

NEW Directions

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NEW YORK'S HEALTH CENTERS GET BOOST FROM STIMULUS FUNDING

During the first ten months of the Obama administration, community, migrant and homeless health centers have seen an influx of funding through the American Recovery and Reinvestment Act of 2009, also known as stimulus funding. This funding was part of the Obama Administration's plan to help revitalize the economy and provide safety net services for individuals and their families that have been adversely affected by the failing economy.

New York's health centers received just over \$79.5M in stimulus funding including:

- \$7,068,705 to develop six new access points;
- \$19,439,038 in Increased Demand for Services (IDS) grants that will be used to expand services offered by health centers and enable them to serve more patients; and,
- Over \$53 million in capital improvement funding that will help centers make significant improvement to their facilities, health information technology and care delivery.

This funding will ensure job creation and retention in some of New York's most vulnerable communities and, at

the same time, guarantee that even during economically difficult times New Yorkers can still access the quality health care health centers provide. For instance, the IDS grants include funding for 323 new and retained jobs and will enable health centers throughout New York to see more than 89,500 new patients, 31,137 of whom are uninsured.



"The CIP funds will improve the environment of care for virtually all of our 70,000 patients, throughout all of our locations," said Neil Calman, MD, President and CEO of the Institute for Family Health. "The IDS funds will expand medical, dental and mental health services to an additional 4,500 patients."

Lindsay Farrell, President and CEO of Open Door Family Medical Centers in Ossining, concurred that the patients are the real beneficiaries of the stimulus funds. "The stimulus

funding enabled us to see 1,089 new patients at our Mt. Kisco and Port Chester sites from April through June of this year. Of those patients, 75 percent were uninsured," said Farrell. "We could see these new patients because the stimulus funding enabled us to hire Patricia Dunn who saw 812 patients during this period at the two sites."

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Dear Friends of Community Health,



Elizabeth Swain

A year ago, we were all riveted to the Presidential Campaign of Barack Obama as it became ever more urgent that his message of hope and change become the basis for a new day in our country. The background noise of local politics was briefly silent as we witnessed that historic finish. That silence didn't last long.

Our work at CHCANYS is tied directly to state and national health reform in all of its promise for change and its sad resemblance to the status quo. We strive to influence the policy makers, to compel the right choices and ultimately to give a voice to the communities across New York State who need better access to health care.

As they say, all health care is local. In the midst of all of the battles of reform taking place in Washington, DC and in Albany, it's the capacity of individual community health centers to continue to care for people which truly matters the most. During the past year, we at CHCANYS have worked hard to strengthen our support of health centers. Through our technology programs, our work in emergency preparedness, clinical quality initiatives, training and conferences and policy and advocacy efforts, our most important work is the ability for community health centers to continue to do their work.

We want to thank the people and organizations whose support of our work has made it possible. Without the essential resources to design and implement our programs, we wouldn't be here finishing our 4th decade. This newsletter describes some of our work as we kick off our Clinical Forum and Annual Conference. Be sure to visit our website at www.chcanys.org for additional information.

In Health,

Elizabeth Swain

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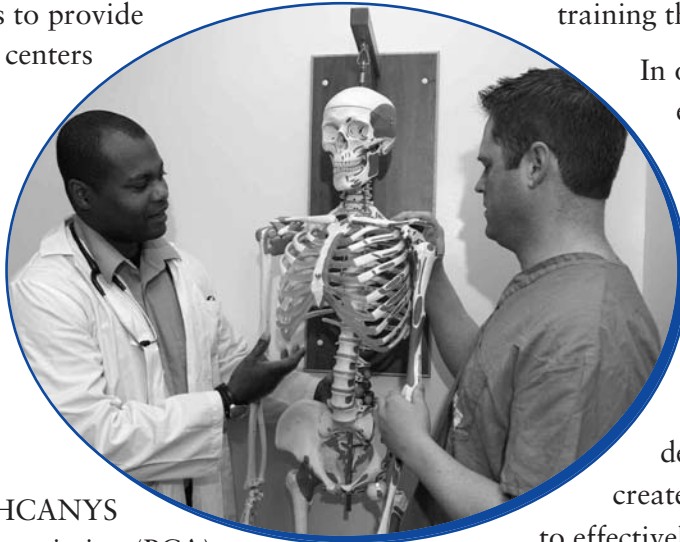
Jorge L. Rodriguez
Director of Operations, Medical Group
 Montefiori Medical Center

