2009

New York Health IT Information Kit

Presented by: NYeC Education and Communication Committee

NY eHealth Collaborative

What is the New York eHealth Collaborative (NYeC)?

NYeC is a not-for-profit corporation that was founded by health care leaders across the state, with leadership and support from the New York State Department of Health, based on a shared vision of the urgent need to improve health care quality, safety, and efficiency in New York and facilitate the secure and interoperable exchange and use of health information. NYeC is overseeing the Statewide Collaboration Process as part of the HEAL NY grants program, through which common policies, standards, and technical approaches for New York's health information infrastructure are being developed via a multi-stakeholder, consensus-based approach.

What is the NYeC Education and Communication Committee?

The New York eHealth Collaborative (NYeC) Education and Communication Committee involves several stakeholder groups who share a common commitment to health IT. The committee's goals include effectively identifying, engaging and educating constituencies and targeting them through various media to raise awareness and support of health IT. NYeC will then solicit their input and incorporate it into policy recommendations on an ongoing basis.

Members of the NYeC Education and Communication Committee

AARP

American College of Physicians, New York Chapter

Brooklyn Health Information Exchange (representing NYeC Policy and Operations Council)

Business Council of New York State

Center for Independence of Disabled, NY

Center for Medical Consumers

Community Health Care Association of New York State

e-Health Network of Long Island (representing NYeC Policy and Operations Council)

Greater New York Hospital Association

Healthcare Association of New York State

HIMSS, New York Chapter

Home Care Association of New York State

Medical Society of the State of New York

New York Association of Homes & Services for the Aging

New York Health Plan Association

New York State Department of Health

Southern Tier HealthLink (representing NYeC Policy and Operations Council)

Visiting Nurse Service of New York

The Case for Health IT or eHealth

"In addition to connecting our libraries and schools to the Internet, we must also ensure that our hospitals are connected to each other through the Internet. That is why the economic recovery plan I'm proposing will help modernize our health care system – and that won't just save jobs, it will save lives. We will make sure that every doctor's office and hospital in this country is using cutting edge technology and electronic medical records so that we can cut red tape, prevent medical mistakes, and help save billions of dollars each year."

~ President Obama's Saturday radio address December 6, 2008

The American Recovery and Reinvestment Act of 2009 (ARRA)

Health IT has a critical role to play in reforming the U.S. health care system. For this reason Congress included it as a critical piece of the **American Recovery and Reinvestment Act of 2009 (ARRA), aka the federal stimulus legislation**. ARRA includes the Health Information Technology for Economic and Clinical Health (HITECH) Act which provides approximately $36 billion in new funding for health IT projects by way of the following opportunities:

- Medicare and Medicaid incentives: The legislation includes $34 billion in the way of incentives through the Medicare and Medicaid programs designed to reward physicians and hospitals for acquiring and using electronic health record (EHR) technology in "meaningful ways."
- Loans, grants and technical assistance: The legislation includes $2 billion for investment in planning and implementation of state-level health information exchange activities, as well as the endorsement of national standards to assist in this endeavor, and monies to promote education and dissemination of best practices through administrative and infrastructure change.

As we will see below, New York State is already a national leader in health IT and is well positioned to take advantage of these funding opportunities.

The Current Challenge

The health care system suffers from **uneven quality and safety** in part due to the lack of information available to clinicians about their patients at the point of care**.** This lack of timely access to information has been linked with thousands of avoidable medical errors and patient injuries.

The U.S. health care system is the **most expensive** in the world. Many clinicians have incomplete information at the point of care and are therefore likely to order duplicate or unnecessary tests. This can add up to billions of dollars of wasted spending every year.

Information on a patient's medical history is **fragmented and dispersed** among various medical records at different clinician sites, most often held in paper format – and often with no back-up copy. Even when medical records are electronically held, they are often not linked to information in other clinicians' systems.

Clinicians and patients face a huge **administrative burden** piecing together medical history information about the patient from various sites and sources. According to studies physicians spend 20 to 30 percent of their time searching for information. Up to 81 percent of the time, physicians do not find the information they need in the current paper-based patient record.

Health IT Benefits All

Health IT tools such as electronic health records (EHRs) and health information exchange (HIE) systems which enable clinicians to document and share medical records about common patients, have been linked with numerous benefits, some of which are listed below:

Improved Quality and Safety: Health IT tools enable clinicians to access key medical information about their patients and have a more complete understanding about a patient's condition and treatments which can prevent medical errors and patient injuries. It has been shown that physicians using EHRs score higher on quality measures than physicians without the technology.

Reduced Cost: Numerous efficiencies to the health care system can be realized through improved health IT adoption and use. Studies have shown that health IT tools can be effective in preventing wasteful repetitive or unnecessary tests and dangerous and costly medical errors. The removal of paper from the system also results in administrative cost savings.

Improved Clinician and Patient Convenience: With a better health IT infrastructure clinicians would not have to waste precious time calling other clinicians in often vain attempts to retrieve medical information about their patients. Patients would not need to fill out the same forms at every physician's office and medical facility they visit.

Access to Patient Information in an Emergency or Natural Disaster: The value of health IT systems is especially important in an emergency or disaster situation. In emergencies clinicians do not have time to contact other clinician offices to access their patients' medical history. In disaster situations records might not be accessible at the institution where they were first recorded. HIE would enable clinicians to retrieve that information at the point of care and in doing so save lives.

New York's Approach

New York State is a national leader in the health IT field. Through the Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY) grant program it has invested more than $250 million in advancing the adoption and use of health IT tools and developing a state health IT infrastructure. The funding is part of the State Administration's health care reform program. It seeks to transform NY's health care delivery from a paper-based system to an electronic interconnected system. Its goals include:

- **Improvements in Efficiency and Effectiveness of Care:** Provide the *right* information to the *right* clinician at the *right* time regardless of the setting where the patient receives care.
- **Improvements in Quality of Care:** Harness the power of clinical information to support improvement in care coordination and disease management, help re-orient the delivery of care around the patient and support quality-based reimbursement reform initiatives.
- **Reduction in Costs of Care:** Reduce health care costs over time by reducing the costs associated with medical errors, duplicative or unnecessary tests and therapies, uncoordinated

and fragmented care, and preparing and transmitting data for public health reporting.

- **Improvements in Outcomes of Care:** Evaluate the effectiveness of various interventions and monitor quality outcomes.
- **Engaging New Yorkers in Their Care:** Lay the groundwork for New Yorkers to have greater access to their personal health information and communicate electronically with their physicians to improve quality, affordability and outcomes.

There are three important technical focal points of the State's health IT strategy:

- **A Statewide Health Information Network for New York (SHIN-NY)** to provide the statewide infrastructure through which clinicians and patients can share and access the patient's medical history (with the patient's consent) from across multiple clinical sources of information.
- **Community-wide Adoption of EHRs** to provide clinicians with the tools to quickly retrieve important patient information and track and analyze important medical alerts and guidelines that can improve the quality of care and patient safety.
- **New Forms of Quality and Population Health Reporting** to support prevention and quality-based reimbursement models using reliable sources of clinical information.

