

Frequently Asked Questions about the Hudson Valley Initiative



Revolutionary health care transformation

➤ **What is the geographic area that the Hudson Valley Initiative serves?**

The Hudson Valley Initiative serves the people residing in the Hudson Valley area of New York, including Westchester, Putnam, Dutchess, Columbia, Rockland, Orange, Sullivan, Ulster, and Greene counties. The area has a total population of 2.38 million and represents a broad spectrum of people, from those residing in densely populated, impoverished inner-cities to affluent suburban towns and villages to sparsely populated, isolated rural areas.

➤ **What has the Hudson Valley Initiative achieved already?**

The Hudson Valley Initiative has already achieved national leadership in electronic health record (EHR) implementation, health information exchange (HIE) and in transforming physician office practices into medical homes.

- **EHR adoption rate of 38 percent (46 percent among primary care providers).** We have implemented nearly 600 EHRs in the last three years with particular emphasis on small practices and providers in rural settings, closed loop laboratory ordering and results delivery, and e-prescribing rates.
- **Six years of experience with HIE.** The Hudson Valley's first HIE has been operational since 2004 and has helped providers achieve demonstrable gains in quality of care.
- **Medical home recognition of 305 providers.** Under our pay for performance and medical home project, 305 primary care providers have received NCQA Level 3 recognition for patient centered medical home. This gives the Hudson Valley community one of the highest concentrations of independent practices achieving the National Committee for Quality Assurance (NCQA) Level 3 recognition in the country.
- **Robust health plan involvement.** Six commercial health plans have partnered with us to reward physicians for becoming medical homes and to enable better care coordination and further quality improvements.
- **Measurable gains in quality and safety are in reach.** The Hudson Valley Initiative believes research is an essential yardstick to measure the value of its work. While a variety of research is still underway, initial research published in 2010 found that health care providers using a standalone electronic system to write prescriptions were seven times less likely to make errors than those writing their prescriptions by hand. Another study also found that primary care providers who use an electronic health portal to view lab results exhibited a scored higher in quality measures than their colleagues who did not use the portal. Research involving the Hudson Valley Initiative has also identified a set of quality metrics that can be used to evaluate the effectiveness of the use of electronic health records to improve care.

➤ *What is the Hudson Valley Initiative pursuing now?*

The Initiative's activities continue to support the Five Characteristics of an Ideal Community:

- **Care will be coordinated and managed by a primary care team along a continuum that includes specialty, acute and long-term care:** The next phase of the Hudson Valley PCMH project will build on the success of practices that reached NCQA Level 3 Medical Home status in 2009. In 2010, the practices were required to train staff and be certified in the Johns Hopkins University Guided Care program, conduct most of the elements of the Consumer Assessment of Healthcare Providers and Systems survey, and participate in expanded quality monitoring functionalities.
- **Care will be patient-centered and focused on the needs of the patient and family regardless of payment source:** More practices are receiving practice transformation support and are expected to achieve NCQA Level 3 PCMH recognition this year.
- **Consumers, physicians and employers and health plans will have access to information about cost, quality and appropriateness of care delivered:** An aggressive research agenda in partnership with Weill Cornell Medical College has been nurtured to establish monitoring and evaluation with studies that include measures of patient satisfaction, physician satisfaction, the safety of interactive e-prescribing systems within electronic health records, quality and outcome measures and the impact of health information technology on quality and performance.
- **Health information technology will be used by clinicians in all settings in a meaningful way to support, measure, evaluate and improve patient care:** MedAllies is working to introduce its enhanced health information exchange capability that will go live in summer of 2010 to enable exchange of structured data between EHRs to support meaningful use.
- **Health care financing will be restructured to sustain care delivery models that maximize value:** The value-based purchasing initiative led by THINC includes the participation of six health plans that recognize the value of quality improvement with redesigned payment models.

➤ *Many communities are doing this. What makes the Hudson Valley Initiative unique?*

The Hudson Valley Initiative is unique in that physicians spearheaded this effort to improve quality for all. Because physicians are leading the drive, there is an overall emphasis on using health IT not just for its own sake, but for the purpose of improving the quality of health care delivery overall. The Hudson Valley Initiative is revolutionary health care transformation.

