NYeCnews

NYeC Announces Call For Speakers for the 2012 Digital Health Conference

We could not have received a better response to our speakers at the NYeC 2011 Digital Health Conference. Their quality, professionalism, and insight inspired many great discussions, ideas, and opportunities for networking for the nearly 600 attendees present.

On February 23rd, 2012, the New York eHealth Collaborative opens the application period for those interested in speaking at this year's conference, to take place on October 15-16, at New York City's Pier Sixty.

This year, we intend to provide a program lineup even better than last year's, and to further expand upon the topics we cover. We would like to open up our applications to all those professionals within and beyond the health IT field, including providers, hospital staff, healthcare leadership, academics, IT start-ups, and innovators from various industries.

This remarkable gathering will address new healthcare innovations and progress, health information exchange, chronic care, Medicaid redesign, Meaningful Use, Health Homes, healthcare apps, and software solutions, to name a few of our target topics. We will present academic research, and in-the-field experience, sharing best practices and displaying emerging health IT tools. All ideas for speaking topics or presentations are welcome, and the best, and most relevant, will be invited to speak.

If you are interested in speaking, applications are now being accepted here: http://digitalhealthconference.com/call-for-speakers. The deadline for speaker applications is March 23rd, 2012.

For more information, including sponsorship inquiries, contact: dhc@nyehealth.org or go to www.digitalhealthconference.com.

NYeC Helps with Health Homes

Over the next few months, the New York eHealth Collaborative will meet with Health Home partners to address some of the most specific and current issues relating to Health Homes, a program that is a part of New York's Medicaid redesign. We will discuss ways to close technology gaps, and to facilitate care coordination, analytics, patient engagement, and message alerts. By fully examining and understanding those issues that present challenges to establishing Health Homes, we can determine how NYeC, through its use of health IT, can help to overcome them.

Ten States and 26 Vendors Unify to Standardize Health Data Interoperability

The effort to eliminate barriers to sharing electronic health records within states and across state lines continues to pick up momentum. Ten states and 26 vendors have now signed on to create standard specifications in order to allow "out-of-the-box" connectivity between health information exchanges and EHRs. Those states working together are: California, Colorado, Illinois, Kentucky, Maryland, New Jersey, New York, Oregon, Utah, and Vermont.

The New York eHealth Collaborative created the EHR/HIE Interoperability Workgroup last year (http://www.interopwg.org), with the understanding that merging efforts with other states would create economies of scale, and provide the vendor community with a single, consistent set of specifications. The workgroup built on current standards to simplify and align EHR and HIE development processes, and ultimately form a strong marketplace for integrated, connected systems. The intended result is a set of more robust EHR products with integrated capabilities, so that providers can connect to HIE services across the country, with minimum cost and effort.

The workgroup began as 7 states and 11 vendors working together to create the initial functional and technical specifications, which were announced last November. Since then, the group has added states, representing an additional 10% of the U.S. population and 15 more vendors. The area represented by these states now includes more than 30% of the country's population.

"The collaboration between the states and vendors to address a shared marketplace gap and work towards a mutual vision has been one of the remarkable aspects of this effort," said David Whitlinger, Executive Director of NYeC. "And momentum is building within both communities, as states grow their HIE networks by working with the EHR vendor community to provide seamless integration and seamless clinical workflow."

Test compliance specifications are currently being developed and will be completed by March 30. These specifications can be used by state HIE programs, nationwide Regional Extension Centers, and others to establish proof of a vendor's "plug-and-play" interoperability.

For more details, see the full press release here: http://nyehealth.org/index.php?option=com_content&view=article&id=217

For more information please visit us at: www.nyehealth.org

Provider Spotlight: Small Staff, Big Results

The small family practice in Hastings-on-Hudson, NY has been around for 28 years. It consists of Dr. Dorian Tergis, two medical tech assistants, and Barbara Tergis, who functions as administrator, biller, office manager, and nurse. Decades of patient records reside there.

When they closed their office for one day in late July to go live with a new EHR system, Barbara was extremely anxious.

"At first you get scared," she said. "We don't have a lot of staffing, and the greatest challenge is properly inputting the information." They closed for a full day of training, and the practice opened up to patients the next day, booking at 50% capacity for a month and a half. For a full week, Dr. Tergis' practice received on-site training, with an implementation manager in the office every day.

"Our trainer was phenomenal," said Barbara. "The patients really understood— and staff-wise, our staff picked up all the new processes quickly."

They continued to receive training for several months to get accustomed to, among other things, a new system of billing. It was not easy, but Barbara had heard it often took around six months to get things settled. "Our system is Aprima," she said. "It's template free. And we're happy we did that. For us it's a good system—because, as a family practice, you see every diagnosis under the sun."

Around seven months later, on February 1st, after many a late night in the office inputting data from patient records, the practice attested to Meaningful Use. Barbara could not be happier with the professionalism and quality of the support. Some of the results, in terms of patient care, have been surprising, too.

"Right now it's the smoking cessation," she said, "because so many people still smoke. When you see patients for so many years, you can overlook it more easily. But with the new system it's there—it really highlights that. It's a pervasive health problem. Now we have the smokers listed, things aren't buried. It's front and center; they're no longer denying history. It's there: you're a smoker."

The same, she has found, with diabetes: "You're a diabetic, let's work on nutrition—it's really allowed us to get them to take stock." Barbara also found the e-prescribing function to be helpful. "The refilling of meds is wonderful with eprescribing, from a nursing perspective," she said. "Drug interactions pop up, warning boxes pop up."

Now, with the office running efficiently, she is working on a new patient portal. Things are working, she says, "And we ran a tight ship before."

We Want To Hear From YOU!

If you have a story about how electronic health records have affected your life, as a physician, patient, family member, or healthcare provider of any kind, we would love to hear it. We may be interested in featuring your story in an upcoming newsletter, or on our website. Please feel free to drop us a line at hitmeans@nyehealth.org.

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