New York's goals will not be met unless there is a common set of health IT policies, standards and technical approaches. DOH has engaged the New York eHealth Collaborative (NYeC) to facilitate the Statewide Collaboration Process through which HEAL grant-funded projects and other stakeholders from all sectors of the industry have been developing consensus-based health IT policies, standards and technical approaches. Chief among those activities is the development and adoption of **strong policies that will protect privacy, strengthen security, ensure affirmative and informed patient consent** and support the right of New Yorkers to have greater control over and access to their personal health information as foundational requirements for the SHIN-NY.

The latest phase of the HEAL grant program, HEAL phase 10, is building on previous funding programs and helping to position New York State to take maximum advantage of upcoming ARRA stimulus funding. This phase will fund projects that improve the coordination and management of patient care through "patient-centered medical homes" supported by health IT. Funding these projects will allow New York to gain critical knowledge and experience in many challenging aspects of implementation around "meaningful use" of health IT. This will enable New York State to better support providers so they can maximize access to ARRA incentive funds. More information on the HEAL program is included in a following insert.

For More Information on Health IT in New York, Please Visit the Following Websites:
NYeC: http://www.nyehealth.org
DOH OHITT: http://www.health.state.ny.us/technology
eHealth4NY: http://www.ehealth4ny.org

Health IT Q & A

Q. What is Health IT or eHealth?

A. Health IT or eHealth refers to various computer programs and tools, such as electronic health records (EHRs), computerized physician order entry (CPOE) or clinical decision support (CDS) that enable doctors and other clinicians to record a patient's medical history, order their tests or drugs, and get alerts on best practices such as avoiding harmful drug-drug interactions. Another important facet of health IT is health information exchange, which is the electronic movement of health-related information among organizations as discussed in more detail below. NYS has been a national leader in promoting the adoption and use of health care IT through its HEAL NY health IT grants program, which is also discussed in more detail in an accompanying insert.

Q. Why Do We Need Health IT?

A. In today's fragmented health care system patients' medical information very often gets recorded in paper format and typically only resides at those clinicians' sites where it is initially recorded. Information kept in this form is not easily accessible to the patient, his or her clinicians, nor to clinicians in any other health care settings who might be treating the same patient or fulfilling a patient's test or prescription orders. These obstacles impact clinicians' ability to coordinate patients' care and to monitor patient safety.

The appropriate use of health IT helps to remedy some of the situations described above and in doing so increase the efficiency and quality of health care. By providing clinicians and patients with the right information at the right time through health IT tools they are better placed to make more informed medical decisions. For example a clinician can ensure that he or she avoids prescribing drugs which could cause dangerous and costly interactions with the patient's current medications or conditions. A patient who is given an alert to take his or her diabetes medication might improve his or her compliance and therefore avoid a hospital or emergency room admission. A health plan can get more reliable information on the cost and quality of care from clinicians and give incentives to promote evidence-based care.

Q. What is Health Information Exchange?

A. Health information exchange (HIE) refers to the exchange of patient health information among disparate clinicians, other authorized entities and patients in real time while ensuring security, privacy and other protections. HIE is necessary for compiling the complete experience of a patient's care and ensuring it is accessible to clinicians as the patient moves through various health care settings. This will support clinicians in making informed decisions so medical errors and redundant tests can be reduced and care coordination improved. HIE is also needed for patients to have access to their own personal health information which can be portable between health plans or clinicians.

Various communities or "regional health information organizations" (RHIOs), across New York have received grant funding from DOH as part of the HEAL NY grant program to implement HIE projects. These RHIOs are responsible for governing HIE projects to ensure that the electronic exchange of health care information via computers between clinician sites results in clinical value and improves the treatment provided to patients. Their efforts will result in a common Statewide Health Information Network for New York (SHIN-NY), which will be the backbone of New York's health information infrastructure and serve as a public good.

Q. Why Do We Need Interoperable Health Information Exchange?

A. Patients typically visit several clinicians and sites for their care – including doctors, nurses, hospitals, nursing homes, community health centers, clinical laboratories, pharmacies and many others. While each clinician site keeps its own medical records on its patients, its clinicians often cannot readily access records and important information about their patients' care from other sites. Clinicians can give patients better care and avoid mistakes if they have access to their complete medical history – such as lab tests, medication history, problem list, allergies, and other health reports. By accessing more information about the patient's medical history, clinicians and patients can make more informed decisions about the patient's care, thus improving the quality of that care and avoiding medical errors.

Q. Will Patient Health Information Be Kept Private and Secure?

A. RHIOs and their participating stakeholders are required to obey federal and state laws about medical information privacy and have all been participating in a statewide project to identify minimum standards to protect patient privacy. These projects do not allow exchange of health information unless patients have given their prior consent (except in an emergency situation where a patient is not physically able to provide consent). Patient information is stored and shared in a secure way, and only those clinicians actively involved in the care of the patient are authorized to access his/her information. Special technology keeps anyone who is not authorized from seeing any personal and private information, thus gaining public trust and protecting consumers from security breaches.

Q. Why is Consumer Engagement and General Outreach Important?

A. Many health information exchange projects have been going live in 2008 and more will go live in 2009. Their success relies on the full awareness and support of all people and constituencies who are involved and impacted – consumers, clinicians, insurers, employers, legislators, government officials and many more. By engaging constituencies these projects can address and resolve their issues and concerns. This feedback will allow projects to improve operations to ensure that health information exchange benefits all stakeholders. One particular constituency that primarily needs to be engaged is consumers. Consumers have the most at stake in ensuring that a health system that is reformed through the use of health IT is truly patient-centered. To that end a Consumer Advisory Council, comprised of various consumer organizations, has been recently created to help ensure that the consumers' voice is heard in policy discussions.

Success relies on the full awareness and support of all people and constituencies who are involved and impacted

Glossary: Common Health IT Terms

Community Health Information Technology Adoption Collaboration (CHITA)
CHITAs are (i) community-based collaborations of clinicians and providers in a defined care coordination zone with a mission to advance the adoption and effective use of interoperable electronic health records and which (ii) have been awarded grant funds or otherwise recognized, based on criteria and a process to be established, by the NYS Department of Health to accomplish this purpose.

Clinical Decision Support (CDS)
Computer-based clinical decision support (CDS) is defined as software that makes relevant information available for clinical decision making. CDS ranges from electronically available clinical data (e.g. information from a clinical laboratory system and information from a disease registry), to electronic full-text journal and textbook access, to evidence-based clinical guidelines, to systems that provide patient and situation specific advice (e.g., EKG interpretation, and drug-to-drug interaction checking).

Computerized Provider Order Entry (CPOE)
Computerized Provider Order Entry (CPOE) systems comprise clinical applications that enable clinicians (e.g., physicians, nurses, therapists, pharmacists) to enter orders (for tests, medications, services, or other clinical processes) for further processing (storage in a database for record-keeping, routing/communicating to someone or a system performing the test or procedure, for further service delivery).

Electronic Medical Record (EMR)
An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

Electronic Health Record (EHR)
An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

E-prescribing
Electronic prescription (e-prescribing) writing is defined by the eHealth Initiative as "the use of computing devices to enter, modify, review, and output or communicate drug prescriptions." Although the term e-prescribing implies the use of a computer for any type of prescribing action, there are a wide range of e-prescribing activities with varying levels of sophistication.

