Existing Efforts: Connecting the Country

Many efforts are underway to connect the country's healthcare delivery systems electronically. These efforts are important steps to a better equipped, more reliable, and more efficient healthcare system that will save lives and money.

The focus of these efforts is on making critical connections between patients and doctors, doctors and doctors, doctors and pharmacies, healthcare providers and payors, and healthcare providers and the government. These efforts to improve communication and increase safety in the healthcare system are parts of a step-by-step process involving legislation, government programs and departments, and public and private projects.

Following is a summary of existing efforts included in this section:

- **Existing Federal Legislation**
  Many members of the 109th Congress have introduced legislation that impacts electronic information exchange and healthcare. The legislation section includes a list of proposed bills organized by subject matter: electronic healthcare information exchange, prescription electronic reporting, emergency communications for first responders, and homeland security and emergency response.

- **Government Programs and Departments**
  The US government is the largest single purchaser and provider of healthcare in the country and is a leader in health IT initiatives. In 2003 government funding was nearly 46% of all the dollars spent on healthcare in the United States.[1] These organizations are leaders in implementing tools that will enable information exchange, and their efforts are described in this section.

- **Public and Private Projects**
  The section on public and private projects provides a national overview of public and private efforts taking place around the country to connect health information.

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[1]"Effects of Health Care Spending in the U.S. Economy." Ed. Health and Human Services, 2005.

This is not an exhaustive list, as work is ongoing to advance healthcare delivery systems. Each description lists a point of contact as well as Web resources where more detailed information may be found. The information provided comes directly from the organizations listed and has not been independently verified by the Commission.

Existing Federal Legislation: Summary of Bills from the 109th Congress that Apply to Healthcare Interoperability

Electronic Healthcare Information Exchange:

1. **Bill Number: S.544**
   Patient Safety and Quality Improvement Act of 2005
   Introduced by: Senator James M. Jeffords (VT)

The Patient Safety and Quality Improvement Act of 2005 promotes the interoperability of healthcare information technology systems not later than 36 months after the date of enactment of this bill; the Secretary shall develop or adopt voluntary standards and provide for the ongoing review and periodic updating of the standards developed. The Secretary shall provide for the dissemination of the standards developed and updated under this section. It amends the Public Health Service Act to designate patient safety data as privileged and confidential. It permits certain disclosures of patient safety data by a provider or patient safety organization (PSO), including (1) voluntary disclosures of non–identifiable data; (2) disclosures of data containing evidence of a wanton and criminal act to directly harm the patient; (3) disclosures necessary to carry out PSO or research activities; and (4) voluntary disclosures for public health surveillance.

The Patient Safety and Quality Improvement Act of 2005 prohibits an accrediting body from (1) taking any accrediting action against a provider based on the provider's good faith participation in collecting, developing, reporting, or maintaining patient safety data; or (2) requiring a provider to reveal its communications with any PSO. It prevents a provider from taking an adverse employment action against an individual based upon the good faith reporting of information.

This bill also requires the Secretary to (1) maintain a patient safety network of databases that has the capacity to accept, aggregate, and analyze non–identifiable

patient safety data voluntarily reported and that provides an interactive resource for providers and PSOs; (2) develop or adopt voluntary national standards to promote the electronic exchange of healthcare information; and (3) contract with a research organization to study the impact of medical technologies and therapies on healthcare.

2. Bill Number: S.1223
    Information Technology for Health Care Quality Act
    Introduced by: Senator Christopher J. Dodd (CT)

The Information Technology for Health Care Quality Act established the Office of the National Coordinator for Health IT (ONCHIT) within the Office of the President to direct all health IT activities within the Federal government and facilitate interaction between the Federal government and the private sector. It establishes specific duties and responsibilities for ONCHIT.

This bill shall provide for the adoption by the Federal government of national data and communication health IT standards. Standards adopted shall be voluntary for the private sector and shall be adopted at the conclusion of a collaborative process that includes consultation between the Federal government and private sector/IT stakeholders. To the extent practical, the Secretary shall pilot test health IT standards developed under this Act. The Secretary may license standards or use of other means to facilitate dissemination and implementation one year after adoption of standards.

The Information Technology for Health Care Quality Act shall guarantee loans to independent consortiums—community stakeholders—to implement LHII, facilitate the development of interoperability, or to facilitate the purchase and adoption of health IT. Special consideration will be given to specified entities.

