

Clinical Health Information Technology

GNYHA IS ACTIVELY addressing the rapidly developing area of health information technology (IT) and clinical data exchange on behalf of its members at the regional, State, and Federal levels. Through the New York Clinical Information Exchange (NYCLIX) initiative, GNYHA, its members, and other health care entities are developing a regional clinical data exchange project. GNYHA is also working to inform State and Federal efforts involving health IT and to ensure that members understand the impact these developments will have on their organizations.

GNYHA Members Initiate Clinical Data Exchange Project

GNYHA's members and several other health care entities have initiated a clinical data exchange project called the New York Clinical Information Exchange (NYCLIX). Its goal is to improve the quality and efficiency of patient care by enabling the exchange of patient data, via a virtual network, for the purposes of treatment. By pro-

viding patient data from other health care providers at the point of treatment, NYCLIX seeks to speed time to a patient's accurate diagnosis and treatment and to reduce both errors in care and redundant diagnostic testing.

To focus planning efforts for its first phase, NYCLIX will target the emergency department (ED) as an initial site for deployment.

Data from two NYC boroughs indicate that between 21% and 30% of ED visits are from patients either seen at another ED in the past year or who receive primary care at another hospital.

Through a clinical data exchange, NYCLIX will seek to mitigate the large gaps that can occur in the continuity of care when a patient presents at an emergency department and is unable, for various reasons, to relate information about prior diagnoses, procedures, or medication history. Planning for subsequent phases of NYCLIX anticipates expansion of the data exchange into other sites of patient care.

The formal planning phase for this project has started and is informed by input from the NYCLIX Workgroup (see chart below for list of participants). Over the next 18 months, NYCLIX will solicit input from participant entities and seek to establish business and technical requirements; develop a technical

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NYC COMMUNITY HEALTH INFORMATION EXCHANGE PROJECTS

| PROJECT NAME AND REGION | PARTICIPANTS TO DATE | ACTUAL OR PLANNED FUNCTIONALITY |
|---|--|---|
| New York Clinical Information Exchange (NYCLIX), New York City | NYU, NYP, Montefiore, Maimonides, MSKCC, NYC HHC, Mount Sinai, Health Quest, Lenox Hill, Continuum, St. Vincent CMC, VNSNY, Kingsbrook Jewish, Catholic Health of LI, MSSNY, NYC Dep't. of Health, IPRO, United Hospital Fund, GHI, Lutheran, Metro Jewish, Winthrop | Create a data exchange to deploy a Continuity of Care Record (CCR)-type data elements to emergency department clinicians. |
| Health Connection Card Program, Queens | NYC Health and Hospitals Corporation, New York Hospital Queens, Jamaica and Flushing hospitals | Provide patients with a portable, accessible personal health record on a smart card. |
| Upper Manhattan Health Initiative, Northern Manhattan | NYC Health and Hospitals Corporation, NewYork-Presbyterian, St. Luke's-Roosevelt, Mount Sinai, and North General hospitals; Mount Sinai Medical School; Columbia University; Congressman Charles Rangel's office | Establish a data exchange among health care organizations of upper Manhattan to implement disease management and improve community health outcomes. |
| Brooklyn Data Exchange Initiative, Brooklyn | Maimonides, Kingsbrook Jewish, Lutheran, VNSNY, Metropolitan Jewish | Create a clinical data exchange among Brooklyn health care providers. |
| Taconic Health Information Network and Community, Hudson Valley region | Taconic IPA, MedAllies, HealthVision, All Scripts, NextGen, Kingston Hospital, Benedictine Hospital, St. Francis Hospital, Vassar Brothers Medical Center, Laboratory Corporation of America | Create a community health care portal that integrates existing electronic messaging and data exchange capability with a full electronic medical record for physicians. |
| North County Health Data Exchange, Adirondack region | Adirondack Medicine Inc., Glens Falls Hospital, HIXNY | Create a portal to exchange clinical data with results reporting, e-prescribing, patient education, and secure patient/physician communications functionality. |
| Capital District Regional Task Force, Capital region | Northeast Health, Saratoga, and St. Peter's hospitals; Capital Care, Community Care, Prime Care, and Capital District Family Medicine physician groups; CDPHP and HIXNY | Create a community patient index and enable provider access to patient health information at the point of care. |
| Rochester Health Information Organization, Monroe County region | Strong Health, Via Health, Unity Health, Finger Lakes HSA, Excellus, Preferred Care, RIPA, GRIPA, Eastman Kodak, Xerox, University of Rochester, Monroe County Government, Association for Senior Citizens | Develop secure e-mail for health care providers; establish clinical information exchange of lab results, images, medication history, and reports. |
| WNY Health Care Information Coordinating Council, Western New York | Public Health Alliance, University of Buffalo, WNY HealtheNet, Buffalo Academy of Medicine, UNYPHIED | Complete feasibility study to expand from billing transactions to clinical data exchange. Develop data repository, e-prescribing, regional credentialing, and disease management functionality. |
| UNYPHIED, Western New York | Physicians, hospitals, payors, vendors, associations, rural healthcare networks in Western New York | Collaborate on development of a personal health record, regional credentialing, e-prescribing, and a diagnostic data network. |

Clinical Data Exchange Project

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prototype; address legal issues including privacy, security, and liability; and select governance and business sustainability models.