John Rugge, MD
Chief Executive Officer
 Hudson Headwaters Health Network

HEALTH CENTER SUPPORT PROGRAM GROWING

CHCANY'S Health Center Support Program (HCSP), developed and implemented in 2008, strives to identify and address the diverse and evolving needs of new and existing health centers. The program works in conjunction with other CHCANYS departments to provide professional support to health centers to assist them in meeting their development, technical assistance and training needs. The Health Center Support Program is led by Jennifer Post, Assistant Director of Program and Planning and Rebecca Gaige-Troxell, Programs and Planning Coordinator.

In developing the program, CHCANYS staff met with Primary Care Association (PCA) staff in other states to discuss PCA best practices for providing TA and training support to health centers and met with NACHC's TA & Training staff to ensure that



the support CHCANYS offers to health centers is complimentary to the other resources available. In addition, HCSP staff have gathered feedback from health center staff through site visits, phone calls and other exchanges to help us better understand and offer the types of TA and training that are most needed.

In order to help support the work of executive level health center staff, HCSP staff also met with the consulting firm, Integrated Work Strategies, to discuss the development and implementation of a learning team model for New York State.

A learning team is a professional development opportunity designed to create peer-to-peer exchanges around how to effectively address job-related challenges and opportunities. Experience has shown that peer-to-peer learning Networks are excellent mechanisms for accelerating

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NYS DIABETES CAMPAIGN HELPS CENTERS IMPROVE CARE

CHCANY'S was the first clinical hub for the NYS Diabetes Campaign chosen to reach out to clinicians in the community health center setting.

Funded by the New York State Health Foundation, the NYS Diabetes Campaign focuses on reversing the diabetes epidemic in New York State by improving clinical care, mobilizing communities and promoting policies proven effective in combating this escalating problem. Not only is CHCANYS recruiting health centers around the state to participate in the Campaign; it is also encouraging health centers to work toward achieving the National Committee for



Quality Assurance (NCQA) designation which recognizes physicians and/or nurse practitioners or practices that are providing quality diabetes care.

Five CHCANYS members—FQHCs—around the state reevaluated their systems based on the NCQA guidelines with support of resources and tools of the New York State Diabetes Campaign. All five were able to identify gaps in their clinical service delivery and implement strategies that improved their diabetes care. As a result of these efforts, all five achieved NCQA recognition for diabetes

care. We salute [Family Health Network of Central New York](#); [Urban Health Plan, Inc.](#); [Institute for Family](#)

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Emergency Preparedness (EP) at CHCANYS has kicked into high gear to keep health centers updated on the latest H1N1 information coming out of the New York State Department of Health (NYSDOH) and the New York City Department of Health and Mental Hygiene (NYC DOHMH). CHCANYS works closely with PCDC in both its city and state EP work.

Program Manager Matthew Ziemer and his EP team are heavily involved in a number of projects whose goals are to access critical information and convey that information to health centers in a timely, manageable way.

At the state level, CHCANYS' EP Team works to make sure that upstate health centers are linked to State DOH vaccination and antiviral efforts. CHCANYS staff participates in the State Department of Health's Antiviral Distribution Strategy Work Group. This Work Group will develop a strategy for New York State DOH to provide Strategic National Stockpile antiviral medications for the un/underinsured. In addition, CHCANYS is working with the NYSDOH to assess the health centers' EP needs (look for the survey in the coming months). Questions or comments about CHCANYS upstate work should be directed to the Upstate EP Coordinator in Albany, Suzanne Delaney, at Sdelaney@CHCANYS.org.

The New York City Primary Care Influenza Working Group, led by CHCANYS EP Team and Dr. Bindy Crouch of DOHMH's Healthcare Emergency Preparedness Program (HEPP), continues to hold weekly conference calls about important issues related to the flu season such as vaccine distribution, antiviral allocation, coverage and reimbursement. It's a terrific sounding board for New York City health centers to get their concerns about H1N1 addressed and a great way for CHCANYS to disseminate those concerns to the Departments of Health on both the state and local level. Your health center can get on the mailing list for conference call information by emailing CHCANYS EP Coordinator, Nairobi Shellow at Nshellow@CHCANYS.org.