It states that within six months of enactment, ONCHIT shall make recommenda-tions on changes to Federal reimbursement and payment structures that would encourage the adoption of health IT. This bill also states that Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy, confidentiality, and security regulations shall apply to the implementation of programs and activities under this Act.

It states that a collaboration of DHHS, DoD, and VA—in consultation with Quality Interagency Coordination Taskforce—IoM, JCAHO, NCVHS, AHQA,

NQF, MedPAC, and others shall develop uniform healthcare quality measures for each of the 20 priority areas identified by IoM within 18 months of enactment. Each federally supported health delivery program may conduct pilot tests of quality measures and establish ongoing reporting and evaluations of quality measures.

3.   **Bill Number: S.1227**
     Health Information Technology Act of 2005
     Introduced by: Senator Debbie Stabenow (MI)

The Health Information Technology Act of 2005 states that within two years of enactment, the Secretary shall provide for the development and adoption of national data and communication health IT standards. No later than Jan. 1, 2008, the Secretary shall implement procedures to enable DHHS to accept the optional submission of data derived from reporting requirements established after enactment using standards adopted under this section. Not later than Jan. 1, 2010, the Secretary shall implement procedures to enable DHHS to accept the optional submission of data derived from all healthcare reporting requirements using standards adopted.

This bill states that the Secretary shall develop a grant program to offset costs incurred related to clinical healthcare informatics systems and services from Jan. 1, 2005, through Sept. 29, 2010, and it states that priority in awarding grants will be given to specified entities. At least 20% of funds must be given to entities in shortage areas or rural areas. This bill states that the Secretary shall establish a methodology for making adjustments in Medicare payments to providers and suppliers who use health IT and technology services that the Secretary determines improve the quality and accuracy of clinical decision-making, compliance, healthcare delivery, and efficiency—such as EMRs, e-prescribing, clinical decision support tools, and CPOE.

The Health Information Technology Act of 2005 states that the Secretary shall conduct studies and demonstration projects to evaluate the use of clinical healthcare informatics systems and services to measure and report on quality data and demonstrate impact on improving patient care, reducing costs, and increasing efficiencies.

4. **Bill Number: S.1418**
The Wired for Healthcare Quality Act
Introduced by: Senator Michael B. Enzi (WY)

The Wired for Healthcare Quality Act establishes the Office of National Health Information Technology to ensure that patient health information is secure and to improve overall healthcare. It states that the DHHS Secretary shall establish a public-private cooperative American Health Information Collaborative, and asks the Secretary to advise achievable actions for the collaborative, such as recommending standards. One year after enactment, and annually, the Secretary is to recommend national policies for adoption and the collaborative shall review adoption efforts as consistent with HIPAA regulations. This bill states that standards adoption in private entities should be voluntary, but private entities with contracts with the Federal government must comply with the standards. The Secretary must then submit an annual report to the Senate Finance Committee and the HELP Committee and the House of Representatives Committee on Energy and Commerce and Committee on Ways and Means.

The Wired for Healthcare Quality Act states that the Secretary shall develop criteria for implementation and certification of a health information exchange. The Secretary may award competitive grants to eligible entities to facilitate the purchase and enhance utilization of health information technology systems, but the entities must match the grant $1 for each $3. Preference can be awarded to entities in rural, frontier, and other underserved areas. Competitive grants may also be awarded to States for development of State loan programs for health IT adoption, which must be matched by non-Federal contributions $1 for each $1. Competitive grants may also be awarded to eligible entities to implement a regional or local health information exchange or to carry out demonstration projects to develop academic curricula for clinical education of health professionals. These grants may not be used for the purchase of hardware, software, or services.

It states that the Secretary shall contract a private entity to conduct a study that examines the variation between State laws regarding licensure, registration, and certification of medical professionals and how these laws impact electronic health information exchange. This bill states that relevant Secretaries and government agencies shall develop or adopt a quality measurement system for patient care. The Wired for Healthcare Quality Act states that the Secretary shall provide an

analysis of quality measures collected and the dissemination of recommendations and best practices derived from such analysis. S.1418 states that the Public Health Service Act shall be amended by added language for a Center for Best Practices.

5. **Bill Number: H.R.747**
   National Health Information Incentive Act of 2005
   Introduced by: Representative Charles A. Gonzalez (TX-20)

The National Health Information Incentive Act of 2005 states that the Secretary shall develop or adopt standards for transactions and data elements for transactions that lead to the creation of NHII. The Secretary will act through ONCHIT and CSI and recommendations from NCVHS. The Secretary shall adopt trial standards two years (or subsequent date) after enactment. Entities that voluntarily use electronic health record (EHR) systems shall comply with standards adopted or modified within 24 months of adoption or modification, and the standards shall supersede any State law or regulations relating to electronic transmission of patient history, eligibility benefit, or other information.

