



# Office of Health Information Technology Transformation

OHITT

Patricia L. Hale MD, PhD  
Deputy Director



# Office of Health Information Technology Transformation (OHITT)

## OHITT Charge:

- Coordinate health IT **programs** and **policies** across public and private health care sectors.
  - Establish interoperable health IT infrastructure and capacity
    - Health information electronically available at the time and place of care
    - Interoperability across health care settings

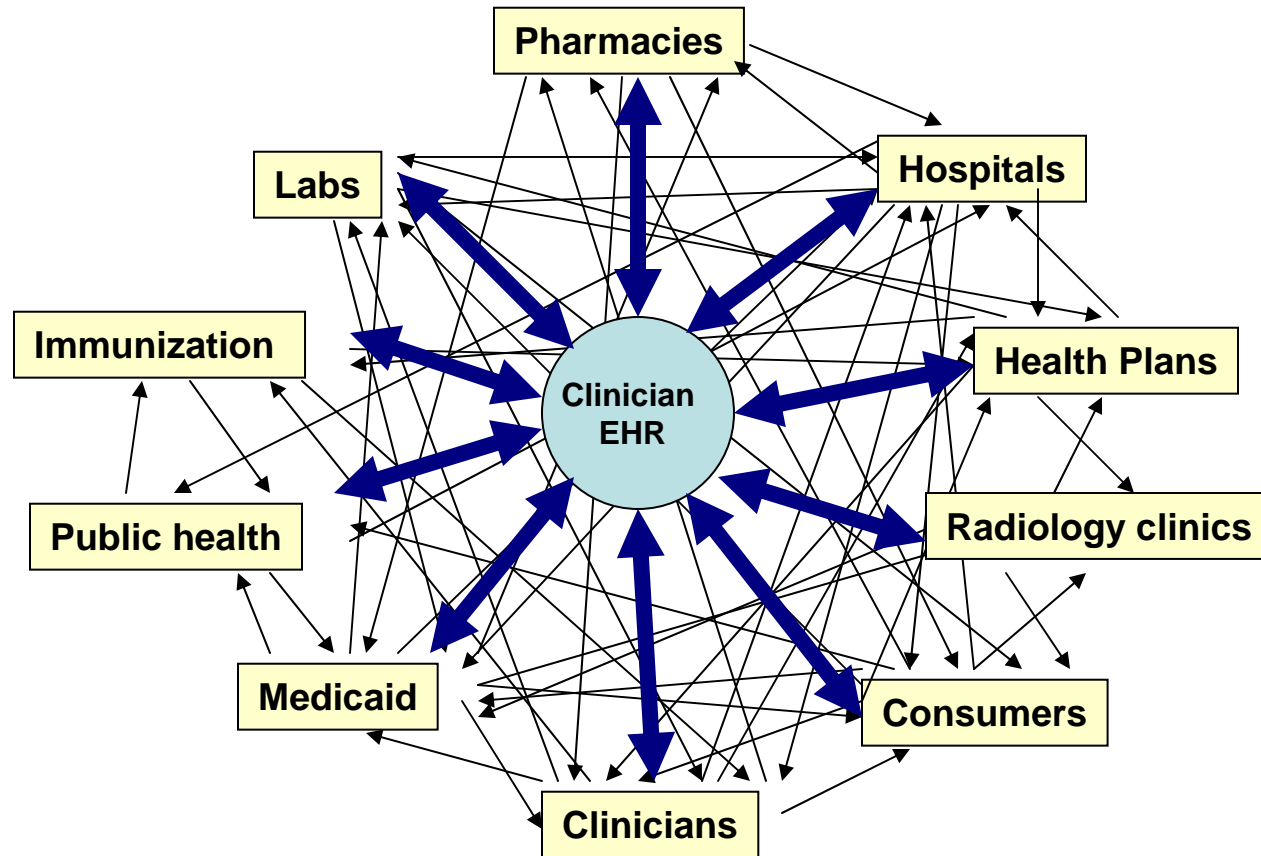


# OHITT Team

- Lori Evans – Deputy Commissioner
  - Pat Hale MD, PhD – Deputy Director
    - Clinical practice in Internal Medicine + osteoporosis x15+ years
    - Medical Informatics x 12 years including Inpatient and ambulatory EHR implementations and with special interest in medication management
  - Steve Smith RPH – Director of Operations
    - Pharmacist with 15+ years Informatics experience including EHR implementations
  - Roberto Martinez MD - Medical Director
    - Family Practitioner with past experience as Chief Medical Officer for International and National Health Plans. Special interests include moving medical delivery to the next level by improving outcomes and value through HIT.
  - Ellen Flink – Director of Patient Safety and Quality
    - Special interest in patient safety, quality and informatics
  - Keegan Bailey – Project Director
    - Previous experience working in federal legislators office and working on graduate degree in healthcare policy and management concentrating in informatics.
  - Bill Schroth – Consultant
    - 20+ years experience in finance and special interest in HIT sustainability