Health Information Exchange (HIE)
The electronic movement of health-related information among organizations according to nationally recognized standards.

Interoperability
Interoperability is the ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of health care for individuals and communities. Currently many health information systems use different formats for their data making it difficult to exchange the data between systems. Health information exchange projects adapt the data so it can be exchanged between sites.

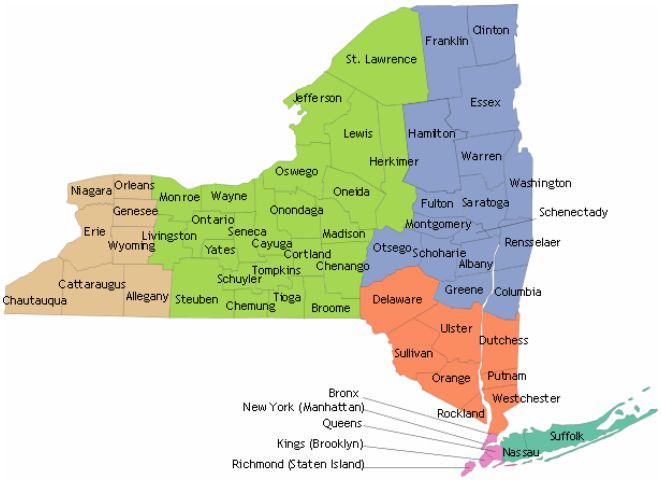
Personal Health Record (PHR)
An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.

Regional Health Information Organization (RHIO)
A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

Statewide Health Information Network for New York (SHIN-NY)
SHIN-NY is the bedrock component of the State's technical infrastructure and will allow clinicians and consumers to make timely, fact-based decisions that will reduce medical errors and redundant tests and improve care coordination and the quality of care. The SHIN-NY will utilize the internet and include specialized software protocols and services, including security tools, and will be a part of the emerging Nationwide Health Information Network (NHIN).

Health IT Projects In Your Region

New York has been a national leader in its investments in health IT. Thus far New York's principal vehicle for providing health IT funding has been the Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY) Capital Grant Program. So far three phases of the HEAL program have involved health IT:



- Phase 1: In 2006, DOH awarded $52.9 million to 26 health IT and HIE projects. Many of these projects went live in 2008 and many more are planning to do so in 2009.
- Phase 5: In March 2008 an additional $105 million was awarded to 19 projects. This round of funding includes monies for the initial development of the SHIN-NY.
- Phase 10: In April 2009, DOH announced $100 million in new funding for projects designed to improve the coordination and management of patient care through implementation of patient-centered medical homes supported by health IT and further development of the SHIN-NY. For more information, visit: http://www.health.state.ny.us/technology/.

New York has also provided an additional $4.5 million in grant funding through the Medical Society of the State of New York (MSSNY) to six projects to implement interoperable EHR systems amongst physician practices in their communities.

Applicants for HEAL 5 funding were required to choose one or more of the following important clinical investment priorities as its project goal(s):

1. Connecting New Yorkers and Clinicians: Connecting New Yorkers to their clinicians so that they can have ready access to clinical information such as lab results, update emergency contact information, and receive clinical reminders, for example to take their prescriptions.
2. Health Information Exchange for Public Health: Improving reporting for public health purposes and reducing administrative costs of preparing and transmitting data among clinicians and public health officials.
3. Interoperable EHRs for Medicaid: Sharing Medicaid information, including medication and visit histories with community clinicians, including electronic prescribing to support clinical decision making and improve care coordination.
4. Quality Reporting for Outcomes: Reporting quality-based outcomes based on clinical information to improve quality and support new payment models.
5. Clinical Decision Support: Providing clinicians with evidence-based alerts that would guide their medical decisions and facilitate quality interventions.
6. Immunization Reporting via EHRs: Enabling clinicians to provide their patients' immunization details to the DOH and New York City Dept of Health and Mental Hygiene immunization registries to enhance their use and improve safety and efficiency.
7. Quality Reporting for Prevention via EHRs: Implementing EHRs with embedded quality metrics for reporting prevention and process measures to support quality reporting.

In the following inserts you will find information on HEAL- and MSSNY-funded projects in your region.

Western Region

Catholic Independent Practice Association, Western New York Project *(MSSNY)*

Contact: Dennis Horrigan, dhorriga@chsbuffalo.org

This project will develop and install a community health data repository that links patient information for hundreds of thousands of Western New York patients across a healthcare network of four hospitals, eleven primary care centers, seven diagnostic and treatment centers, a freestanding surgery center, seven long-term care facilities, two adult homes, three home care agencies, and several other community ministries. A significant portion of the award will be used to create a community health exchange in which all project members will participate.

HealtheLink *(HEAL 1, HEAL 5)*

Website: http://www.wnyhealthelink.com/
Contact: Dan Porreca, dporreca@wnyhealthelink.com
HEAL 5 Clinical Priorities: Medicaid, Public Health, Quality Reporting for Outcomes

HealtheLink, the Western New York Clinical Information Exchange, based in Buffalo, is a unique collaboration among physician, hospital, and insurance organizations to share clinical information in efficient and meaningful ways to improve the delivery of care, enhance clinical outcomes, and control health care costs throughout the region.

HealtheLink brings to the project a large breadth of community involvement with strong, independent physician leadership and four years of history and planning for this regional HIE collaboration. HealtheLink will be enabling physicians to access patient medication histories and use e-prescribing tools in a variety of technology access points.

HealtheLink plans to use HEAL 5 funds to accelerate the expansion of the integrated HIE platform in Western New York. HealtheLink will use this HIE to drive widespread adoption of interoperable EHRs connected through HealtheLink to Medicaid (especially important given that Western New York has the highest Medicaid penetration in New York) as well as commercial payers. There will be embedded analytics for quality and pay-for-performance, which will facilitate aligning financial incentives and sustainability.

HealtheLink also participated in NYeC's federal Nationwide Health Information Network (NHIN) project to demonstrate medication management within a national context as part of the evolving NHIN.

The McGuire Group Healthcare Facilities/E-Prescriptions for Nursing Homes *(HEAL 1)*

Contact: Stephen Mercurio, smercurio@mcguiregroup.com

The McGuire Group is integrating e-prescribing capabilities in six nursing homes and extending the ability of its EHR system by integrating prescription ordering, administration, monitoring and billing into a paperless management system.

For more information

We will be happy to give you any more information you might need about health IT issues or activities in New York. Please contact NYeC by email at info@nyehealth.org or OHITT by email at healthit@health.state.ny.us.

Central Region

Four County Management Corp. on the behalf of the Medical Societies of the Counties of Oneida, Herkimer, Madison, Chenango, Oswego and Cayuga *(MSSNY)*

Contact: Kathleen Dyman, kdyman@medsocieties.com

This project will implement and link EHR systems for 11 medical practices, laboratories and local hospitals.