Another unique aspect is the Hudson Valley Initiative's emphasis on research to support its work. We have partnered with Weill Cornell Medical School as an objective evaluator of our work. To date, the research in the Hudson Valley has accomplished the following table:



Hudson Valley by the Numbers

Revolutionary health care transformation

| Outcome Measure | Hudson Valley Accomplishments | How Achieved |
|--|---|--|
| Medication Safety | | |
| Medication error rates | Among electronic prescribing adopters in the Hudson Valley, error rates decreased nearly seven-fold, from 42.5 errors per 100 prescriptions at baseline to 6.6 errors per 100 prescriptions one year after adoption. ¹ | Through use of a stand-alone eprescribing system with ongoing training and local support. |
| Quality of Care | | |
| | % Improvements with Sustained HIE Use² (2 Years)* | Through implementation of HIE, an electronic longitudinal clinical record portal, with sustained training and support ³ |
| Diabetes Care | | |
| BMI documented among diabetics | 25.0 | |
| Lipid control among diabetics ‡ | 15.8 | |
| Glycemic control among diabetics ‡ | 5.0 | |
| Nephropathy screening among diabetics | 2.9 | |
| Preventive Health Services | | |
| Mammography Screening Rates | 21.5 | |
| Pap Smear Rates | 21.1 | |
| Colorectal Cancer Screening Ra | 17.6 | |
| Health Promotion Counseling | | |
| Body mass index documented among adolescents (14-18 years) | 15.6 | |
| Tobacco screening or counseling documented among adolescents (14-18 years) ‡ | 7.9 | |
| Drug and alcohol use counseling documented among adolescents | 7.5 | |
| Sexual activity counseling documented among adolescents | 6.9 | |
| Appropriate Care | | |
| Appropriate Antibiotic use | 15.4 | |
| Health Care Consumer Satisfaction | | |
| | % Improvements with Sustained HIE Use³ (2 Years)* | Through implementation of HIE, an Electronic longitudinal clinical record portal, with sustained training and support ⁴ |
| Satisfaction with care | 19.2 | |
| Satisfaction with office communication | 14.8 § | |

¹ Kaushal R, Kern LM, Barron Y, Quaresimo J, Abramson E. Electronic prescribing improves medication safety in community-based office practices. J Gen Intern Med 2010 (in press).

² Kern LM, Barron Y, Dhopeswarkar R, Kaushal R. A longitudinal study of electronic result viewing and quality of care in small group practices. AMIA Annu Symp Proc 2009.

³ Kern LM, Barron Y, Blair AJ, 3rd, et al. Electronic result viewing and quality of care in small group practices. J Gen Intern Med 2008;23:405-10.

⁴ Ibid.

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| Attitudes towards use of health information exchange | Among 170 residents in the Hudson Valley surveyed 67% of respondents supported the idea of their medical records being shared electronically among doctors and health care locations where they receive care. ¹⁷ Interoperable health IT implementation in the community | Interoperable health IT implementation in the community |
| Outcome Measure | Hudson Valley Accomplishments | How Achieved |
| Perceived benefits of health information exchange | Among 170 residents in the Hudson Valley surveyed 72% of respondents reported that physician and personal HIE would improve the overall quality of their health care. ⁵ | |
| Perceived benefits of health information exchange | The majority of respondents reported that physician HIE would improve communication between their physicians (88%) and the completeness and accuracy of their medical record (74%). | |

* Improvement is defined as % of PCPs who were at or exceeded the MVP HMO Mean, with the exception of ‘Appropriate antibiotic use’ which represents the % of PCPs who are at or *below* the HMO Mean, since a lower score is better for this measure.

‡ Statistically significant; p-value ≤ 0.05

§ Statistically significant; p-value ≤ 0.10

➤ **What are electronic health records?**

Electronic health records (EHRs) are a secure, real-time, point-of-care, patient-centered information resource for clinicians. The EHR aids clinicians’ decisionmaking by providing access to patient health record information where and when they need it and by incorporating evidence-based decision support. The EHR automates and streamlines the clinician’s workflow, closing loops in communication and response that result in delays or gaps in care. The EHR also supports the collection of data for uses other than direct clinical care, such as billing, quality management, outcomes reporting, resource planning, and public health disease surveillance and reporting. (Source: *Health care Information and Management Systems Society. 2003. <http://www.himss.org/content/files/EHRAttributes.pdf>.)*

➤ **What is health information exchange?**

Health Information Exchange (HIE) is the secure exchange of a patient’s medical information among approved providers, payers and patients. Ideally, multiple providers caring for the same patient would share and exchange relevant information, thus providing that patient with streamlined, more efficient care. Billing information would be transmitted electronically, thereby reducing paperwork and administrative costs. HIE allows the patient’s record to be stored and accessed from multiple locations. (Source: *Health Information Security and Privacy Collaboration, Master Document of Grouped Contract Provisions. 2009.*

⁵ O’Donnell H, Patel V, Kern LM, Barron Y, Teixeira P, Dhopeswarkar R, Kaushal R. Healthcare Consumers’ Attitudes toward Physician and Personal Use of Health Information Exchange.