National Health Information Incentive Act of 2005 provides for optional financial incentives to small healthcare providers and entities to implement a national health information infrastructure. It states that the Secretary shall include additional Medicare incentives to small healthcare providers to move toward NHII by acquiring EHR systems. Types of reimbursement include add-on payments for evaluation and management services; care management fees; payments for structured e-mail consults; and other methods deemed appropriate by the Secretary. This bill amends the Internal Revenue Code to provide for a refundable credit for a portion of the expenses of or for establishing a healthcare IT system.

6. **Bill Number: H.R.2234**
   21st Century Health Information Act of 2005
   Introduced by: Representative Tim Murphy (PA-18)

The 21st Century Health Information Act of 2005 authorizes the DHHS Secretary to make grants to regional health information organizations (RHIOs) to develop and implement regional health information technology plans. This bill requires the Director of AHRQ to establish and maintain a national technical assistance center to provide assistance to physicians to facilitate adoption of health information technologies and participation in such regional plans. It requires the Secretary to establish a program of accrediting health information networks.

This bill requires the Comptroller General to report to Congress on the progress of RHIOs in realizing the purposes of this Act. The 21st Century Health Information Act of 2005 prohibits Federal funds available under this Act from being used for the purchase of a health information technology product unless such product has been certified as incorporating interoperability data standards and compliance criteria.

It allows the Secretary to make loans to any accredited RHIOs to finance investments in network infrastructure and technology acquisition, training, and workflow engineering for physicians. The 21st Century Health Information Act of 2005 amends the Social Security Act to exclude the provision of equipment or services for the development of such a regional plan from illegal remuneration provisions and limitations on physician compensation arrangements. It requires the Secretary to (1) establish a methodology for making adjustments in Medicare payments to providers participating in an accredited network; and (2) make matching Medicaid payments to States for the development and implementation of a regional plan under certain circumstances. This bill states that no Federal funds may be made for the purposes of this Act for the purchase of health IT unless the product is certified by the CCHIT and must be approved by ANSI or the Secretary if the CCHIT is not approved by ANSI or the Secretary, the Secretary shall adopt interoperability standards and compliance criteria or designate a private entity to do so.

7. **Bill Number: H.R.3010**
    Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006
    Sponsor: Representative Ralph Regula (OH-16)

The Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006, makes appropriations for FY 2006 to the Department of Health and Human Services (DHHS) for the Office of the National Coordinator for Health Information Technology; and the public health and social services emergency fund, for activities related to countering potential biological, disease, and chemical threats to civilian populations, and to developing and implementing rapidly expandable influenza vaccine production technologies and purchasing influenza vaccine as necessary.

It authorizes, for expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative

agreements for the development and advancement of an interoperable national health IT infrastructure, $58,100,000 (reduced by $12,000,000): provided, that in addition to amounts provided herein, $16,900,000 (increased by $12,000,000) shall be available from amounts under section 241 of the Public Health Service Act to carry out health IT network development.

8. **Bill Number: Yet to be Introduced**
   Sponsor: Representative Nancy Johnson (CT-5)

This bill states that the National Coordinator for Health Information Technology at the Department of Health and Human Services (DHHS) shall serve as the coordinator of Federal government activities relating to health information technology. It states that the National Coordinator shall harmonize standards, provide for certification and inspection of health IT products, provide for the evaluation of variations in business policies and Federal and State laws that affect confidentiality, and provide for the development of prototypes for a national health information network.

This bill states that the Secretary shall conduct a study to determine the impact of safe harbor laws, and shall submit a report to Congress recommending changes in the safe harbors.

This bill states that the Secretary shall conduct a study of State laws and regulations relating to the security and confidentiality of health information and submit a report to Congress. This bill also includes language for Federal preemption of State laws for confidentiality and security of health information.

This bill includes language for the Secretary to issue notice for rulemaking for the adoption of updated ICD codes for HIPAA standards and Medicare. The Secretary must also provide Congress with a report on the work conducted by the American Health Information Community.