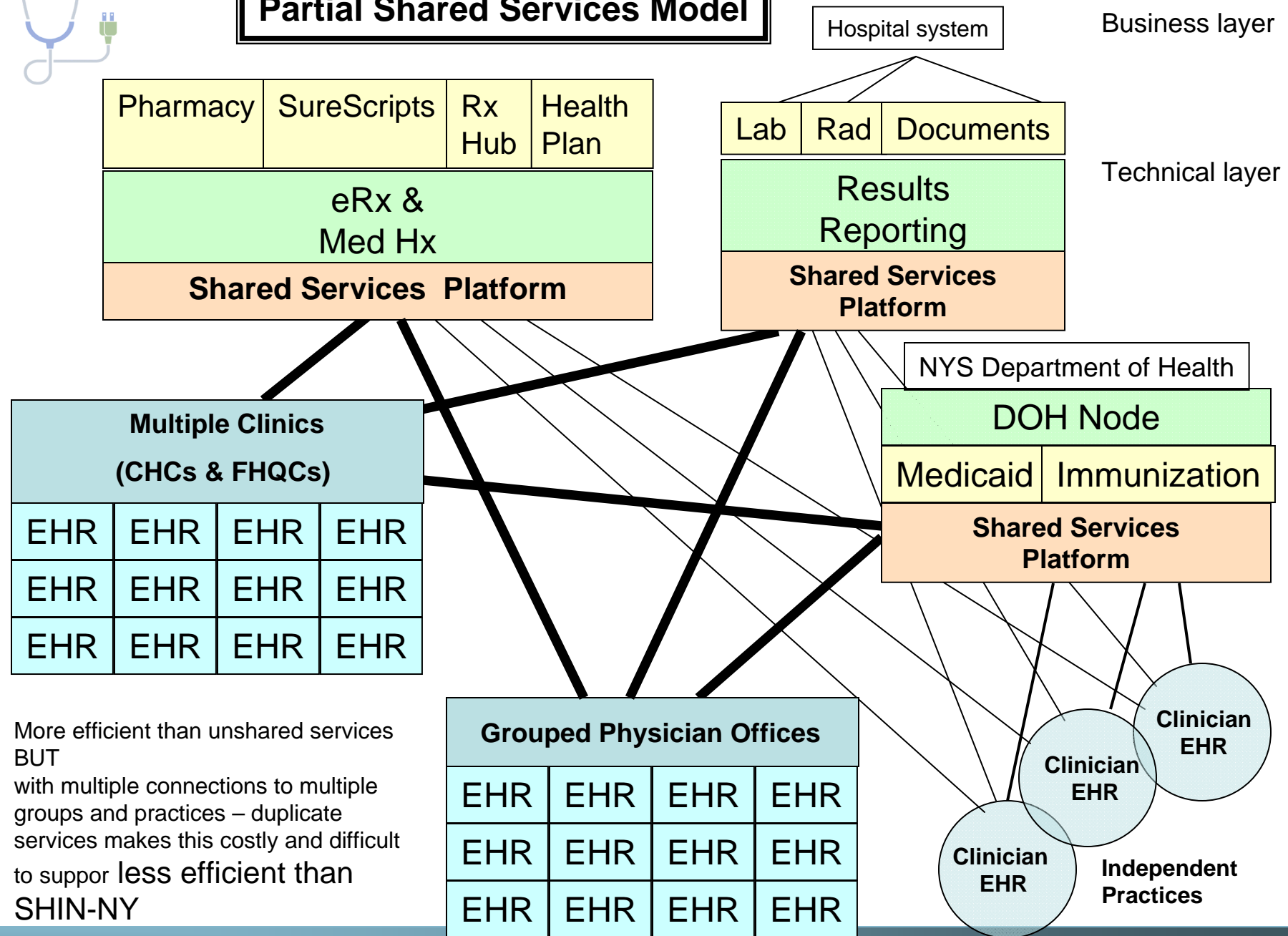
## EHR with Unshared Services



- Weak integration
- Costly
- Deadend solution
- No path to future interoperability
- Increased risk of duplication
- Increased risk missing data
- HIGH risk for failed implementation

