

HIT AND HSR FOR ACTIONABLE KNOWLEDGE: DESCRIPTION OF PARTNERING HEALTH SYSTEMS

PARTNER: New York City Primary Care Information Project

History, Structure, and Size

Established in 2005 by the New York City Department of Health and Mental Hygiene, the Primary Care Information Project (PCIP) has supported EHR implementation with a public health focused design. A key feature of the EHR is an unified quality measurement system among 1,500 physicians and other providers collectively responsible for the primary care of more than 1.4 million (ten percent) of the city's Medicaid and uninsured population. These numbers are projected to grow to 2,200 providers and 2.2 million patients by the end of 2009.

HIT Systems

PCIP has provided fully integrated electronic health record (EHR) systems and technical assistance to participating physician offices and clinics. The project encompasses providers in all five of the city's boroughs. The project uses EHR software developed by eClinicalWorks. The types of data collected by PCIP are: practice demographics, patient and provider satisfaction surveys, EHR utilization data, aggregated practice management data by CPT code and provider, and aggregated clinical information derived from the EHR (e.g. effectiveness of care measures and syndromic surveillance for influenza like illness and gastro-intestinal illnesses). Of these, all are leveraged to expand our knowledge base related to improving the delivery of preventive health care and public health action. Within PCIP, summarized data reside (no patient level data) in centralized repositories, known as the Health Quality Information Network (HQIN). Other important key features of the eClinicalWorks EHR version developed with PCIP include: clinical decision support, patient registry with an extensive query function, quality reporting tool, order sets, and smart forms. These additional features are available to all eCW users. Additional functions focusing on interoperability and health information exchange with regional and state organizations are in progress. Aside from working directly with eCW, PCIP is also working with other EHR vendors to report aggregated quality and syndromic data to the HQIN, in order for other practices that may have already adopted an EHR to report to the PCIP.

Organization of the Project

PCIP has received over \$60 million from city, state, and federal government and private funders to support the project. This budget breaks down into spending for the following components of the project: Outreach and Education, EHR Development, Implementation, Privacy and Security, Health Information Exchange, Practice Redesign, and Quality Measurement and Evaluation. Once fully implemented, annual operating costs are estimated around 6 million for existing outreach, implementation, integration, support, development, and reporting related to the EHR. PCIP maintains a total of 58 full time and a several part time staff and interns. The staff is comprised of a variety of professionals with the following background and experiences: medical doctors, nursing, quality improvement, public health, informatics, care management, public administration, business, and health consulting. PCIP is estimated to require five FTEs at each clinic or provider site to do the following activities: implementation, EMR consulting, billing consulting, quality improvement, and privacy and security. PCIP currently prioritizes analytic projects using data collected through HIT in the following areas:

- Improving the delivery of preventives health services through HIT
- Impact of specific EHR functions or HIE leading more effective and efficient care (including public health announcements for outbreaks or monitoring H1N1)
- Impact of EHR or systems interventions that lead to lower care costs or reduce avoidable costs
- Impact of EHR or systems interventions that lead to improved patient safety and patient engagement in care

Future plans for PCIP include an integrated care management pilot in 2010 and development of infrastructure to better connect primary care providers to their referral networks (e.g. specialists, hospitals, and other health care related facilities).

Applications of HIT (i.e. ways your organization describes utilization of electronically generated data)

PCIP aims to use information from EHRs to enhance the population health of safety-net patients. Among the uses facilitated by HIT, developed by PCIP, are:

- Enhanced patient registries to allow for health tracking of particular populations and provider panels of patients.
- Point of care reminders (based on a clinical decision support system) to help providers act on prevention opportunities
- Monthly reports for all sites by provider on 32 quality measures, several metrics on the use of the EHR system, and daily aggregations of procedures performed to track provider productivity.
- Daily syndromic reports for emerging disease surveillance and public health functions during outbreak or crisis situations

Not currently in use but have been piloted; future plans to be determined:

- Medication reconciliation with 90 day medication fill history
- Bilateral citywide immunization registry