NYecnews

How Moving to and Interconnecting EHRs Will Pay Dividends to Patients Doctors

As Kimberly Leonard points out in her *U.S. News World Report* article ("**Doctors Say Electronic Records Waste Time**," Sept. 8, 2014), doctors are frustrated with the time it takes to use electronic health records. This is only natural. Moving from paper to digital communication is a different way of communicating and takes time to become proficient. If we think about electronic health records as a way for doctors to communicate more effectively rather than merely as a way to digitize a paper chart, then their value is greatly enhanced. Such records are just the first step in unleashing the power of health information technology.

Younger physicians take it for granted that electronic health records are part of the health care workflow. In fact, the first thing a medical resident asks me is "what EHR do you use?" It's not surprising, therefore, that trainees "lose" on average of 18 minutes by using an electronic health record while attending physicians "lose" 48 minutes, according to the study by Dr. Clement McDonald cited in the article. Younger physicians used to communicating electronically see electronic health records as a necessary tool. It allows doctors to communicate their thoughts in ways that the whole medical team can consistently understand, and it is one repository for evaluating laboratory results, radiology reports and other pertinent information without always having to obtain information by phone or fax.

However, electronic health records, as stand-alone systems, are not where efficiencies in health care will be derived. **The real power of these records lies in their ability to be interconnected**, so that a doctor has access to a patient's medical information no matter where he or she is, and whenever he or she may need it.

Read more.
(**Source:** *U.S. News & World Report*)

2014 Conference Program Speakers Announced

We're thrilled to announce our 2014 **Digital Health Conference** program, featuring a **stellar roster** of industry thought leaders, innovators, and organizations from across the healthcare spectrum! Join 850 of your peers for two days of unparalleled networking, exploration, and dynamic conversation addressing how healthcare is being redefined through technology.

Featured Speakers Include:

- **Day 1 Keynote: Eric J. Topol, MD, Director, Scripps Translational Science Institute**

- **Day 2 Keynote: Ezekiel J. Emanuel, MD, Vice Provost for Global Initiatives Chair of the Department of Medical Ethics Health Policy, University of Pennsylvania**

- **Alan Greene, MD, Chief Medical Officer, Scanadu**

- **Innovators discussing the emergence of personal health data, wearables, and the empowered patient.**

- **Senior-level executives and renowned professors from leading medical centers including NewYork Presbyterian, Boston Children's Hospital, Mount Sinai, Harvard Medical School, and NYU Langone.**

- **Industry leaders from PatientsLikeMe, Accenture, Jawbone, Validic, Mad*Pow, GNS Healthcare and more.**

- **Officials, policymakers, and analysts from the ONC, Healtheway, the Advisory Board, and Sachs Policy Group.**

View the Full Conference Agenda and Session Descriptions

Join your peers and put yourself at the center of the conversation! Explore our 2014 Program and Register Today!

All Health Care is Local: The Power of Community to Drive Improvement

HEALTHeLINK™

The Commonwealth Fund Highlights HEALTHeLINK's Effort to Improve Health and Health Care in Western New York

Leaders in Buffalo and other parts of Western New York have been working to reverse decades of economic decline that began in the 1950s, soon after the St. Lawrence Seaway opened, diverting shipping traffic away from the area. The region's troubles continued into the 1970s and 1980s as its steel industry contracted and manufacturing jobs moved overseas. Efforts to recruit businesses in new industries and revitalize older ones have emphasized enhancing the region's reputation for delivering high-quality, complex care (to keep local patients from traveling outside the region and to attract others from nearby states) and improving the health of the population to further lower health care costs, which are already below national norms.

Strong social ties–stemming from a distinct pride of place and the reliance on one's neighbors–have facilitated these efforts, says Michael Cropp, M.D., president and CEO of **Independent Health**, one of several payers that partner with local providers to prioritize areas of focus and agree on common measures, thereby amplifying the impact of quality improvement and pay-for-performance programs.

Investments in a regional health information exchange known as **HEALTHeLINK** have also increased efficiency by enabling the sharing of clinical and administrative data among hospitals, physicians, and insurers. This wouldn't have been possible without coordinated action. "There are some forward-thinking folks here in our community that got together from the major health plans and hospitals and said 'We could either do this in a collaborative manner or we can do it separately, but it's something that we all have to invest in,'" says Daniel E. Porreca, HEALTHeLINK's executive director.