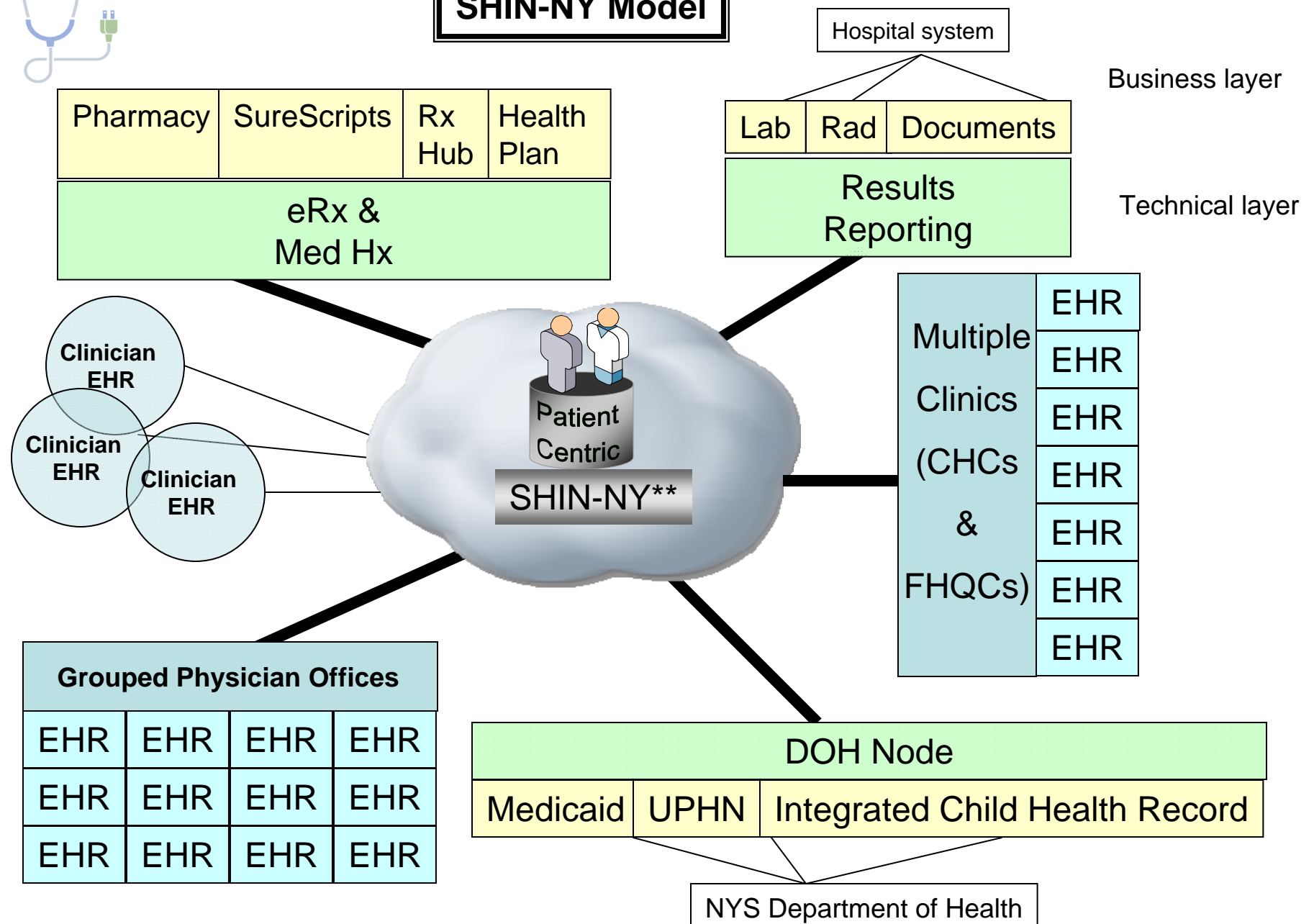


## Partial Shared Services Model





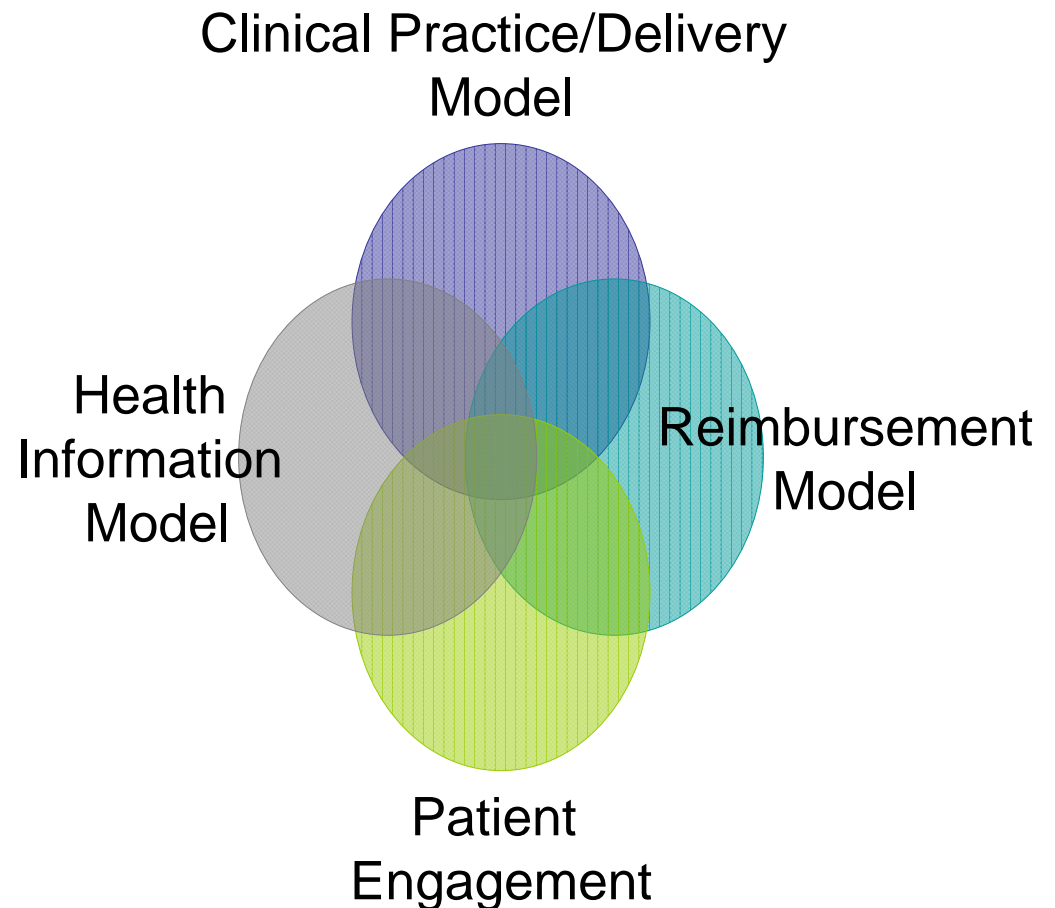
## SHIN-NY Model





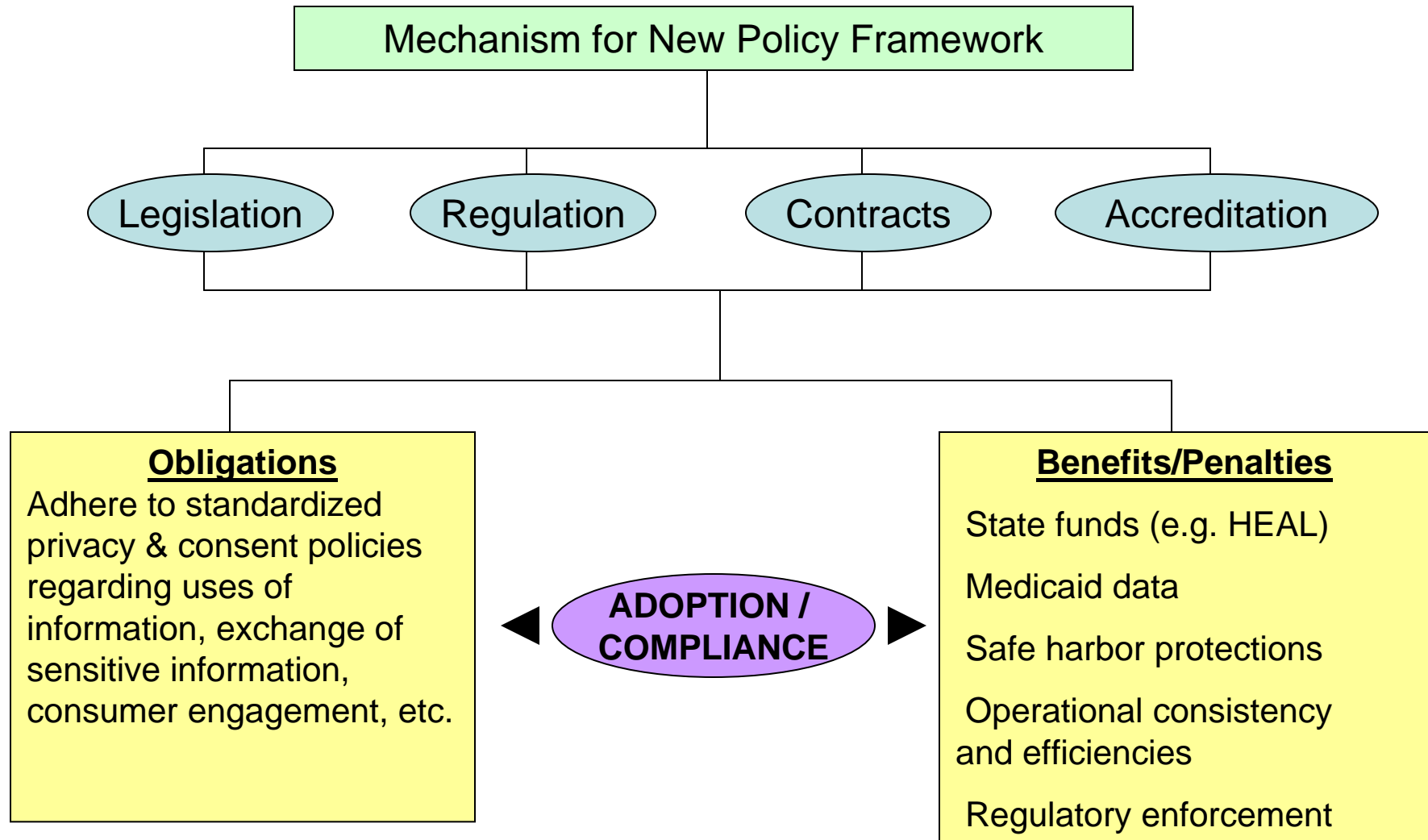
# What will get us “there” in NYS?