CHCANYS is also involved in the NYC Flu Diagnostic and Treatment Center locator project, whose primary

focus is on gathering information for patients on where to go for flu vaccine and treatment. The EP team is contacting the city's health centers to verify contact information and flu vaccine schedules so that the information can be accessed by patients once the locator goes live in early October.

The EP Team is also providing assistance in facilitating the Medical Reserve Corps (MRC), a compilation of health care workers ready and willing to volunteer their time in emergency situations. CHCANYS' staff will serve as the link between health centers and the City's MRC coordinator to make sure that the needs of the health centers for emergency healthcare workers will be met quickly and effectively, should they be needed.

In addition, CHCANYS is involved with:

- the **Vaccine Distribution Group**, which insures that vaccine ordering information gets out to healthcare providers in New York City;
- the **Antiviral Allocation Group**, which works to ensure that the New York City supply of antivirals is accessible; and,
- the **Healthcare Surge Group**, whose task is to prevent a serious flu outbreak from overwhelming the healthcare system.

Specifically, EP staff are working with our partners to increase surge capacity across the board while, at the same time, creating the public messaging that will keep the response from becoming too much for individual healthcare providers to handle.

At CHCANYS' annual clinical conference this October, the CHCANYS EP Team is hosting a workshop that will focus on legal and reimbursement issues faced by community health centers with the coming of H1N1 this flu season. Both NYC and NYS Departments of Health will be present to discuss their inclusion of community health centers in their pandemic planning.

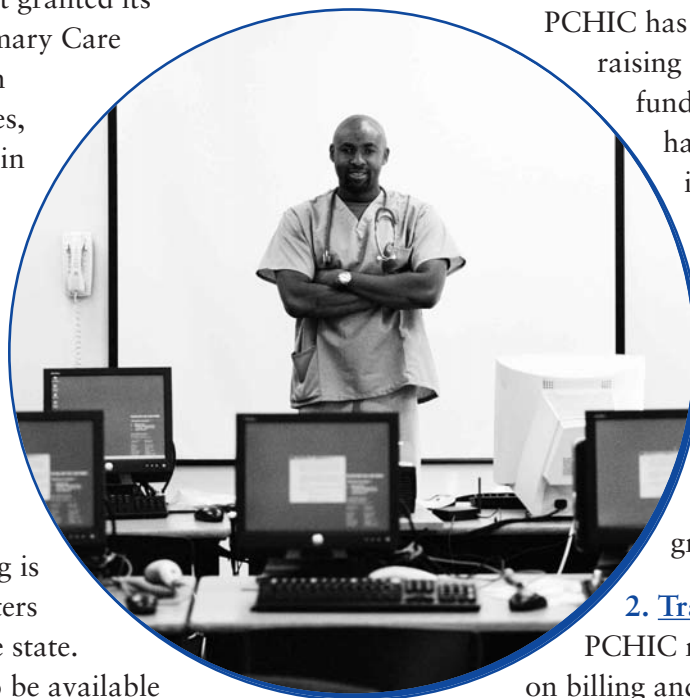
“Our job during this outbreak is to disseminate pertinent information in a timely manner, to provide a link between our community health centers and State/local Departments of Health, and to plan and strategize for an extended outbreak,” said Ziemer. “We will continue to collaborate with all our partners on the local and state level to ensure that we are providing the best information and effective strategies so our primary care sites can continue their vital work.”

Governments at the local, state and federal level are providing increasingly generous support to Health Information Technology (HIT) initiatives because they recognize that HIT improves patient safety, quality outcomes, and eliminates healthcare disparities. It's also a great return on investment.