Greater Rochester Independent Practice Association Connected Community (GRIPA) *(HEAL 1)*

Website: http://www.gripaconnect.com/
Contact: Jim Garnham, james.garnham@rochestergeneral.org

GRIPA is connecting its member physicians into a clinically integrated network, with the goal to foster improvement in the quality and efficiency of patient care and an improved practice experience for its member community physicians. This is achieved through the use of evidence-based guidelines, tools and incentives to follow those guidelines, and the sharing of real-time clinical data across an integrated primary- and specialty-care network. Its physicians have the ability to share relevant, patient-specific information among themselves, access clinical information on their patients across the health care system, and use technology to increase the speed and efficiency of ordering, reviewing, and acting upon diagnostic and therapeutic interventions.

Health Advancement Collaborative of Central New York (HAC-CNY) *(HEAL 5)*

Website: http://www.hac-cny.org/
Contact: Nancy Smith, nsmith@hac-cny.org
HEAL 5 Clinical Priorities: Medicaid

HAC-CNY is a Syracuse-based multi-stakeholder collaborative of hospital, physicians, employers, and insurers with a broad mission to foster access to high quality, affordable heath care in Central New York. Through HEAL 5, HAC-CNY is partnering with the Southern Tier HealthLink (STHL) RHIO, to create a core interoperable clinical HIE linking four hospitals, four physician practices, a community health clinic, and a major laboratory that will support increased efficiency and improved quality of health care. More information on their joint project can be found below in the STHL summary and on the HAC-CNY website.

Health Information Technology Alliance of Syracuse (HITAS) *(HEAL 5)*

Contact: Charles Fennell, chuck.fennell@sjhsyr.org
HEAL 5 Clinical Priorities: Medicaid, Immunization Reporting

HITAS' project – "HITAS – Promoting EHR Adoption for the Underserved in Central New York" – is an opportunity to provide 21st century patient care to a large segment of its community's Medicaid and underserved population. It will seek to provide an interoperable EHR for the clinicians who provide primary care in these centers and their associated practices. HEAL 5 funding offers an opportunity to connect this impoverished and underserved population with the same technology that is becoming more and more available to patients (and subsequently, their clinicians) with greater financial resources.

For more information

We will be happy to give you any more information you might need about health IT issues or activities in New York. Please contact NYeC by email at info@nyehealth.org or OHITT by email at healthit@health.state.ny.us.

Rochester RHIO *(HEAL 1, HEAL 5)*

Website: http://www.grrhio.org/
Contact: Ted Kremer, tkremer@grrhio.org
HEAL 5 Priorities: Medicaid, Connecting New Yorkers, Immunization Reporting

Rochester RHIO is a secure online resource developed by and for physicians, hospitals, long term care facilities, home care agencies and allied health care professionals across a nine county region in western New York. Its purpose is to share essential patient information quickly and accurately with authorized care providers. Data exchanged includes lab and radiology reports along with radiology images, medication history, hospital-based transcribed reports and insurance eligibility information.

Rochester RHIO's HEAL 5 project includes several additions to our existing services. These include:

- **Engaging Patients** by providing Patients access to their data through a patient portal where patients can set consent for access to their medical information, link to and exchange data with the personal health record (PHR) of their choice, and annotate their medication history available through the HIE.
- **Improving emergency care information**, by developing systems that allow Emergency Medical Services (EMS) and Emergency Departments (ED), to access and update patient-centric medical information.
- **Providing inter-RHIO interoperability,** by demonstrating exchange of patient-centric information between RHIOs using the State Health Information Network of New York.
- **Improving care coordination for elders and chronic care patients** by developing systems to exchange more complete clinical information to support transitions of care and to include care information as captured by Office of the Aging care organizations while allowing the exchange of Medical Orders for Life-Sustaining Treatment (MOLST) and Advance Directives (AD).
- **Improving care for Medicaid patients** by providing clinical users with access to the New York State Medicaid medication management services.

Southern Tier HealthLink (STHL) *(HEAL 1, HEAL 5)*

Website: http://www.sthlny.com
Contact: Christina Galanis, cgalanis@sthlny.com
HEAL 5 Clinical Priorities: Medicaid, Connecting NYers

STHL in its HEAL 1 project has been developing a regional portal that gives clinicians access to comprehensive, shared, real-time electronic patient records, containing patient-centric information including: demographics, medications, allergies, immunizations, PACS images and problem lists. Its project goals also include consumer empowerment and the development of an interoperable personal health record, through which consumers can access their own medical records.

For its HEAL 5 project, STHL is partnering with the Health Advancement Collaborative of Central New York (HAC-CNY), Auburn Memorial Hospital and Cortland Regional Hospital, to create an interoperable regional clinical HIE linking hospitals, physicians, patients, employers, pharmacies, radiology centers, payers and laboratories that will support increased efficiency and improved quality of care across Central New York. The project will build on STHL's existing project to create an expanded HIE with a broad regional reach and greater technical support capacity. A total of additional 255 stakeholders will be linked into STHL including: 4 urban hospitals, 5 physician practices, 1 lab alliance, 3 rural hospitals 1 county health clinic, 1 community health center and 240 physicians with existing EHRs.

The STHL services that will be expanded and made available to existing and new participants include: EHR adoption, connectivity and support, community wide referral management tools, enhanced medication profiles with integration to the NYS Medicaid System, interoperability between several patient centric personal health records (PHRs) through the community wide HIE, and access to community wide PACS images.

Northern Region

Adirondack Regional Community Health Information Exchange (ARCHIE) *(HEAL 1, HEAL 5, MSSNY)*

Contact: Daniel Chernoff, dchernoff@adirondackradiology.com
HEAL 5 Clinical Priorities: Medicaid, Connecting NYers

ARCHIE is building a web portal for clinicians to share clinical data, with the goal of improving patient care and improving efficiency of treatment. Shared data includes lab results, radiology reports, admission, discharge, and other clinical reports from Glens Falls Hospital (GFH), Adirondack Radiology Associates radiology reports, Irongate Family Practice lab results, and Continuity of Care Documents (CCD) from numerous private physician offices. The web portal also provides community-based practices and GFH satellite sites with: e-prescribing capabilities, medication management, problem list and procedure history, and referral management among community practices. The web portal also provides a patient portal where patients can message their clinicians and access important health related information.

As part of its HEAL 5 project ARCHIE is collaborating with another RHIO (HIXNY) to give Medicaid providers the ability to access all the clinical data needed to ensure these patients receive efficient, quality care. The target areas for major quality improvements for Medicaid patients include more timely and accurate diagnoses and treatments, fewer duplicative services/testing, and comprehensive medication management. ARCHIE and HIXNY will also be establishing a web-based patient portal, through which any consenting patient can securely access his/her information. This portal will open communication between patients and clinicians, thus benefiting both parties. It will give patients confidence in the care they are receiving as personalized updates and notifications appear in their record, and give clinicians the enhanced communication with patients, and engagement in their care, which should ultimately lead to improved health outcomes.

ARCHIE has also been awarded a MSSNY grant to install EHR hardware and software for 15 – 17 separate physician practices and enable them to exchange the clinical patient data as mentioned above. The grant will fund e-prescribing and the promotion of EHR adoption by additional practices, and the creation of a quality improvement program that includes disease registry reporting and clinical decision support tools.

