop innovative research projects to develop solutions to these growing and changing patient needs.

- **HCP Recommends:** DOH share aggregate Medicaid data with providers that participate in the Medicaid program and the associations that represent them, to encourage innovation and improve patient care.

CONCERNS ABOUT THE CHANGING LANDSCAPE

While the rapidly evolving health information technology environment is exciting and provides many opportunities for home care, HCP does have concerns about the ability of smaller agencies to keep pace. Many home care agencies, particularly upstate agencies, are small businesses, operated by a family, with a very small margin. These agencies do not have experience with information technology; often they do not have their own computer networks, Web sites, or email addresses.

Federal and State agencies have made great strides in ensuring hospitals and physicians adopt interoperable health information technology systems. Because of the substantial investment required, the Federal government has had to provide incentives and penalties to prompt adoption of HIT.

As explained in the description of the current landscape, home care faces significant obstacles for adoption that are unique to this sector of the health care system. The State must acknowledge these challenges in their planning process. Efforts to move home care forward in the area of HIT must be accompanied by appropriate levels of financial support and technical assistance.

Again, thank you for the opportunity to provide comments on this exciting project. Please do not hesitate to contact me or a member of my staff if you have an questions or require any additional information.

Sincerely,

Phyllis A. Wang
President