Read more.

2014 Gala Honorees Announced

GALA & PATH AWARDS

We're pleased to announce the 2014 **Gala and PATH Awards** honorees for their achievement and innovation to advance health IT. The event is hosted by the NYeC Board of Directors and will be held the evening of November 17th at the Digital Health Conference at Pier 60.

PATH Honorees

Sanford I. Weill
Chairman Emeritus of Citigroup;
Former Director of the Federal Reserve Bank of New York

Illumina
David Bentley, VP, Chief Scientist accepting

Master of Ceremonies

Maria Bartiromo
Anchor and Global Markets Editor, FOX Business Network

Join us for festive evening of dinner and celebration as we honor the achievements of those leading the mission to improve healthcare through technology.

Click here to purchase seats and for information about sponsorship opportunities.

Get Social

New York State Department of Health Publishes Draft HIE Regulations

The New York State Department of Health has published its draft regulation that establishes the Statewide Health Information Network of New York (SHIN-NY) as a public utility to be funded through the NY State budget beginning in 2014. The proposed regulation describes the policy and funding framework for the SHIN-NY, its exchange services, and related privacy and security policies.

To further advance HIE and adoption and usage, the proposed regulation mandates participation by health care facilities currently regulated by the NY State Department of Health Public Health Law and who are utilizing certified EHRs under HITECH. In order to participate in the SHIN-NY, Qualified Entities (QEs) must be certified under this regulation to provide a set of technical and member services to their Participants. Sharing of patient information and patient rights of access to their information are incorporated into the regulation rules.

The regulation will support New York in achieving further technology-enabled health care transformation through seamless statewide data exchange across QEs, increased adoption and usage by small provider practices, increased patient engagement via a patient portal, implementation of secure, provider-to-provider Direct Messaging across the State, greater payer engagement, closer alignment with Medicaid APD, public health integration, and development of policies that enable greater usage while maintaining privacy and security throughout the system.

The public comment period for the proposed regulation ends October 20, 2014. **View the full text of the draft.**

Rochester RHIO Reaches Milestone with 1 Million Unique Patient Consents

Region's Consent Volume and Rate Among the Highest in the U.S.

The **Rochester Regional Health Information Organization** (RHIO) has now received consents from more than 1 million unique patients who have opted to have their health information shared through its system. Each month, healthcare providers use the RHIO more than 50,000 times to access data for these consented patients. These statistics are the latest measure of success in the RHIO's mission to enable more efficient and effective healthcare in the 13-county service area.

Read more.

In Transition to Digital Patient Records, Patience is a Virtue

Electronic Health Records have the potential to reshape the quality and cost of healthcare. In an Emergency Room situation, for example, your doctor's ability to instantly review your electronic health records (EHRs) could be crucial to their ability to save your life. Better and more accurate information leads to better medical care and can reduce unnecessary or duplicative testing.

As Steve Lohr points out in his New York Times article ("**The Lessons Thus Far From the Transition to Digital Patient Records,**" 7/28/14), the successful transition from paper to EHRs will take time, but will be well worth the wait. As more and more providers adopt EHR systems, the overall healthcare system benefits because the real power lays in our ability to interconnect EHRs so that a doctor has access to your medical information no matter where you are and whenever you may need it. We will not, however, see the full impact until adoption of EHRs reaches a critical mass, and these EHRs are fully networked with each other.

Read more.

The Race to Create a Real-Life Tricorder

To Boldly Go Where No Patient Has Gone Before

In an old office building at NASA's Ames Research Center in Mountain View, California, there's a room stacked high with plastic containers of synthetic urine. Researchers dip small white paddles into the liquid, wait for a grid of squares to change colors, and snap a photo with a custom smartphone app. It's all part of a futuristic self-diagnosis kit from startup Scanadu, which is competing to be the future of DIY healthcare.