- Policy alignment
- Support of increased adoption of certified and interoperable EHRs in all care settings
- Increased adoption of patient/consumer programs including secure PHRs
- Coordination of care, including medication management, across care settings
- Disease prevention, early detection and other public health initiatives
- Monitoring and ongoing support of implementation to ensure safety and success
- Sustainable reimbursement models to promote HIT





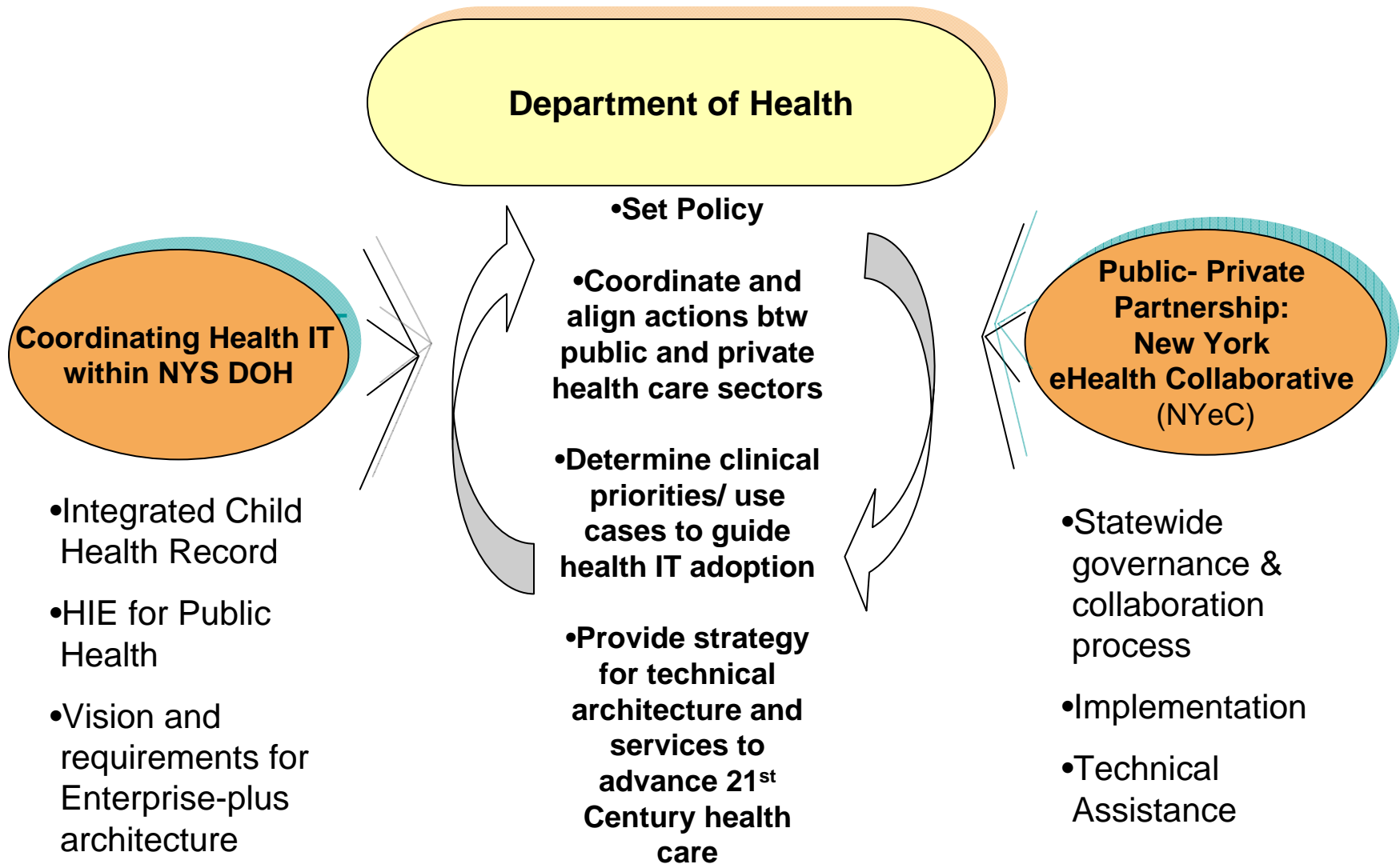
# Regulatory Framework for HIE Policies







# Public and Private Health Care Alignment to Advance Health IT





# OHITT Current Activities

- NYS health information technology policy development
- HEAL NY Health IT Investment (SHIN-NY, CIS, EHRs)
- Privacy and Security (HISPC)
- Public-Private Partnership and Statewide Collaborative Process (NYeC)
- Consumer Advisory Council
- Financial Sustainability
- Health Information Evaluation Technology Consortium (HITEC)
- Participation in national initiatives (NHIN2, CDC)
- Cooperative projects with other departments and offices in DOH (Medicaid (incentives etc), Child health initiative, Asthma coalition, PSYCKES, others)
- Telehealth Initiatives including incentives programs and FCC Broadband projects
- Assisting in development of CON requirements for EHRs and health information technology



