New York State health IT strategy may be model for the nation

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Health information technology programs implemented in New York state are active and functioning a full two years after being established, and could serve as models for new federal initiatives, according to a study by investigators at Weill Cornell Medical College.

"Programs such as these could transform the way health care is delivered nationally and locally," says senior author Dr. Rainu Kaushal, chief of the Division of Quality and Clinical Informatics and associate professor of pediatrics, public health and medicine at Weill Cornell Medical College.

If implemented correctly, information technology (IT) systems -- including electronic health records -- have the potential to improve quality of care, increase efficiency and cost savings, reduce medical errors, and enhance continuity of care.

"Ideally, a doctor treating a patient will have access to the patient's entire medical history at the point of care," says lead researcher Dr. Lisa Kern, assistant professor of public health and medicine and the Nanette Laitman Clinical Scholar in Public Health-Clinical Evaluation at Weill Cornell Medical College. "For example, I'm better able to avoid an adverse drug event if I know what the patient's cardiologist prescribed the patient yesterday."

The findings were published in the March 10 issue of *Health Affairs*, a special themed issue on health information technology. Dr. Kaushal and

Dr. Kern represented [New York state](#) at a briefing in Washington, D.C., held the same day to coincide with the release of the journal issue.

The federal government is poised to pour $19 billion into health information technology as part of the new economic stimulus package.

At present, New York state is substantially ahead of the game, with approximately $250 million allocated for health information technology and, specifically, electronic health records that can connect to other health IT systems through the statewide health information exchange network, or "interoperable" health IT. The Healthcare Efficiency and Affordability Law for New Yorkers Capital Grant Program (HEAL NY) is the largest state-based investment of its kind, surpassing the next largest state program by a factor of eight. Currently $160 million in HEAL NY funds have been granted and $230 million in private sector dollars committed to health IT infrastructure, bringing New York's current investment to $390 million.

Dr. Kaushal and Dr. Kern direct HITEC (Health Information Technology Evaluation Collaborative), a multi-institutional academic collaboration formed to evaluate New York state health IT initiatives.

The authors conducted a longitudinal survey of the 26 grantees that were funded under the first phase of HEAL NY, starting in 2005. Each grantee consisted of a consortium of health care institutions in a given community. The grantees had received a total of $53 million for this phase of the project. The authors also assessed the implications of New York's health IT strategy on the grantees approach and progress.

"Over the past two years, the grantees have been involved in developing and implementing statewide policy solutions, technological building blocks, and clinical capacity as part of New York's health IT infrastructure," says Lori M. Evans, Deputy Commissioner, New York

State Department of Health, Office of Health Information Technology Transformation, who is responsible for leading New York's health IT strategy. "I think this has made a big difference in the progress and success of our grantees -- innovating from the bottom up and following statewide policies, standards and technical specifications from the top down."

"Two years into the program, 100 percent of grantees were still in existence and functioning and all were still implementing interoperable health IT systems," says Dr. Kern. This is in contrast to national trends, where 25 percent of regional health information organizations (RHIOs) nationwide do not survive their first year.

Eighty-five percent of the communities studied were still actively pursuing health information exchange, and more than one-third met the formal criteria for a regional health information organization, an information-technology model that connects hospitals, doctors' offices, pharmacies and laboratories.

One-third of grantees had actual users for their systems.

"New York state is leading the nation in health IT," Dr. Kaushal says. "These successes could help shape the federal government's approach to health IT."

"The Department of Health applauds the authors and the Health Information Technology Evaluation Collaborative (HITEC) on their article in Health Affairs," says Ms. Evans. "HITEC is responsible for evaluating New York's health IT agenda and providing short-cycle feedback every step of the way as well as longer-term contributions to the literature. This piece in particular provides positive evidence that health information exchange and electronic health record adoption, as a means to an end, can progress statewide through a balance of common

policies and technical approaches and local innovation and market variation."

Source: New York- Presbyterian Hospital