Several subcommittees have been formed and are addressing legal issues, technical models, governance, business sustainability, clinician input, and evaluation. A Steering Committee, chaired by Mark Lipton, M.D., Director of Clinical Informatics at NYU Medical Center and co-chaired by Gilad Kuperman, M.D., Director of Quality Informatics at NewYork-Presbyterian Hospital, is leading the process and ensures that planning activities stay on track. Susan Stuard, Associate Vice President at GNYHA, is serving as project director.

Additional accomplishments to date include development and submission of a grant proposal to the National Library of Medicine to fund its planning phase, and inclusion in the Computer Sciences Corporation and Markle Foundation application to the U.S. Department of Health and Human Services to be a demonstration project for a national health information infrastructure.

Organizations interested in learning more or becoming involved in NYCLIX should contact Susan Stuard at stuard@gnyha.org. ■

DOH Developing Health IT Agenda

GNYHA recently organized a briefing for the NYS Department of Health (DOH) executive staff on community data exchange projects in the State, at which the New York Clinical Information Exchange (NYCLIX) and several regional projects sought to educate DOH about their community efforts and inform the State's agenda for health information technology (IT).

At the briefing, DOH described its newly formed State health IT task force, which includes representatives from DOH and the NYS Department of Insurance, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office for Technology, and others. This task force has several subcommittees including finance, legal issues, standards and interoperability, public awareness, e-prescribing, regional health information organizations (RHIOs), and public health. Dennis Whalen, DOH Executive Deputy Commissioner, stated that DOH is seeking to enable IT adoption by the health care community and may set minimum standards for interoperability and address State legal issues regarding health IT. DOH also plans to convene a health IT stakeholders group with players from all areas of health care. Building on the United

HEAL NY CAPITAL GRANT PROGRAM

| | |
|---------------------|--|
| Description: | Capital grant program to encourage improvements in and efficiency of the health care delivery system |
| Intent: | Fund information technology and health system restructuring |
| Funds: | \$250 million per year for each of four years |
| Constraints: | May be used only for capital purposes, not operating costs |
| Timing: | DOH expects RFP will take several months to develop |
| Criteria: | Criteria for IT funding may emphasize multi-stakeholder projects and availability of alternate financing |

Hospital Fund's (UHF's) NYS Health Information Technology Policy Summit, DOH has asked UHF to draft recommendations about how a stakeholders group could be convened and run.

William Schroth, consultant to DOH and chair of the health IT task force, described State funding streams for health IT. For the health IT funding under the HEAL NY Capital Grant Program, priority may be given to multi-stakeholder projects and to entities that cannot access alternate financing. A request for proposal (RFP) process will be used to solicit applications for health IT funding, and DOH expects it will take several months to develop the first RFP. In addition, the State Medicaid waiver, now being negotiated by DOH and the Centers for Medicare & Medicaid, may include funding for health IT in areas such as e-prescribing, RHIOs, and electronic health records. ■

Federal Health IT Agenda and Legislation

The Federal agenda for health information technology (IT) is moving forward quickly with recent policy announcements from the U.S. Department of Health and Human Services (HHS) and the introduction of several health IT bills in Congress. These developments will define clinical data exchange standards in the future, shape quality measure reporting and pay-for-performance initiatives from Medicare and Medicaid, and set forth funding mechanisms for community data exchange projects.

On June 6, HHS Secretary Michael Leavitt announced the formation of a standards-setting group for health IT—the American Health Information Community (AHIC). AHIC, to be chaired by Secretary Leavitt, will comprise 17 nominated industry representatives. AHIC has four primary charges: recommend privacy and security protections, oversee standards de-

velopment and certification, recommend an Internet-based architecture, and define a succession strategy for AHIC to become a private-sector initiative within five years. To enable this work, HHS issued four requests for proposals, in 1) privacy and security of national health information infrastructure, 2) health IT standards development and certification, 3) electronic health records for physicians, and 4) development of a prototype for an Internet-based national health information network.

In addition, seven health IT bills have been introduced in Congress in 2005. The bills' overall themes include development of interoperability standards, creation of a safe harbor to foster diffusion of health IT, grant and

loan programs for community health information-exchange projects, and implementation of quality measurement standards to be used for pay-for-performance. On July 20, the health IT bills sponsored by Senators Frist and Clinton, and by Senators Enzi and Kennedy, were combined into a new, jointly sponsored bill, the *Wired for Health Care Quality Act*. ■

| LEGISLATION | STANDARDS | IT SAFE HARBOR | HIT FUNDING | QUALITY STANDARDS |
|---|-----------|----------------|-------------|-------------------|
| National Health Information Incentive Act of 2005 <i>Gonzalez/McHugh (H.R. 747)</i> | • | | • | |
| 21st Century Health Information Act of 2005 <i>Murphy/Kennedy (H.R. 2234)</i> | | • | • | |
| Information Technology for Health Care Quality Act <i>Dodd (S. 1223)</i> | • | | • | • |
| Health Information Technology Act of 2005 <i>Stabenow/Snowe (S. 1227)</i> | • | | • | • |
| Medicare Value Purchasing (MVP) Act of 2005 <i>Grassley/Baucus (S.1356)</i> | | • | | • |
| Wired for Health Care Quality Act <i>Frist/Clinton/Enzi/Kennedy (S.1418)</i> | • | | • | • |