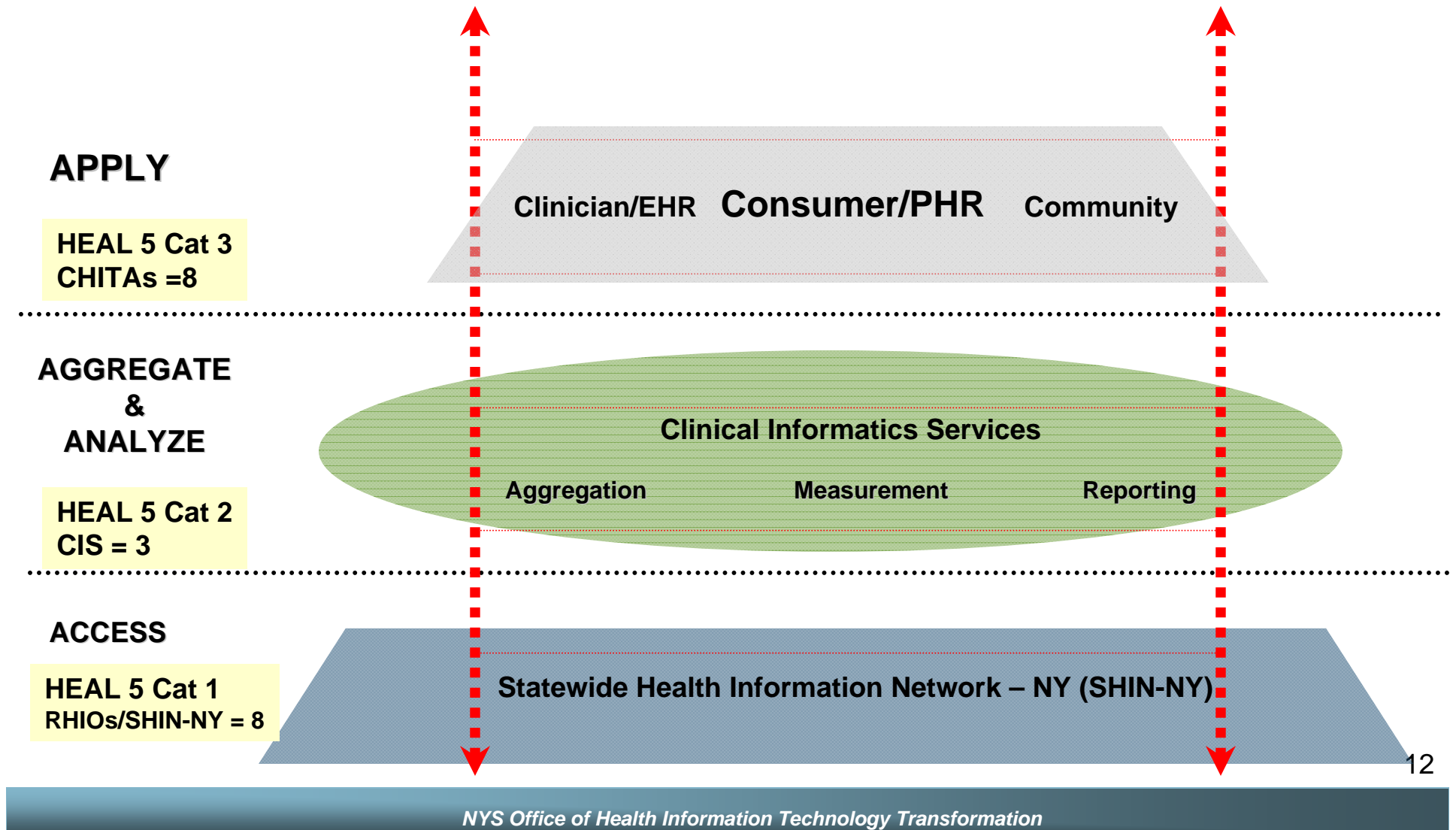
# HEAL funding for HIT

- **HEAL I** – formation of regional health information organizations (~ 20 projects = ~\$50 million)
- **HEAL V** – Development of statewide network infrastructure, support of: quality and reporting projects, connecting NYers to clinicians, connectivity to NYS DOH and implementation of EHRs in physician practices (\$106 million = 19 projects)
- **HEAL VI** – support of expansion of primary care services including HIT
- **HEAL X** – further support of EHR implementation for improved quality and efficiency, expansion of support of the SHIN-NY infrastructure and support of development of a EHR implementation services bureau



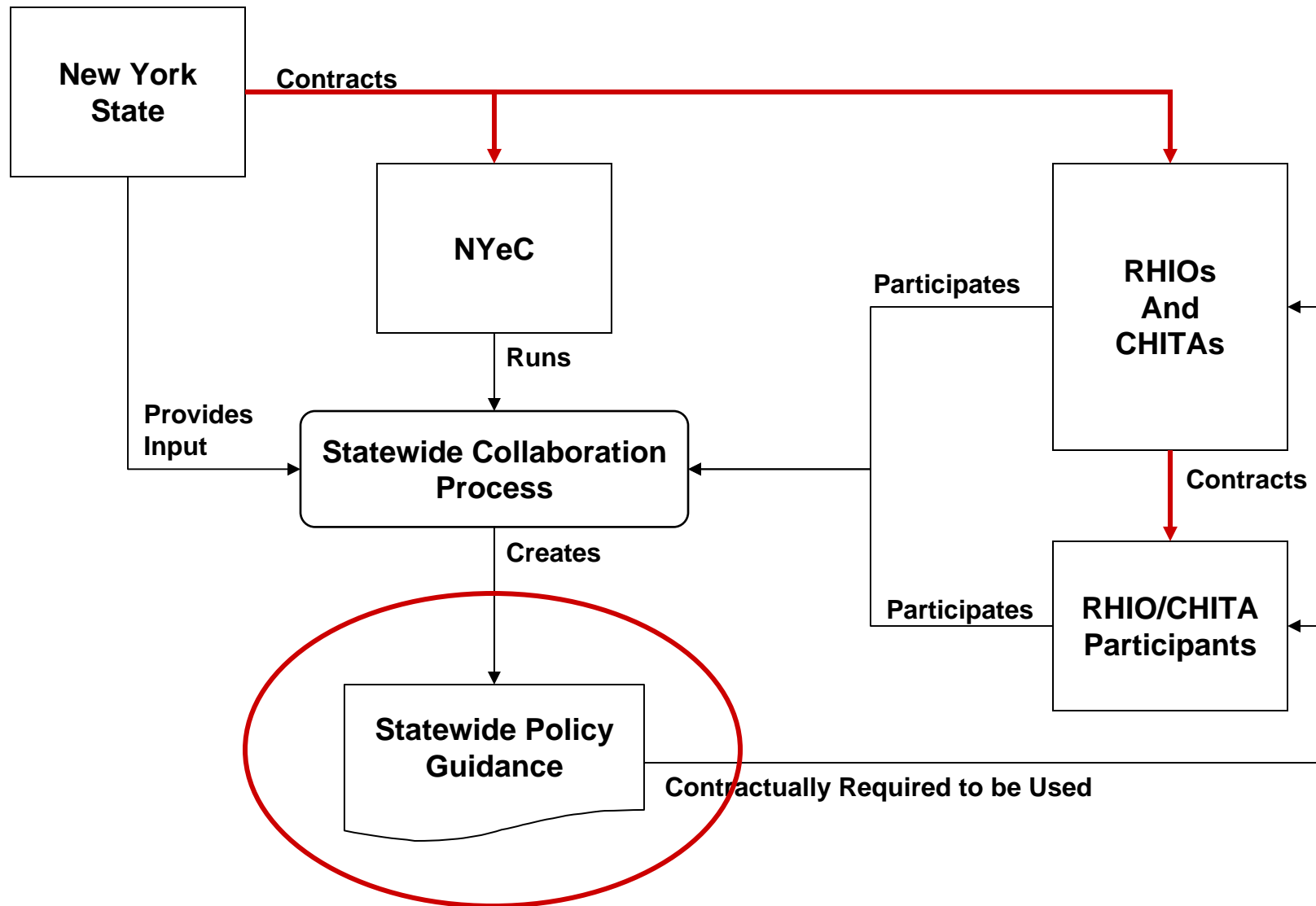
# Framework for New York's Health Information Infrastructure