Adirondack Medical Center *(HEAL 1)*

Contact: Mary Welch, mwelch@amccares.org

Adirondack Medical Center is creating a network of shared health information between the area's only acute care hospital, five physician practices, four hospital-based clinics, and the major payer in the area. The hospital clinics and the physician offices are implementing EHR systems. The practitioners will be able to share pertinent health information necessary for patient care.

As of January 2008 more than 70 percent of the community physicians are using electronic medical records. Interfaces have been built which transfer lab data and diagnostic imaging reports to the practice EMR from Adirondack Medical Center. Prescriptions are being entered electronically.

The HIE which will aggregate patient data from the individual practices is expected to be operational by the end of 2008. This added functionality will enable the participants to share and report on community health data. The Emergency Department will have access to current patient information at the point of care.

A.O. Fox Memorial Hospital Society Clinical Information Documentation Exchange *(HEAL 1)*

Contact: Joseph Phillips, jphillips@aofmh.org

The Fox-CIDE Project has two major components in its HEAL 1 project. The first component is expanding the use of the Fox electronic medical record to community based physicians and other community based health care organizations (college health center), which will allow those clinicians to share their information with the other clinicians within the community.

The other component is the implementation of a clinical documentation system, which will allow the availability of a more complete real time EHR that can be accessed by any clinician throughout the network.

Champlain Valley Physicians Hospital Medical Center *(HEAL 5)*

Contact: Joyce Rafferty, jrafferty@cvph.org
HEAL 5 Clinical Priorities: Quality Reporting for Prevention

CVPH Medical Center and its stakeholders: Champlain Valley Physicians Organization, Smith House (a diagnostic and treatment center offering mental health services), Meadowbrook Healthcare (a nursing home providing long term and rehabilitative care) and local physicians from solo or small practices (1-5 physicians) have formed an informal consortium to execute the North Country Community Health Information Technology Adoption Collaboration (CHITA) project. This EHR project is designed to enhance and advance the exchange of clinical data across our region in such a way to allow for the eventual linkage with the Healthcare Information Xchange of New York (HIXNY). The North Country CHITA will demonstrate Quality Reporting for Prevention Use Cases. This community driven model will be open to all clinicians, payers, and patients.

The goal of this project is to expand and advance patient information exchange and interoperability via EHRs among physicians and other community clinicians in the North Country in order to increase efficiency, increase quality of care and decrease costs. HEAL objectives and requirements are met because 1) Clinical results will be shared with a significant number of North Country solo and small physician practices for efficient and effective patient care; 2) Collection and reporting of performance measures by the North Country CHITA will allow the participating physicians to improve patient care; and 3) the technical design using common standards and protocols positions the North Country CHITA to integrate with HIXNY in the future.

Columbia Memorial Hospital *(HEAL 5)*

Contact: Jane Ehrlich, jehrlich@cmh-net.org
HEAL 5 Clinical Priorities: Medicaid, Quality Reporting for Prevention

Columbia Memorial Hospital (CMH) and its clinically-affiliated clinicians seek to form a Community Health Information Technology Adoption Collaborative (CHITA) to promote the adoption and effective utilization of EHRs across ambulatory care physician offices and long term care facilities in Columbia and Greene Counties. The CMH CHITA seeks to enable the provision of planning, implementation and post-implementation support of EHR adoption among stakeholders to facilitate improvements in the quality, efficiency and safety of regional health care delivery. Further, the CMH CHITA will facilitate data exchange with the local HEAL 1-funded RHIO, Healthcare Information Xchange of New York (HIXNY).

Healthcare Information Xchange of New York (HIXNY) *(HEAL 1, HEAL 5)*

Website: http://www.hixny.org/
Contact: Dominick Bizzarro, dominick@hixny.org
HEAL 5 Clinical Priorities: Medicaid, Connecting NYers

HIXNY involves a diverse group of health care organizations including hospitals, insurers, health centers, primary care physicians, specialists, and safety net providers works together to more efficiently share medical information for the benefit of patients.

HIXNY helps clinicians throughout the greater Capital Region serve patients better by securely sharing essential medical information electronically, such as medication history, patient allergies, radiology results and lab results. HIXNY will offer electronic prescription ordering to give physicians a better way to order medications securely, and provide warnings if there are potential problems with other drugs or medical conditions.

As part of its HEAL 5 project HIXNY is collaborating with another RHIO, ARCHIE, to give Medicaid clinicians for the first time the ability to access all the clinical data needed to ensure these patients receive efficient, quality care. The target areas for major quality improvements for Medicaid patients include more timely and accurate diagnoses and treatments, fewer duplicative services/testing, and comprehensive medication management. They will also be establishing a web-based patient portal, through which any consenting patient can securely access his/her specified information. This portal will open communication between patients and clinicians, thus benefiting both parties. It will give patients confidence in the care they are receiving as personalized updates and notifications appear in their record, and give clinicians the enhanced communication with patients, and engagement in their care, which will lead to ultimately improved health outcomes.

HIXNY also participated in NYeC's federal Nationwide Health Information Network (NHIN) project to demonstrate medication management within a national context as part of the evolving NHIN.

For more information

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Hudson Valley Region

Greater Hudson Valley Regional Health Information Organization, Inc CIDE (GHV-RHIO) *(HEAL 1)*

Contact: Theresa Maloney, TMaloney@middletownchc.org

The GHV-RHIO is creating a Clinical Information Data Exchange (CIDE), utilizing a powerful centralized database model and data synchronization engine. The GHV-RHIO is providing EHR, e-prescribing and data exchange capabilities. All systems are web-based tools. Data to be exchanged includes prescriptions, formulary data, medication history, laboratory orders and results.

Hudson Information Technology for Community Health (HITCH) *(HEAL 5)*

Contact: Anne Nolon, anolon@hrhcare.org
HEAL 5 Clinical Priorities: Quality Reporting for Prevention

HITCH is a collaboration of community health centers, their affiliated clinicians, Hudson Health Plan, and the Community Health Care Association of New York State (CHCANYS) for the purpose of advancing the adoption and effective use of an EHR and other health IT tools to improve quality, care coordination and health outcomes for patients. Hudson River HealthCare and Open Door Family Medical Centers, both federally qualified health centers, both with consumer-driven Boards of Directors, provide care to over 80,000 patients throughout the Hudson Valley. Annually, 110 primary care providers serve low income and uninsured populations through over 350,000 visits at 18 sites throughout the region.

HITCH is deploying a comprehensive, interoperable EHR system with registry-like features specifically designed to support the Care Model, manage both individual and population-based health, and report nationally-recognized quality outcome data on preventive services. Accurate, clinically-based QARR data will be generated for reporting to Hudson Health Plan and NYS DOH.

Hudson Valley Health IT Program Project *(MSSNY)*

Contact: A. John Blair, III, MD, JBlair@taconicipa.com

Funding for this project will go towards installation of software and hardware for EHR and for connectivity between a health information exchange and the THINC RHIO. The funds will also go to training physician participants, acquiring technical support for the system configuration, installation and testing, e-prescribing, migrating patient records and data into EHRs, supporting quality measurement and reporting, and, assessing the impact of health IT adoption on quality and safety, and reporting same.