RECENT DEVELOPMENTS ON THE GOVERNMENT FRONT

- The New York City Council just granted its third year of funding to the Primary Care Health Information Consortium (PCHIC) for hardware purchases, totaling a whopping \$6 million in HIT support over three years.
- On the state level, the HEAL 10 grants for HIT to support the patient-centered medical home model (PCMH) have just been announced.
- On the federal level, stimulus money through the Capital Improvement Plan (CIP) funding is beginning to flow to health centers for HIT projects throughout the state. Stimulus grant funding will also be available to fund Regional Information Technology Extension Centers to provide technical assistance to clinicians to achieve “meaningful use” of health IT.
- The state is supporting the NY eHealth Collaborative, a public-private partnership that serves as a focal point for health care stakeholders to build consensus on state health IT policy priorities, and collaborate on state and regional health IT implementation efforts.

While the government is providing financial support, the CHCANYS Health Information Technology Program is helping New York State health centers leverage HIT adoption to provide high quality cost-effective primary health care to underserved populations. PCHIC was founded to support New York City community-based primary health care. The Health



Center Network of New York (HCNNY) was founded to improve patient outcomes in the six community health centers in its upstate network.

PROJECT MANAGERS' PERSPECTIVE

PCHIC is now in its fourth year, with 25 member organizations, active committees and a variety of projects underway. The PCHIC program covers four areas of service:

1. Fund Development: In fund development, PCHIC has had an extraordinary record, raising over \$10 million in grant funding over the last few years for hardware infrastructure and implementation support. This includes \$6.6 million from the New York City Council and a \$4.2 million New York State HEAL 5 grant to support electronic health record (EHR) implementation for 9 health centers in Brooklyn. Several foundation and government grants are now pending.

2. Training & Technical Assistance: PCHIC runs active member workgroups on billing and technology to provide technical assistance and a place to share learning and best practices. The Billing Workgroup is actively engaged in specifying EHR product improvements. The Technology Workgroup is currently focusing its efforts on technology vendors; it has facilitated “service priority” designation for health center phone lines to expedite repairs, and is launching a project to solicit donations of medical devices that interface to EHRs. PCHIC is also active in arranging member trainings, and recently scheduled two local, low-cost trainings on data-mining and report writing.

3. Advocacy: PCHIC advocates on behalf of its members on matters relating to Health IT policy, programs, funding and vendor and 3rd-party payor relations. These efforts have resulted in product improvements, enhanced electronic data exchange with payors, and recognition by

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NATIONAL HEALTH CENTER WEEK 2009



Gloria Neyra of Open Door Family Medical Centers in Ossining talks nutrition with Cesar Pantoya and Rosa Garcia and their 5 year old son Luis Pantoya.



CHC of Buffalo: Folks gather for a game of hoops during the Community Health Center of Buffalo's 14th Annual Putting the Neighbor Back into the Hood NHCW event.



Capital District Congressman Paul Tonko addresses a crowd of health reform advocates during a NHCW health reform rally at the Whitney M. Young, Jr. Health Center in Albany on 8-12-09.



Breaking ground for Hudson Headwaters Health Network's 13th health center in the Town of Ft. Edward took place during National Health Center Week. Helping to dig in are from left to right Town of Kingsbury Supervisor James Lindsay, Town of Ft. Edward Supervisor Mitch Suprenant, Assemblyman Tony Jordan, Village of Ft. Edward Trustee Darlene Devoe, Congressman Scott Murphy, and John Ruggie, M.D., CEO of Hudson Headwaters Health Network.



CHCANYS' Director of Member Services and Training Roxanne Wynn-Trotman and Director of Government Affairs Darryl Ng flank honoree State Senator Tom Duane at the New York City National Health Center Week Breakfast on 8-11-09.



From left: CHCANYS' Director of Government Affairs Darryl Eng, CEO Elizabeth Swain, Joseph P. Addabbo Family Health Center Executive Director Peter Nelson, New York State Senator Tom Duane and Community Healthcare Network President/CEO Catherine Abate celebrate Duane's award at the NYC National Health Center Week breakfast on 8-11-09.



Open Door Health Fair in Ossining: Marifer Acosta looks on as Paul Moeller of the Port Chester Rye Brook EMT puts a splint on Miguel Acosta.



New York City Assemblymember Richard Gottfried, State Senator Tom Duane and Assemblymember Linda Rosenthal read to an enthralled audience of children during the Reading Aloud event at the William F. Ryan Health Center on 8-11-09.

