



Primary Care Information Project

Electronic Health Record Expansion Initiative

The Primary Care Information Project (PCIP) supports the adoption and use of prevention-oriented Electronic Health Records.

Who is eligible?

- **Primary Care Providers:** MDs, DOs, NPs, and PAs licensed in Internal Medicine, Family Practice, Pediatrics, Geriatrics, or OB/GYN. Must see at least 10% Medicaid and uninsured patients (sliding scale or charity care) and practice in NYC.
- **Specialists:** MDs, DOs, NPs, and PAs licensed in cardiology, nephrology, endocrinology, ophthalmology, and podiatry. Must either receive referrals from a provider in the PCIP pipeline or provide an active Medicaid contract illustrating that the practice serves a high volume of Medicaid patients and practice in NYC.

Practice Pays For:

- Technical Assistance fund contribution (\$5,200 - \$6,000 per provider)
- Hardware costs
- Hosting fees (if applicable)
- IT consultant to assist with hardware
- Protected time for training
- Reduced productivity during implementation
- Ongoing support and maintenance costs (\$1,500 per full time provider per year beginning in year 3)

PCIP Pays For:

- Software license for eClinicalWorks EHR including electronic charting, practice management, eRx, prevention-oriented decision support tools, and patient portal – worth **\$5,000 - \$10,000** per provider
- 10 days of on-site training from eClinicalWorks – worth **\$7,500**
- 2 years of telephone and online support worth **\$1,200** per provider
- 2 years of system maintenance and upgrades– worth **\$1,800** per provider
- Installation of software and data migration of patient demographic and billing information – worth **\$1,500**

PCIP Provides Directly:

EHR services worth roughly **\$16,000 per provider**

- Dedicated implementation specialist
- 10 visits from quality improvement consultants for meaningful use coaching
- 2 visits from billing consultants
- Privacy and security consultation
- EHR customization
- Unlimited off-site training for meaningful EHR use and billing
- Access to grant-funded programs for patient outreach and pay-for-performance programs
- Seminars and bulletins for updates on state and federal programs that affect your practice

Additional Incentives and Rewards for Adoption:

- Meaningful Use Rewards:
 - Up to \$63,650 from Medicaid OR \$44,000 from Medicare, per provider
- Patient-Centered Medical Home Payments:
 - Medicaid Fee For Service pays based on PCMH Level attained
 - \$7.00 per visit for Level 1; \$14.25 per visit for Level 2; \$21.25 per visit for Level 3
 - Similar payments available from Medicaid Managed Care and certain private payors
- e-Prescribing
 - Medicaid: \$0.80 per Rx
 - Medicare: 2% bonus (1% in 2011, 2012, .5% in 2013)



Case Study:

2 physician practice / 3,000 patients / 8,000 encounters per year / 40% Medicaid (25% FFS) / Go-live in 2010
 Cost and Benefit for 2010-2011

Cost		Benefit	
Software License, 2-year system maintenance and support	N/A – qualified for free license	EHR system	\$20,000
TA fund contribution	\$10,400	PCIP Services (implementation, training, QI, EMR consulting)	\$28,000
Hardware Costs	\$10,000	Meaningful Use (2011 Medicaid payment)	\$21,250
IT Consultant	\$6,000	PCMH Level 2 payments – Medicaid FFS	\$28,500
Lost productivity during training	\$8,000	e-Prescribing	\$3,200
		2% increase in charge capture	\$30,341
		78% reduction in billing errors	\$30,234
		Savings in chart storage	\$6,048
		Reduction in chart pulls	\$12,000
		28% reduction in transcription costs	\$10,752
TOTAL COSTS	\$34,200	TOTAL BENEFITS	\$190,325