Taconic Health Information Network and Community (THINC) RHIO *(HEAL 1, HEAL 5)*

Website: http://www.thincrhio.org/
Contact: Susan Stuard, sstuard@thincrhio.org
HEAL 5 Clinical Priorities: Medicaid, Public Health, Quality Reporting for Outcomes

THINC RHIO, Inc.

THINC RHIO is dedicated to improving the quality, safety and efficiency of health care for the benefit of the people of the Hudson Valley region of New York. The primary purpose of the THINC RHIO is to advance the use of health IT through the sponsorship of a secure HIE network, the adoption and use of interoperable EHRs and the implementation of population health improvement activities, including public health surveillance and reporting, pay for performance, public reporting and other quality improvement initiatives. THINC RHIO is governed by a multi-stakeholder Board of Directors and comprised of a broad range of stakeholders from the

public and private sectors.

For its HEAL 1 project, THINC RHIO will implement certified EHRs for up to 1,000 physicians in the Hudson Valley region to achieve interoperable EHR adoption and to demonstrate a model to support small to medium size physician offices in health IT adoption.

For its HEAL 5 project, THINC RHIO will enhance the existing Hudson Valley Health Information Exchange to deliver information directly to the point of care, integrate data from the NYS Medicaid system, and support the automation of public health reporting. THINC RHIO will also implement a Quality Reporting Service (QRS) in the Hudson Valley. The QRS will facilitate transmission and aggregation of quality performance measures directly from physicians' EHRs and hospital information systems. The QRS will connect with multiple certified-EHR systems and collect, analyze, aggregate, generate reports, and submit quality performance measures across clinicians, practices, and care delivery organizations to enable community-wide benchmarking of health care delivery.

THINC RHIO also participated in NYeC's federal Nationwide Health Information Network (NHIN) project to demonstrate exchange of summary quality measures from EHR systems as part of the evolving NHIN.

For more information

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New York City Region

Bronx RHIO *(HEAL 1, HEAL 5)*

Website: http://www.bronxrhio.org/
Contact: Charles Scaglione, cscaglio@bronxrhio.org
HEAL 5 Clinical Priorities: Medicaid, Quality Reporting for Outcomes

The Bronx RHIO is harnessing the power of IT to transform the delivery of health care in the Bronx. For its HEAL 1 project the Bronx RHIO has built a secure, interoperable HIE, enabling clinicians across the Bronx to access critical patient information from multiple sources as soon as it is available and deliver the ultimate benefit to their patients and the community — better, safer and more efficient health care. The initial data set, which went live in June 2008, includes lab results, medications prescribed and dispensed, encounters, procedures, diagnoses and demographics.

Data exchange is especially important given the make-up of the Bronx's residents. Forty-two percent of the borough's residents are on Medicaid and more than 14 percent are enrolled in Family Health Plus or Childrens Health Plus, while 22 percent are uninsured. Fifty-two percent of the residents of the Bronx speak a language other than English at home and 28 percent have incomes below the federal poverty level. The Bronx has the highest rate of diabetes and obesity in New York City and highest admission rates in New York City for cardiovascular, vascular, renal and diabetes conditions. The chronic disease burden in the Bronx is extremely high.

As part of its HEAL 5 project the Bronx RHIO will increase the breadth and depth of data available through the RHIO and extend its reach into the community of clinicians in the Bronx. The specific enrichments of the clinical data in the RHIO and expansion of the RHIO to include data from small physician practices and Federally Qualified Health Centers serving Medicaid beneficiaries will make the Bronx RHIO a much more robust HIE and better able to realize the full value of interoperable health IT. With more high value data and more clinicians across the full range and continuum of care, exchanging more complete data in real-time, the Bronx RHIO will facilitate the achievement of more cost-effective, higher quality care, improved care coordination and health outcomes, and allow for enhanced reporting of quality outcomes in the future.

Brooklyn Health Information Exchange (BHIX) *(HEAL 1, HEAL 5)*

Website: http://www.bhix.org/
Contact: Irene Koch, ikoch@bhix.org
HEAL 5 Clinical Priorities: Medicaid, Connecting NYers, Clinical Decision Support

BHIX is focusing on the expansion of its shared HIE system among community clinicians serving Brooklyn and other New York City residents. Its purpose is to increase the amount of accurate and actionable information available to physicians, at the point of care, as they treat patients. By engaging service providers who represent the continuum of care for patients with chronic conditions and/or needs for rehabilitation services or long term care, BHIX seeks to improve the flow of information for more complex, and thus costly patients as their needs change and their care transitions across settings. Data exchange is particularly important in Brooklyn as the borough's 2.5 million residents include a high percentage of elderly patients with chronic diseases as well as 20 percent of New York's 4 million Medicaid beneficiaries

BHIX activated its health information exchange in October 2008, as part of its HEAL 1 project. BHIX has already received positive feedback from clinicians who can now access, with patient consent, key data elements such as medication history, allergies, procedures, diagnoses, patient provider teams, advance directives and patient demographics. BHIX has also established a governance and committee structure which enables full participation of all stakeholders who benefit from its services. Board members of BHIX include senior

executive leadership from its stakeholder organizations, as well as consumer representatives and representatives from New York City Department of Health and Mental Hygiene.

Through its HEAL 5 project, BHIX will expand to include additional hospitals, long-term and home care clinicians, insurers and physicians. Further, BHIX will expand the amount and types of information shared among clinicians. The BHIX HEAL 5 project will make available a comprehensive personal health record populated with clinical information, so that patients can manage and control their own information and enable and manage clinician access to that information. Another main focus will be incorporating Medicaid data and available clinical information through BHIX data integration and messaging services. Additionally, BHIX will incorporate clinical decision support and disease management services to assist providers with clinical decision-making and improve the quality and care coordination for their patients.

Brooklyn Interoperability Demo Project *(MSSNY)*

Contact: Donald Moore, MD, dondoc007@aol.com

The MSSNY grant award will be used to acquire EHR software, hardware, and provide training to all participants; implement a practice portal for communications and referrals among the physician participants; expand functionality of existing CCHIT-certified systems; and establish an exchange of patient health information across the community. The goals of the project are to successfully demonstrate health IT interoperability; implement outcomes analysis tools, establish centers of excellence, develop e-prescribing and lab interfaces, and, provide patient data to registries for diabetes, hypertension and chronic kidney disease.

Community Health Electronic Record to Unite Brooklyn (CHERUB) *(HEAL 1)*

Contact: Paul Albertson, paa9016@nyp.org

CHERUB through its HEAL 1 project is creating eAdmit functionality between stakeholders and The Brooklyn Hospital Center (TBHC) and access to a newly implemented EHR/CPOE system at TBHC to improve quality of care as patients move across different care settings.

Interboro RHIO *(HEAL 1, HEAL 5)*

Website: http://www.interbororhio.org
Contact: Al Marino, al.marino@interbororhio.org;
Glenn Martin, MD, marting@nychhc.org
HEAL 5 Clinical Priorities: Medicaid

The Interboro RHIO seeks to transform the current fragmented health care delivery system in Queens, northern Brooklyn, and the surrounding areas into a seamlessly interconnected community that, through clinical information sharing, can achieve dramatic improvements in both the quality and cost of health care. Its aim is to build upon the existing technological infrastructure and increase the scope and scale of the data exchange by increasing the number of participants in the exchange, with a focus on implementing interoperable EHRs with community clinicians in our service area.