“President Obama’s focus on strengthening the nation’s primary care safety net is crucial at this time in our nation’s history,” said Elizabeth Swain, CHCANYS’ CEO. “But in order to maximize the effectiveness of these funds, it is essential for both the federal and the state government to see this infusion of one-time stimulus funding as an investment in the health care safety net. This funding needs to be nurtured and increased. Without an on-going commitment to strengthen our health centers, we won’t have the operating funds needed to meet the increased demand in services, especially from the uninsured, that all of our health centers are currently and will continue to experience.”

Among the health centers that have received stimulus funding are:

- **The Institute for Family Health.** The Institute received \$2.5 million to improve 15 facilities in New York State, serving communities from the Bronx to Ellenville, NY. A number of renovation and equipment-upgrade projects will 1) increase access to primary health care services; 2) enhance patients’ experience of primary care and increase patient retention; 3) ensure a high level of quality and safety; and, 4) improve sustainability through long-term cost savings.
- **Cerebral Palsy of the North Country.** CPNC will utilize \$536,895 to purchase equipment that will provide comfortable, safe health care to patients. In addition, diagnostic tools will be purchased that allow more onsite tests which will cut down on how many patients will have to be referred to providers outside the health center. The funds will also be used to purchase hardware, software and accessories to implement electronic health records.
- **Oak Orchard Community Health Center.** Oak Orchard, which serves four rural counties in western NY including migrant farm workers, will use its \$827,235 to make capital improvements such as: replacing HVAC systems; HVAC replacement; exterior and interior building upgrades including parking lot repairs; and, new electrical services at the Center’s Lyndonville, Albion, and Brockport

sites. Additionally, the funds will pay for new equipment for the Center’s medical, dental and optometry practices, a minivan for the dental sealant program and launching the implementation of electronic health records. These funds will also support the expansion of the Center’s obstetric practice and its family medicine at two new and two existing sites.

- **Middletown Community Health Center.** \$763,415 in stimulus funds will allow Middletown to embark on a long awaited project to upgrade the building the Health Center is presently purchasing from the local Bon Scours Community Hospital. This purchase and upgrade will allow Middletown to become the primary care provider for the nearly 10,000 residents of the Port Jervis community who presently have no primary care provider for the uninsured/underinsured population.
- **Hometown Health Center.** Schenectady’s Hometown Health Center will use \$825,645 in stimulus funding to purchase equipment, renovate and repair infrastructure, and become safer and more energy efficient. Hometown will purchase new diagnostic equipment that will improve access to care and services for women, children, adults and senior citizens.
- **Hudson River Health Care.** HRHC will use the \$1,994,540 in stimulus funding it has received for six projects at its health centers throughout the Hudson Valley. Dental services will be expanded at HRHC’s Beacon, New Paltz and Monticello sites. The Peekskill site will see a renovation that fully integrates Women, Infants and Children (WIC) nutrition services and Early Intervention Services with the Center’s pediatric department. The second floor of the Beacon site will be renovated to create a centralized call center for HRHC’s network of 16 sites as part of HRHC’s network wide medical, health information technology and infrastructure upgrade.
- **Bronx Community Health Network.** BCHN is using its \$2,493,187 to purchase and implement electronic health records at two of its sites. In addition, BCHN is making renovations at a third site that will give that site an additional six examination rooms for its internal medicine department.