Scanadu is one of 10 teams taking part in the Qualcomm Tricorder X Prize contest to create an affordable, handheld device that consumers can use to diagnose their medical conditions at home. The goal is to make a working version of "Star Trek's" tricorder, the television show's fictional diagnostic device. In the series, the ship's doctor would wave the portable black box over a patient's body and immediately know if a person had broken bones, a disease, or if they were going to die.

Read more.
(**Source:** *CNN*)

EHR Adoption and Meaningful Use Support for Medicaid Eligible Providers Extended

The Medicaid Specialist Program (MSP) has been providing both technical and fiscal support to Medicaid Eligible Providers (EPs) who are actively engaged with participating in CMS's EHR Incentive Program since October 1, 2012. This is a performance based grant program that provides assistance to eligible providers who are engaged in adopting CHERT technology for the end goal of achieving Meaningful Use. Performance is demonstrated by successfully attesting to two milestones: AIU – Adopt/ Implement/Upgrade of a certified electronic health record (CHERT) and Meaningful Use Stage 1.

CMS and the New York State Department of Health (DOH) have announced additional funding for Medicaid Eligible providers to continue with their adoption of CHERT technology and extending support to these providers to achieve both Meaningful Use Stage 1 as well as Meaningful Use Stage 2. The new grant is changing the name of the program to the Eligible Professional Expansion Program or EP2. The grant program not only extends the opportunity for technical and fiscal support but also provides additional support to providers that will be engaged in attesting to Stage 2 Meaningful Use. This is a great opportunity for EPs to receive continued support for their participation in the next stage of Meaningful Use.

For further information about the program contact Peggy Frizzell at 646 619 6562 or Olga Strachna at 646 619-6502 or **follow this link.**

Get Social

NYecnews

NYeC
NEW YORK eHEALTH
COLLABORATIVE

Partner Events

Crain's Health Care Summit: Transforming New York's Health Care Industry

October 1, 2014 | New York, NY

After lengthy negotiations, the federal government agreed to give New York state $8 billion for a five-year overhaul of the state's healthcare delivery system. The money is targeted at the state's expensive Medicaid program—but what most New Yorkers don't realize is that the changes ahead will affect healthcare delivery in New York well beyond the one in four New York City residents who receive Medicaid benefits. Crain's will address how the $8 billion will act as seed capital for radical transformation. The state is planning changes that will have a profound impact on employers, commercial insurers, hospitals, and patients. We explain the transformations ahead—including more hospital closures—before they broadside New York businesses.

NYeC eNews Subscribers:
Receive a $50 registration discount with code **nyec** (all lowercase)

Learn more and register.

Pitch Yourself Into the Shark Tank III

October 1, 2014 | New York, NY

We have launched some incredible startups – Wellapps, Briteseed, Intelliblast, myAidin, and more have come through out pitch events and gone on to great things. We are doing it again, this time partnering with Sprint, TechStars, and the New York eHealth Collaborative to bring you a fantastic pitch event in NYC on October 1.

All-star panel of judges, $5000 in cash and prizes, meetings with accelerators and investor. What more can a start-up want. Register now while spots are still open.

Apply to pitch and learn more.

Partner Events

Will New Payment Models Drive Innovation...or Not?

NYC Health Business Leaders

October 15, 2014 | New York, NY

Accountable Care. Bundled Payments. Population Health. As a follow up to last year's sell-out event – From Volume to Value: Are ACOs and Bundled Payment Programs The Answer? – we are convening a group of great minds to discuss the impact of these new models. The goal of bundled payments is to align incentives around the triple aim: higher patient satisfaction and improved population health at lower cost. Bundles can be large (ACOs being paid to care for a population) or small (Episode of Care payments for a particular condition). With their adoption and implementation come new questions:

- **As payment policy shifts from fee for service how will this impact innovation in healthcare?**

- **Will new drugs and devices face a higher bar to adoption? Is this a good or bad thing?**

- **Has existing payment policy had unintended negative consequences?**

- **Will the stated goal of the ACA to shift healthcare spending to primary care mean that payments for new technology will not be adequate to drive innovation?**

NYeC eNews Subscribers:
Receive a $20 registration discount with code **NYEC15**

Learn more and register.

techweek
CITY PARTNER
NEW YORK
2014