The scope of the Interboro RHIO HEAL 5 project includes:

- Providing EHR solutions to small community practices and health centers that currently do not have EHRs
- Providing IT adoption and support services to assist clinicians in readiness assessment, implementation, and workflow and process improvement
- Providing options for community practices and health centers with EHRs to participate in the data exchange
- Providing results and information delivery to the clinicians through expanding the number and types of competing organizations participating in the clinical data exchange

Interboro RHIO's focus is on expanding the proliferation of EHR's in small community based practices and in health centers in our service area, and at the same time providing improved data exchange and results delivery. These complementary actions can improve patient care, reduce costs and improve outcomes in our community, and also provide the infrastructure and core services for participation in the SHIN-NY.

New York Care Connect *(HEAL 1)*

Contact: Charlyn Hilliman, hilliman@dbmi.columbia.edu

NewYork-Presbyterian Hospital is developing a HIE, entitled NYCareConnect, to improve quality of care as patients move across different settings of care. Examples of care settings include moving from a physician's office to a hospital, from a hospital to a nursing home, and from a hospital to home care, all important care transitions where failures in communications among care givers can result in medical errors or suboptimal coordination of care.

New York Clinical Information Exchange (NYCLIX) *(HEAL 1)*

Website: http://www.nyclix.org/
Contact: Gil Kuperman, gkuperman@nyp.org

NYCLIX is an HIE project involving 10 hospitals in Manhattan, Brooklyn and Staten Island, the Visiting Nurse Service of New York (the nation's largest not-for-profit home health care provider), and a multisite community health center.

NYCLIX has developed a clinical data exchange which will make the most recent data available to clinicians caring for patientsThe first use case will be in the member hospitals' emergency rooms, which will improve emergency care and reduce complications and unnecessary hospitalizations. NYCLIX will also be used for disease surveillance and public health reporting. The NYCLIX team will evaluate the impact of the data exchange on the cost, quality and safety of patient care, as well as on patient and clinician satisfaction.

The NYCLIX data exchange went live in early 2009 and already over 1,000,000 patients and 6,000,000 test results have been accumulated in exchange.

NYCLIX also participated in NYeC's federal Nationwide Health Information Network (NHIN) project to demonstrate exchange of a patient health record with another New York RHIO, LIPIX, as well as with RHIOs in other parts of the country as part of the evolving NHIN.

Primary Care Health Information Consortium (PCHIC) *(HEAL 5)*

Contact: Lisa Perry, lperry@chcanys.org
HEAL 5 Clinical Priorities: Medicaid, Quality Reporting for Prevention

PCHIC is a consortium of 25 CHCs and other ambulatory care providers, the Community Health Care Association of New York State (CHCANYS), and the Primary Care Development Corporation (PCDC) that supports the expanded use of health IT.

PCHIC through its HEAL 5 project will create a Community Health Information Technology Adoption Collaboration (CHITA) to implement a community-wide interoperable EHR system within a RHIO enabled care coordination zone in Brooklyn. Comprised of a diverse array of federally-qualified health centers (FQHCs) and other ambulatory care providers (collectively CHCs) that serve Medicaid beneficiaries and uninsured individuals in underserved communities, the PCHIC CHITA will expand access to interoperable EHRs, along with the services necessary to facilitate implementation and maximize their value, among CHCs and other

primary care providers. Its goal is to advance the reality of patient-centered continuity of care within a care coordination zone, and create replicable models for adoption that can be utilized by CHCs serving Medicaid beneficiaries, the uninsured and underserved populations across New York City and the State.

New York City Department of Health and Mental Hygiene/ Primary Care Information Project (PCIP) *(HEAL 1, HEAL 5)*

Website: http://www.nyc.gov/pcip/
Contact: Mat Kendall, mkendall@health.nyc.gov
HEAL 5 Clinical Priorities: Medicaid, Immunization Reporting, Quality Reporting for Prevention

The Primary Care Information Project (PCIP) is run by the New York City Department of Health and Mental Hygiene (DOHMH), to promote the adoption and use of EHRs among primary care providers in NYC's underserved communities. Its HEAL 1 award has allowed DOHMH to ensure that nearly all community health centers (CHCs) in the city (comprised of 648 clinicians at more than 150 locations) will have access to an interoperable prevention-oriented EHR system over the next two years.

For its HEAL 5 project DOHMH will add 540 new clinicians, bringing the total reach of the project to over 2,200 clinicians that serve Medicaid patients. While the first waves of the PCIP project focused on correctional health services, CHCs, and hospital outpatient departments, this extension project targets clinicians in solo and small practices, which provide 80 percent of primary care, but which do not have the financial, technical, and quality improvement resources of larger practices. These practices have the lowest rate of EHR adoption in the nation (estimated at less than five percent) and face the greatest challenges in being able to provide high-quality evidence-based care.

PCIP has also partnered with Bridges to Excellence, a national leader in the development of quality-focused physician incentive programs, to create the Take Care New York Quality Reporting System (TCNY-QRS). The TCNY-QRS is a new model for measuring physician performance and rewarding quality, using clinical quality measures generated from EHRs. The system will collect provider-level data on selected measures, including tobacco use, blood pressure, cholesterol, and aspirin as well as enable the DOHMH to track population health.

PCIP also participated in NYeC's federal Nationwide Health Information Network (NHIN) project to demonstrate exchange of summary quality measures from EHR systems as part of the evolving NHIN.

St. Barnabas Hospital (SBH) *(HEAL 1)*

Contact: Pat Belair, pbelair@sbhny.org

This project involves the installation and deployment of an ambulatory EHR throughout all the outpatient clinics associated with St. Barnabas. The inpatient facilities, along with outside insurance companies such as HIP and Group Health will have read only access to both clinical documentation and lab/x-ray results. Some stakeholders such as the 18 physician group practices, Visiting Nurse Service of New York (VNSNY) and Dominican Sisters will have read/write access as appropriate. Some stakeholders will have Secure Health Messaging rights which allow them to communicate with the various outside clinicians who have an interest in the patient care. Although the system will only be used for outpatient documentation, it will be a repository for both inpatient and outpatient laboratory and x-ray results.

Visiting Nurse Service of New York (VNSNY)/New York Community Home Health Interoperability Project (NYCHHIP) *(HEAL 1)*

Contact: Tom Check, Thomas.Check@vnsny.org; Luke Garvey, Luke.Garvey@vnsny.org

VNSNY through its NYCHHIP initiative, is creating an electronic data exchange to enable physicians and home care clinicians to update and exchange data from their respective EHRs. VNSNY is also participating in various other RHIOs, including NYCLIX, BHIX and the Bronx RHIO.