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- **Open Door Family Medical Centers.** Open Door Family Medical Center's \$1,373,255 in funding will allow for the addition of 4 full time health center employees to serve 5,000 new unduplicated patients making 12,500 visits. The funds will also be used to support renovations at three sites which will expand examination rooms at two of the sites and add a new dental service at the third. The funds will also be used for IT upgrades and modifications needed to expand Open Door's use of technology and electronic medical records in all of its facilities.
- **Lutheran Family Health Centers.** LFHC's \$2.1 million in stimulus funds will be used to improve and expand facilities, replace obsolete clinical equipment, and implement state-of-the-art health information technologies throughout its comprehensive network. Expansion projects will include the addition of new dental operatories and the complete outfitting of one brand new health center site. LFHC will also install a network-wide telecommunications system and integrate EHR and EDR at all service delivery sites. Additionally, LFHC's sub-grantee, the Callen Lorde Community Health Center, will receive an additional \$400,000 to purchase and integrate new EDR and EPMS systems.
- **Hudson Headwaters Health Network.** HHHN will use \$2,261,730 to renovate and expand pediatric and behavioral health services at its Warrensburg Health Center, to complete a 2,700 sq. ft. expansion of its Broad Street site in Glens Falls which includes adding six exam rooms and one behavioral health room and to purchase a generator for the main IT/billing office site and a UPS battery backup system. The funds will also purchase 108 Fujitsu tablets to initiate e-prescribing.
- **Community Pediatric Programs,** Montefiore Medical Center. The \$568,290 CPP of Montefiore Medical Center received will expand the South Bronx Health Center for Children and Families (SBHCCF). SBHCCF provides comprehensive care

to public housing residents in one of the poorest congressional districts in the nation—the South Bronx. Once complete, the site will expand capacity by more than 20% - providing care for 1,350 new patients through 7,300 encounters in its first year. The expansion plan includes access to medical, mental health, nutrition, and enabling services.

- **Community Healthcare Network.** CHN received \$1,307,700 to reconfigure space and build ten additional exam rooms and a two-room dental suite at four of its sites. In addition, a dental program will be established at one of CHN's sites while ophthalmology will be introduced at another. Finally, patient safety issues will be addressed including the replacement of the elevator at a fifth health center.
- **ODA Primary Health Care Center.** ODA will use its \$868,765 for projects at its Heyward Street and Woodridge sites and will add an additional site in one of its target communities. ODA's plans include updating medical equipment, upgrading its IT infrastructure, the purchase of IT equipment and modifications of its physical plants.

Shortly after Congress approved the stimulus bill, CHCANYS worked with its members to identify shovel ready projects and helped coordinate their funding requests in order to maximize their effectiveness. Among the activities CHCANYS coordinated to help health centers with their stimulus requests were: conducting conference calls with Capital Link and the Primary Care Development Corporation to provide health centers with additional technical assistance in completing their CIP applications; coordinating letters of support for New York City requests from Mayor Bloomberg; coordinating conference sessions with speakers from PCDC and Capital Link; and, partnering with the Community Health Foundation of Western and Central New York to strengthen the application of the health centers in their service area that were applying for the Facility Investment Program (FIP) funding.

learning when a group of people are dealing with the same issues, working in similar areas, or seeking to share best practices. CHCANYS' role is to facilitate meetings, develop agendas based on the needs of the group, and provide a confidential forum for communication.

The HCSP will launch its first learning team for CEOs at a face-to-face luncheon meeting at CHCANYS' annual conference in October. After the conference, the team will meet quarterly. Plans are in the works for other learning teams for other groupings of health center leadership.

In early 2009, the program launched Your CHCANYS, a bi-weekly e-mail newsletter that provides a comprehensive compendium of information for health center staff. The newsletter includes training options, grant opportunities, and other relevant announcements from sources such as the New York City and New York State Departments of Health, HRSA, NACHC and CHCANYS, itself.

"Communication is key in making it possible for us out at our health centers to really know what's going on. In the past year, CHCANYS has really made our work easier by getting essential information to us quickly and in a format we can use," said Catherine Abate, President and CEO of Community Healthcare Network.

The program continually strives to develop and offer trainings on current issues which affect health centers. CHCANYS' goal is to provide training on the issues most relevant to health centers and to bring experts to the table to provide the most up-to-date information.

In May, CHCANYS coordinated its first ever training specifically for centers with Look-Alike status, facilitated by Pamela Byrnes, NACHC's Director of Growth and Development.

In September, CHCANYS staff coordinated a two-day corporate compliance training with RSM McGladrey and the DC-based law firm of Feldesman, Tucker, Leifer and Fidell, LLP that included New York specific concerns such as the recently issued "Provider Compliance Regulations."

"This was the best learning experience I've had all year," said one of the training attendees on their evaluation form. The overwhelming majority of the attendees stated that the two-day seminar was quite useful and that the information they learned will help them do their jobs more effectively.