*"Cross-Sectional" Interoperability – People, Data, Systems*



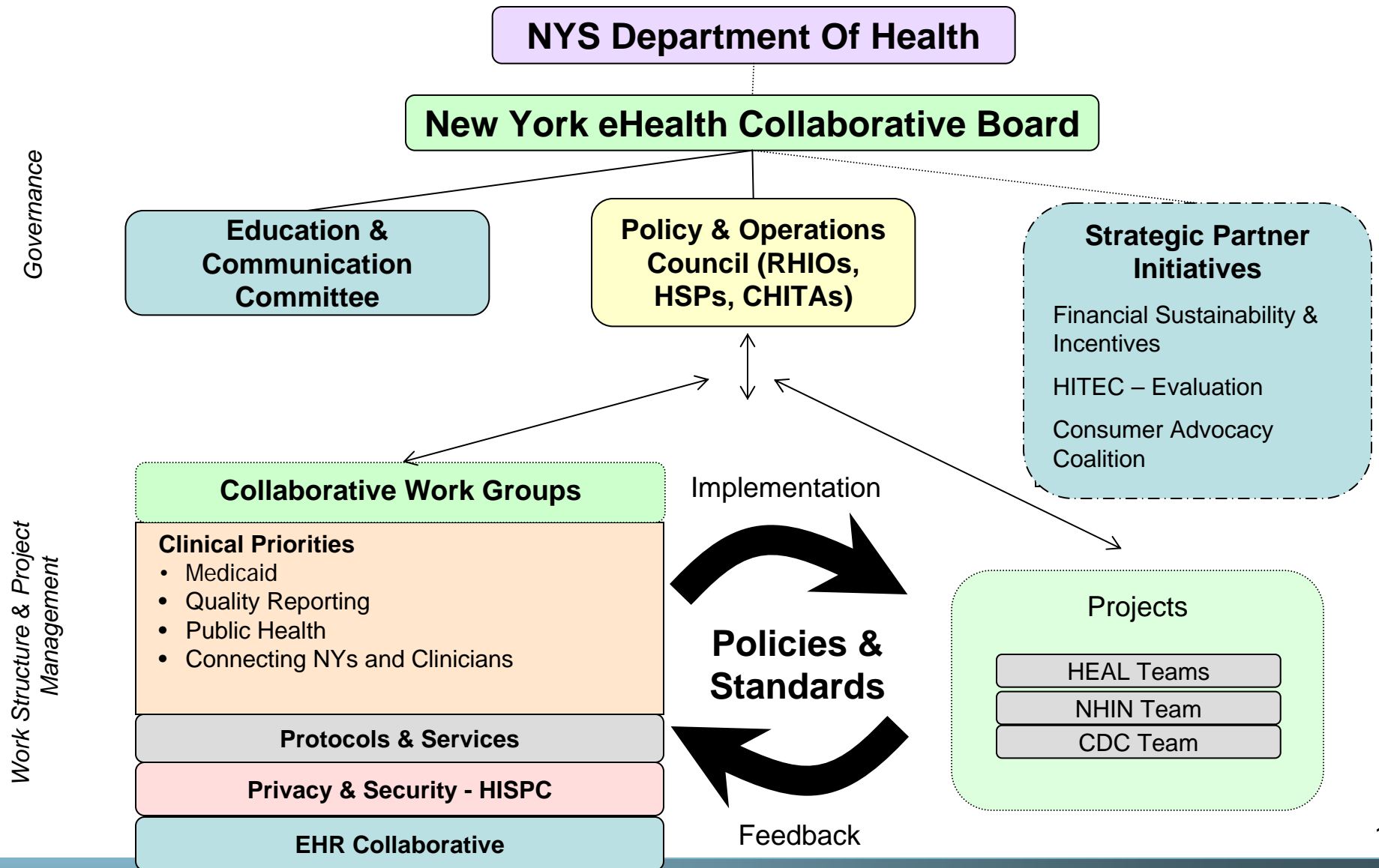


## Current Legal Framework Relies on Contracts



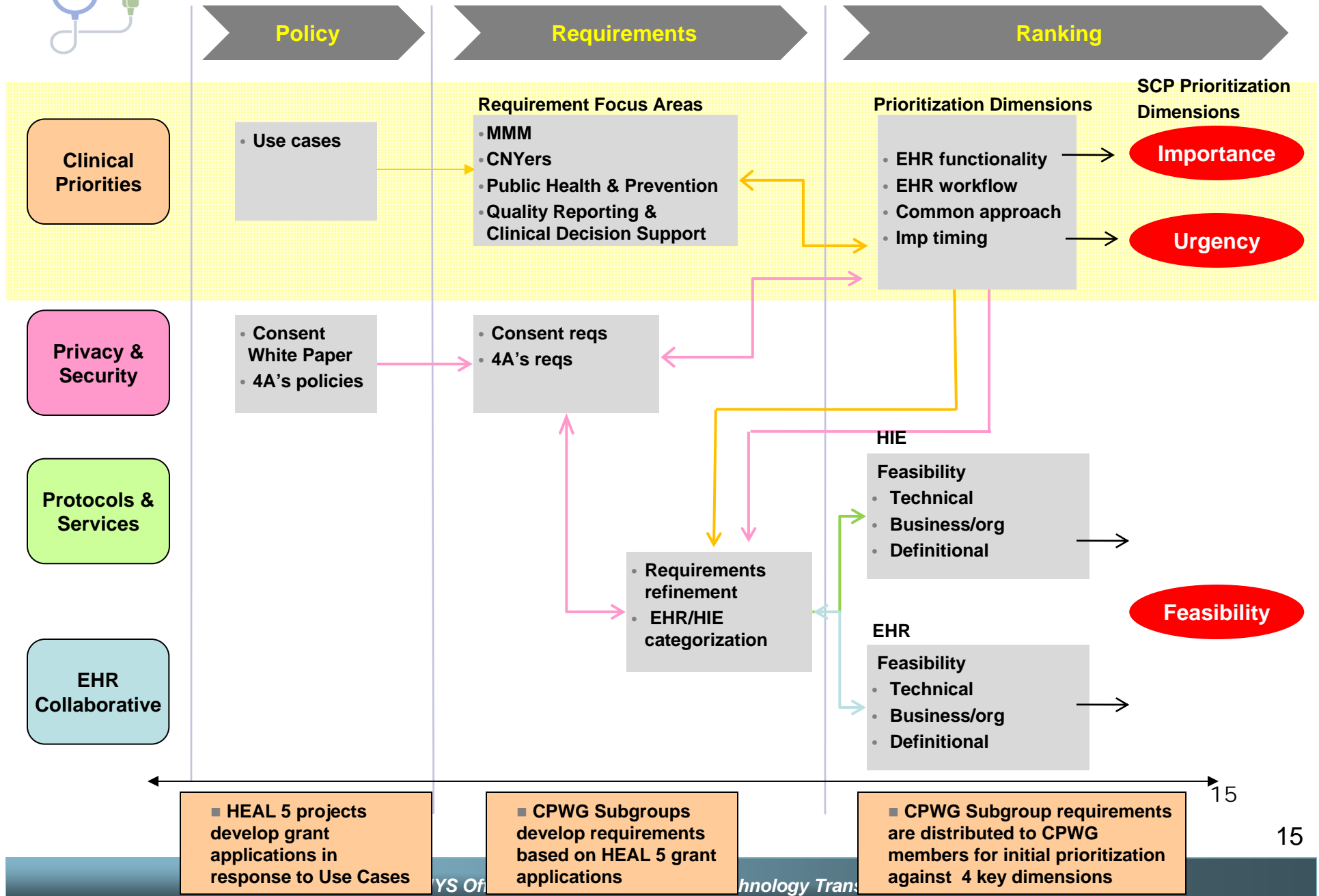


# Statewide Public-Private Partnership & Collaboration Process – Governance & Policy Framework for New York’s Health IT Agenda