Data to be exchanged includes:

- Electronic Referrals: Structured HL7 transactions from physicians' EHR, containing information necessary to intake referred patient into home care. This reduces or eliminates phone calls and faxes, and reduces transcription and other errors
- Laboratory Results: Results of clinical tests from phlebotomy performed in the home will be transmitted to VNSNY's clinical system, and to the EHR of the ordering physician.
- Plan of Care: For home care patients referred/managed by NYCHHIP participating physicians, VNSNY will send electronically the full Plan of Care for physician review, signature and return. It will be incorporated in the physician's and VNSNY's EHRs.
- Clinical Messaging: Home care nurse clinicians and managing physicians will exchange structured messages about the patient. The messages also become part of the permanent electronic record at the practice and at VNSNY.
- Patient Portal: NYCHHIP will provide patients access to their health information through a web-based patient portal. A patient friendly portal, through which patients and their family members can view critical health information that is pertinent to their diagnosis and treatment regimens will engage them in participating in their care and support them in their decision making.

For more information

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Long Island Region

Continuum of Care Improvement Through Information New York (CCITI NY) *(HEAL 5))*

Contact: Scott Amrhein, amrhein@cclcny.org, John Evans, jevans@s2aconsulting.com
HEAL 5 Clinical Priorities: Clinical Decision Support

The goal of CCITI NY is to improve the quality, patient safety, cost, and satisfaction aspects of transferring patients between acute, post-acute, and ambulatory care organizations in the greater New York metropolitan region. Its HEAL 5 project will combine the strength of a standardized electronic transfer form process with an automated clinical decision support tool.
CCITI NY plans to achieve the following major goals:

- Collect available patient information by leveraging the planned infrastructure and clinical messaging capabilities of participating Regional Health Information Organizations (RHIOs);
- Improve the quality and effectiveness of care provided to patients transitioning between acute care and post-acute care settings by providing key information to clinicians in advance of patient arrival;
- Reduce the incidence and associated cost of patients that are currently readmitted to acute care facilities because information regarding their care is incomplete or unavailable to clinicians in the post-acute care setting;
- Provide decision support to clinicians managing medically complex and elderly patients by deploying a clinical decision support tool which provides key information on major drug to drug interaction.

The quality and safety aspects of managing and coordinating care for older and disabled patients with complex medical conditions who are being treated with multiple medications can be improved by sharing electronic clinical information and through the use of automated clinical decision support tools. Improving medication management for this patient population can potentially improve their transition across the continuum of care and result in reduced readmission to acute care facilities. An incremental approach to decision support will be taken to ensure measurable improvements in the coordination of care are achieved prior to implementing additional interventions.

E-Health Network of Long Island (formerly Suffolk RHIO) *(HEAL 1)*

Website: http://www.ehealthnetworkli.org
Contact: Simminate Ennever, simminate.ennever@stonybrook.edu

E-Health Network of Long Island is a multi-stakeholder RHIO that provides a high level system of clinical data exchange to enhance access and communication among providers and improve the quality of healthcare in the eastern Nassau and Suffolk County communities. Composed of hospitals, nursing homes, and physician practices within the local community, the HIE aims to foster collaboration with national laboratories, pharmacies, and payors to provide a wide array of patient health information that will include demographics, insurance, allergies, medical history, medications, laboratory and radiology results, problems, discharge summaries, advanced directives, and secure messaging. For clinicians, the ability to share data across the full continuum of care will result in higher quality and better health outcomes in a more cost-effective environment.

E-Health Network of Long Island is a grassroots organization that supports community involvement and multi-stakeholder input in decision making to improve the overall patient and provider experience. One of its key priorities is to fulfill patients' rights to have their vital health information protected and readily available to their health care providers and empower patients to have access to their own health information. E-Health Network of Long Island has focused on the development of a personal health record (PHR) for the residents of our community. Through the use of the PHR, patients will be able to provide necessary and timely information to all of their providers, thereby improving their overall healthcare management.

In 2009, e-Health Network of Long Island will be focusing on additional initiatives to enhance the delivery of healthcare within our region including telemedicine, healthcare provider training and education, as well as expanding the best ideas in medicine for chronic disease management and prevention. E-Health Network of Long Island will continue to meet the technological and policy considerations being developed by the SHIN-NY, and to collaborate with other initiatives fostering electronic health record adoption within our community.

Long Beach Medical Center Electronic Medical Record (LBMC-EMR) *(HEAL 1)*

Contact: Cheryl Chapman, cchapman@lbmc.org

The LBMC-EMR project is a multi-phased project designed to link patient data from the hospital, nursing home and home health agency. Development of an EMR combines clinical and financial information into a clinical data repository that can be accessed via a web based browser.

Long Island Patient Information Exchange (LIPIX) *(HEAL 1, HEAL 5)*

Website: http://www.lipix.org/
Contact: Tara Feuerstein, tfeuerst@nshs.edu
HEAL 5 Clinical Priorities: Public Health, Connecting New Yorkers

LIPIX's mission is to create an achievable, sustainable and replicable model for integrating clinical information across multiple health care organizations which supports New York State and Federal strategic health IT plans to (a) improve access to patient data at the point of care; (b) improve health care quality; and (c) reduce inappropriate utilization and cost. It is developing a health IT infrastructure that will enable the secure and efficient standardization, mobilization, and presentation of health information for Long Island patients and health care providers.

LIPIX is expanding coverage in its primary service area (Nassau and Suffolk Counties) from 29 percent of licensed inpatient beds to 81 percent, and in its secondary service area (Queens), LIPIX will be expanding coverage from 19 percent to 25 percent of licensed inpatient beds. Additionally, the LIPIX network will be growing to include several nursing homes, several ambulatory practices, two large homecare agencies and an EMS agency. The size of the LIPIX network will not only enable more clinicians to treat their patients with the benefit of access to the *right* historical patient information at the *right* time, but will also deliver greater cost benefits of HIE, which include reduced duplicate testing, decreased unnecessary admissions, fewer medical errors and improved coordination of care.

LIPIX is also enhancing the quantity and quality of the services it is providing. The services which are being developed include the following: (a) a provider portal for clinical data exchange, (b) secure messaging, (c) an authentication solution, (d) medication management (including e-prescribing), (e) public health and quality reporting, (f) personal health record solution, (g) clinical decision support, and (h) results distribution.

LIPIX also participated in NYeC's federal Nationwide Health Information Network (NHIN) project to demonstrate exchange of a patient health record with another New York RHIO, NYCLIX, as well as with RHIOs in other parts of the country as part of the evolving NHIN.

Samaritan Physicians Organization – Health IT Community Collaborative Project *(MSSNY)*

Contact: Suzanne Columbus, scolumbus2@yahoo.com

This project will be used to develop a community collaborative EHR project in Suffolk County that will link nine medical practices, two laboratories and three pharmacies to each other and Good Samaritan Hospital. The system will have a local community warehouse server to store data for quality reporting. The system is expected to exchange information for about 143,500 patients regarding diabetes, cancer screenings, coronary artery disease, hypertension and vaccinations.

Winthrop Clinical Computer Systems (WinCCS) *(HEAL 1)*

Contact: John Collins, jfcollins@winthrop.org

The WinCCS is implementing a multi-phased project designed to link patient data from the hospital, nursing home and home health agency. Development of an EHR combines clinical and financial information into a clinical data repository that can be accessed via a web based browser.

For more information

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