"We've gained a lot of useful information about what other types of trainings our health centers would like to participate in," said Rebecca Gaige-Troxell. "We're in the process of developing CHCANYS' roster of offerings for 2010."

In order to centralize all CHCANYS' training and events and to keep everyone up to date, the Health

Center Support Program has established a new calendar on the CHCANYS' website, www.chcanys.org.

"We're excited to have this calendar up and running," said Jennifer Post. "Having all of our trainings and events from all of our teams in one place will make it easier for health centers to get the information they need. We've even developed a "Quick Links" section at the top of our website that includes the calendar as well as hot topics, such as H1N1. The calendar will always be in Quick Links but the other links will change to highlight new and important information."

The HCSP is working to improve the support we provide to our existing health centers and to more effectively relay information about opportunities that are available. In addition, the HCSP is developing materials to support new health centers and to provide information to communities and facilities interested in becoming an FQHC.

“Communication is key in making it possible for us out at our health centers to really know what’s going on.”

Health, East 13th Street Family Practice; Charles B. Wang Community Health Center; and Northwest Buffalo Health Care Community Center for achieving this coveted designation.

“Our health center has been focused on improving diabetes treatment since we began a diabetes demonstration project in 2003,” said Dr. Ady Oster, MD, Section Chief for Internal Medicine at Charles B. Wang Community Health Center.

“Working toward NCQA designation was a complex process that forced us to review our protocols and procedures. It helped us to see the big picture in diabetes treatment and helped secure buy-in from our providers for future diabetes projects.”

“We began our diabetes collaboration using the chronic care model three and a half years ago,” said Dr. Douglas Rahmer, Medical Director at Family Health Network of Central New York, which treats between 700 and 800 diabetes patients in this rural community. “We were close to meeting all the parameters for NCQA designation, except for the eye care portion. To improve this piece, we began to track the number of dilated eye exams that our patients were receiving from the sole ophthalmologist in the area. We created an eye referral form that has helped us to measure our progress and ultimately to improve the health care provided to our diabetes patients. It’s been a natural progression to get there, but we are proud to say that we are the only NCQA designated diabetes care provider in three counties: Cortland, Broome and Tompkins. This success has prompted us to work toward NCQA designation as a patient-centered medical home.”

“We now have 260 diabetes patients in our PECS registry,” said Dr. Jon Kucera, Internist and Medical Director at Northwest Buffalo Community Health Care Center. “Since we do not yet have electronic records,

we manually enter data on the registry to manage the care of our diabetes patients. Following the guidelines of the Health Disparities Collaborative, treating the patient as a whole and calling to remind them of their follow-up appointments have reaped excellent results. We were delighted to be recognized for these efforts by NCQA.”

At Urban Health Plan, the providers firmly believe in quality care versus just quantity. They become team mates with

their patients, and together they set attainable self management goals to combat their diabetes. “Our providers stress the importance of diabetes and its consequences to their patients,” said Deborah Greene, RN, Director of Risk Management/Quality Improvement Nurse at Urban Health Plan. “We focus a lot on team work. While patients are waiting to be evaluated by their providers, our health educators hold individual sessions with each patient. This helps

to reinforce the provider’s orders and the patient’s self management goals. The health educator also serves as a patient advocate, helping to address other social barriers that may be affecting the patient’s ability to attain his or her goals.”

“Sometimes even a small change in procedure can make a huge difference in patient care,” said Kathy Alexis, CHCANYS’ Quality Improvement Manager, Clinical Programs. “For example, often there is low documentation of foot exams for diabetes patients. A strategically-placed poster in an exam room asking the diabetes patient to remove his/her socks and shoes or a foot stamp on a patient chart can prompt a member of the healthcare team to perform that critically important foot exam.”

CHCANYS believes that sharing information among health centers leads to better health care. Encouraging participation in the New York State Diabetes Campaign is one more way that CHCANYS is helping community health centers around the state to improve health care delivery for their diabetes patients.

“Sometimes even a small procedure can make a huge difference in patient care.”

state and local government of the need to support the capital and operating costs of Health IT. PCHIC is also playing an active role in the New York State Collaborative Process for HIT, under the direction of the New York eHealth Collaborative (NYeC).