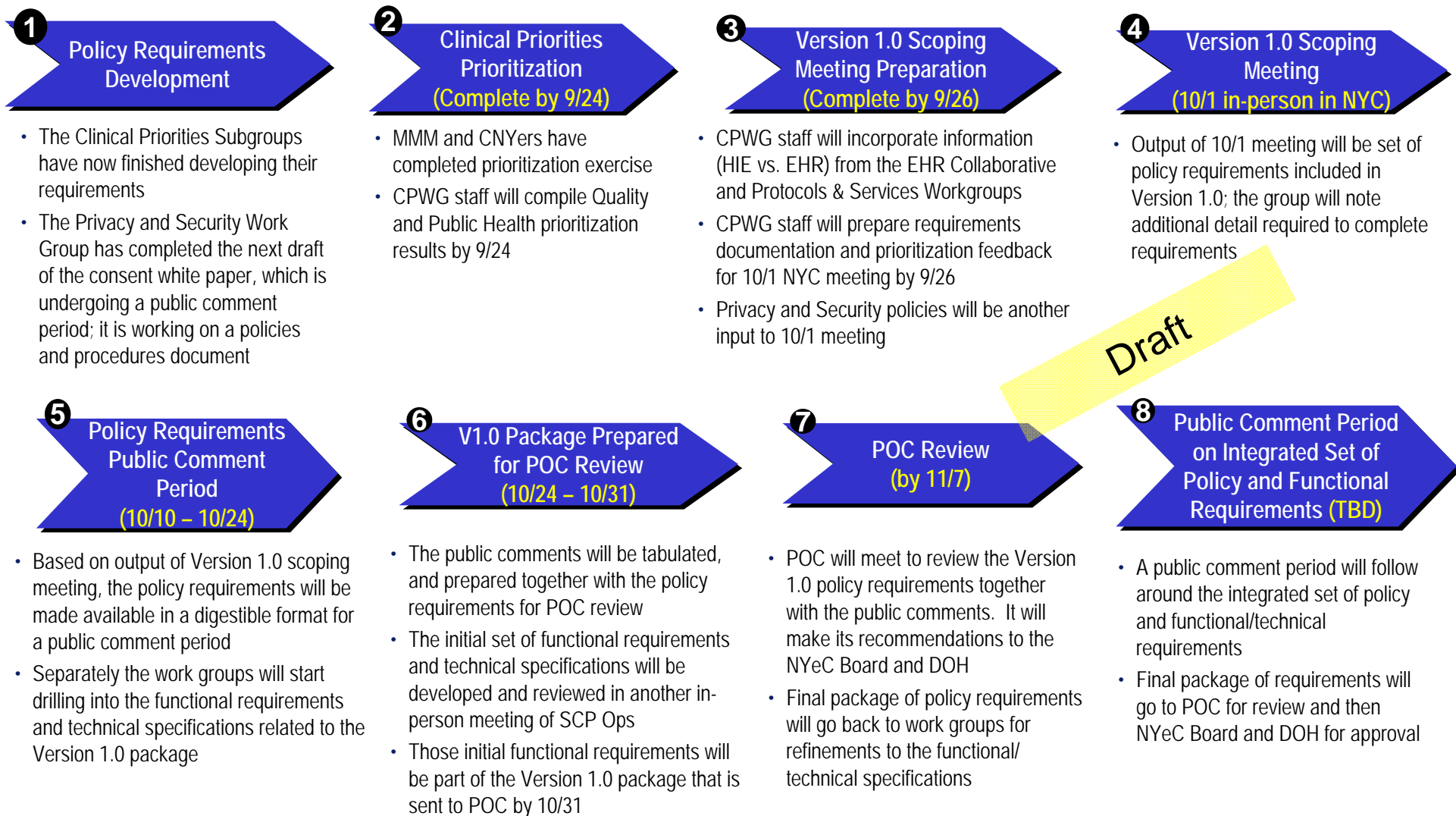


# Requirements Development Process





# Version 1.0 Policy and Functional Requirements Process





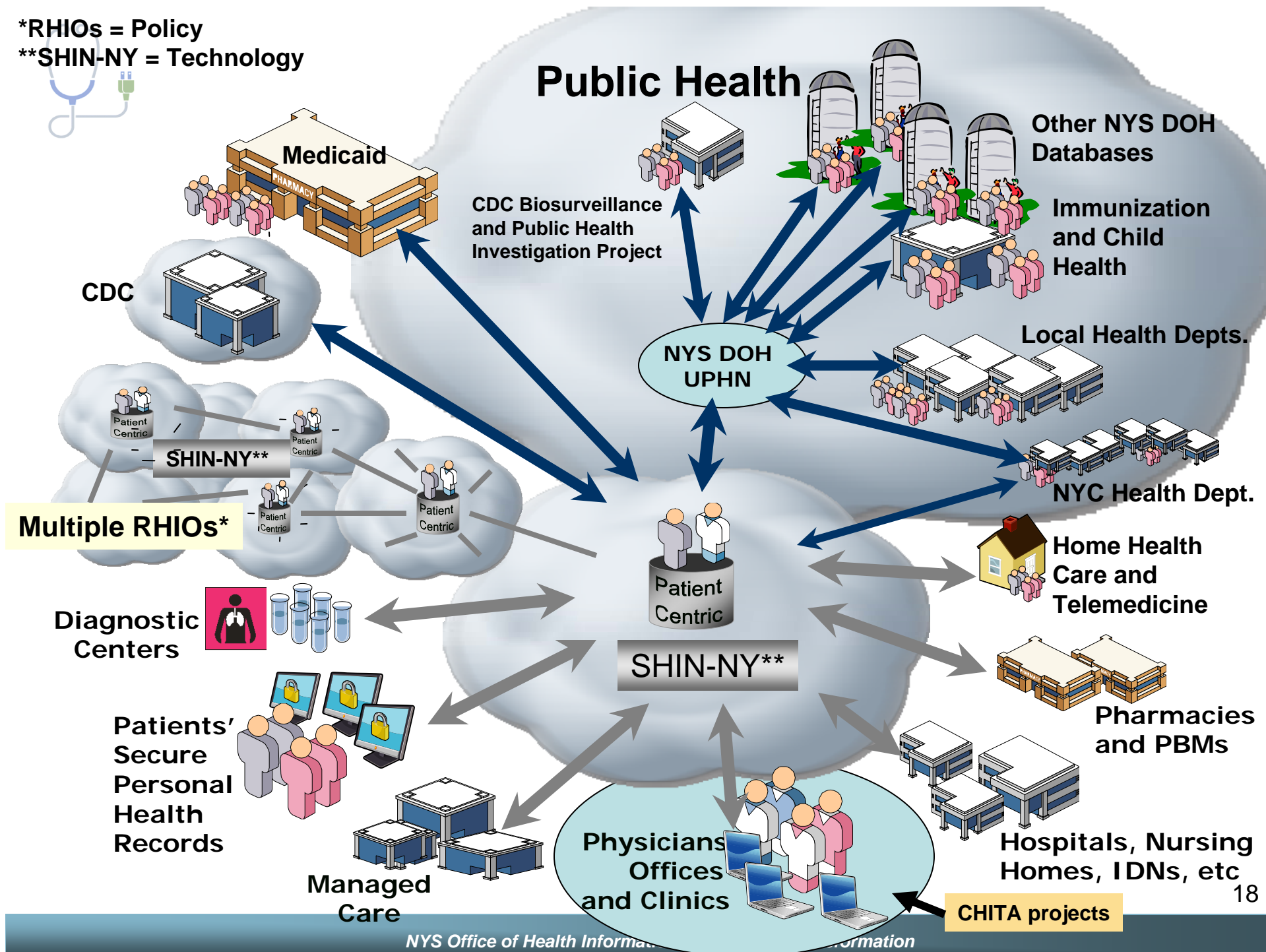


# OHITT Coordination of Statewide Collaboration

- Participation in NYeC BOD meetings
- Co-chair participation in all NYeC workgroups and subgroups
- Coordination of NYeC activities with NHIN2, CDC HIE and other NYS DOH projects (CHI2, PSYCKES, etc)
  - Cross participation in workgroups
  - Unified workgroups when possible
  - Cross comparisons and alignment of available materials from workgroups from various projects

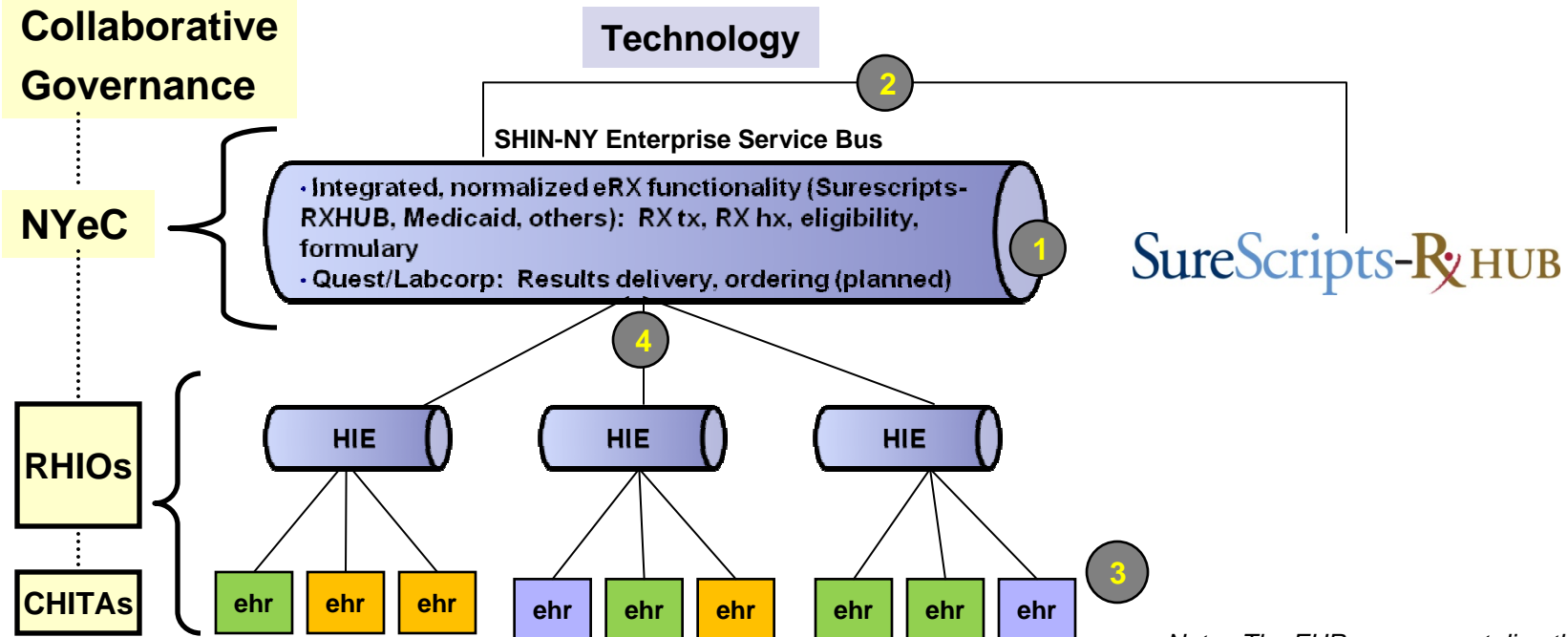
\*RHIOs = Policy  
 \*\*SHIN-NY = Technology

# Public Health





# Proposed Technical Approach



*Note: The EHR can connect directly to ESB. (Does not have to go through HIE.)*

- 1** Growing integration of healthcare services on ESB mutually reinforces adoption of ALL services; unified eRX functionality for all sources reinforces adoption of eRX
- 2** Unified approach to all RHIOs in New York State
- 3** Dramatically reduced complexity at EHR- and user-level – unify as much as possible thru ESB-interface
- 4** Drives higher consistency of service by allowing central transparency of actual EHR and pharmacy capabilities



# Questions?

Contact info:

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