4. Communications: PCHIC is now viewed as a hub, keeping its members up-to-date on local, state and federal developments. Through regular communication with its partners in technology, consulting and government, PCHIC updates its members on product improvements, cost-saving opportunities, regulatory changes and programs which shape health IT in New York State.

“There’s never been a better time for health IT,” said Lisa Perry, PCHIC Director. We have the support of government at all levels and are energized for the challenges that lie ahead. It is a privilege to work with our members to leverage health IT to better serve our patients and maximize our resources. We will continue to tailor our work to match our members’ priorities.”

“The timing for the creation of the health center controlled network was perfect,” says Sandy Worden, Project Manager for the Health Center Network of New York. “The health center leaders’ recognition of the need to collaborate and the availability of federal funding to kick-start the effort made this project a no-brainer.”

Of the six upstate health centers that began collaborative discussions, some had already implemented an EHR and fully understood the complexity and perpetuity of the process. Others were just beginning and were mindful of the consistent messages coming from HRSA’s Office of Health Information Technology that this is an endeavor which is best undertaken collaboratively, with an organizational infrastructure that will promote effective implementation strategies, advanced and meaningful use, and resource sharing. “The ultimate goal, of course, is to improve patient outcomes as a result of these efforts,” says Worden.

Network members have access to shared network hardware in a hosted environment, dedicated training resources for customized initial implementation and on-going staff training programs, and actively participate in regular workgroup meetings that focus on product use, workflow re-design and targeted quality improvement initiatives.

HEALTH CENTER PERSPECTIVE

Damian Family Care Center was the first health center in New York City to go live with HIT using eClinicalworks (eCW). Marguerite Gebhardt, MPS, RN, President and CEO stated, “It’s mostly been a positive experience, but there certainly have been challenges along the way.” Gebhardt notes that EHR is an incredible tool. Since implementation, the 6-site health center has been able to bill every kind of visit, has collected \$30-\$35,000 per month in additional revenues, and 98% of claims are accepted with no appended claims. In addition, the Damian Center has been able to reduce the size of the accounts receivable department by two. One of the big challenges going forward is how to “beef up” the HIT infrastructure to meet future expansion needs.

Open Door Family Medical Centers in Ossining went live with EHR in June of 2007. “Our doctors love it,” said Anita Wilenkin, COO. “We would definitely not go back to our old system. As a member of a network, we are able to improve workflow and practice, to take advantage of shared knowledge and to learn from each other’s set-up experiences. We look forward to HCNNY helping all the network partners to share initiatives that will make our lives easier.”

“At all levels, the electronic health record (EHR) has been beneficial to our patients as well as all the staff that use it,” said Catherine M. Abate, President/CEO of **Community Health Network** in New York City. “EHR helps Community Healthcare Network better manage the care of our patients, track patient flow, and trend outcomes in both clinical and administrative functions. Providers can access medical records from their desks, refill prescriptions with a push of a button, complete required forms with the health record and answer questions from other providers. The possibilities are endless.”

HIT UPDATE

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“One of the advantages of HCNNY is that together we can identify the opportunities that exist for health centers to grow support and branch out into other systems,” said Anne Kauffman Nolon, President and CEO of **Hudson River HealthCare**. “Hudson River HealthCare is part of a diverse group in the Hudson Valley that is looking to expand the range of technical support services beyond a single product line (eCW). Going forward, medical home reimbursement will become more and more dependent on the strength of our data systems and their ability to provide increasingly more complex information. What’s more, by sharing information and finding the right connections, we can ensure that we make the best use of the opportunities available to us. Ultimately, it’s all about improving quality.”

HEALTH CENTER HIGHLIGHTS

Congratulations to **The Institute for Family Health** ; and, **Urban Health Plan** for becoming recognized as NCQA Level 3 Patient-Centered Medical Homes — the highest level of recognition.

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\$8.34M in state grants has been awarded to a collaboration of **Northern Oswego County Health Services**, **Oswego Health** and **Oswego County Opportunities** to stabilize and enhance primary care services for county residents.

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Urban Health Plan has been recognized with a Davies Award by the Healthcare Information and Management Systems Society for its excellence in the use of healthcare information technology, specifically electronic health records.