Prescription Electronic Reporting:

1. **Bill Number: S.16 Affordable Health Care Act**
    Introduced by: Senator Edward M. Kennedy (MA)

The Affordable Health Care Act allows the DHHS Secretary to require the sponsor of an approved drug to conduct one or more studies that confirm or refute a credible hypothesis of a significant safety issue. It amends the Public Health Service Act to establish the Office of Health Information Technology to improve the quality and efficiency of healthcare delivery through the use of health information technology.

The Affordable Health Care Act requires that the DHHS Secretary, the DoD Secretary, and the VA Secretary establish uniform healthcare quality measures and public reporting requirements across all federally supported health delivery programs.

2. **Bill Number: S.518**
    National All Schedules Prescription Electronic Reporting Act of 2005
    Introduced by: Senator Jeff Sessions (AL)

The National All Schedules Prescription Electronic Reporting Act of 2005 amends the Public Health Service Act to require the DHHS Secretary to award grants for terms of 18 months to each approved State to establish or improve a State controlled–substance monitoring program. It requires the Secretary to develop minimum standards for States to ensure the security of information collected and to recommend penalties for the provision or use of information in violation of applicable laws or regulations.

This bill requires each approved State to (1) require dispensers to report to the State within one week of each dispensing of a controlled substance to an ultimate user; and (2) establish and maintain an electronic searchable database containing the information reported. It allows a State to provide information from the database in response to certain requests by practitioners; law enforcement, narcotics control, licensure, disciplinary, or program authorities; the controlled substance monitoring program of another State; and agents of DHHS, State Medicaid programs, State health departments, or DEA.

It requires the Secretary to (1) specify a uniform electronic format for the reporting, sharing, and provision of information under this Act; and (2) study and report to Congress on such programs, including on interoperability between programs, the feasibility of a real-time electronic controlled substance monitoring program, privacy protections, and technological alternatives to centralized data storage.

3. **Bill Number: H.R.1132 National All Schedules Prescription Electronic Reporting Act of 2005**
    Introduced by: Representative Ed Whitfield (KY-1)

The National All Schedules Prescription Electronic Reporting Act of 2005 amends the Public Health Service Act to require the DHHS Secretary to award one-year grants to each approved State to establish or improve a State controlled-substance monitoring program. It requires the Secretary to develop minimum standards for States to ensure security of information collected and to recommend penalties for the provision or use of information in violation of applicable laws or regulations.

It requires each approved State to (1) require dispensers to report to the State within one week of each dispensing of a controlled substance to an ultimate user or research subject; and (2) establish and maintain an electronic searchable database containing the information reported. It allows a State to provide information from the database in response to certain requests by practitioners; law enforcement, narcotics control, licensure, disciplinary, or program authorities; the controlled-substance monitoring program of another State; and agents of DHHS, State Medicaid programs, State health departments, or DEA.

This bill requires the Secretary to (1) specify a uniform electronic format for the reporting, sharing, and provision of information under this Act; (2) give preference to approved States in awarding any grants related to drug abuse; and (3) study and report to Congress on such programs, including on interoperability between programs, the feasibility of a real-time electronic controlled substance monitoring program, privacy protections, and technological alternatives to centralized data storage.

Emergency Communications for First Responders:

1. **Bill Number: S.1274**
    Improve Interoperable Communications for First Responders
    Act of 2005
    Introduced by: Senator Joseph I. Lieberman (CT)

Improve Interoperable Communications for First Responders Act of 2005
establishes an Office for Interoperability and Compatibility (OIC), headed by a
Director, within the Directorate of Science and Technology of DHS. S.1274
requires the OIC Director to (1) assist the Secretary in developing and imple-
menting the program to enhance public safety interoperable communications
at all levels of government; (2) carry out DHS responsibilities and authorities
relating to the SAFECOM Program; and (3) conduct extensive, nationwide
outreach and foster the development of interoperable communications systems
by State, local, and tribal governments and public safety agencies, and by regional
consortia thereof.

It requires the Secretary to (1) establish a comprehensive research and development
program to promote communications interoperability among first responders;
and (2) make grants to States and eligible regions for initiatives necessary to
achieve short-term or long-term solutions to Statewide, regional, national, and,
where appropriate, international interoperability.

2. **Bill Number: H.R.1251**
    The Connecting the Operations of National Networks of Emergency
    Communications Technologies for First Responders Act of 2005
    Introduced by: Representative Nita M. Lowey (NY-18)

The Connecting the Operations of National Networks of Emergency
Communications Technologies for First Responders Act of 2005 requires the
DHS Secretary, in cooperation with State and local governments, Federal agencies,
public safety agencies, and the private sector, to develop a national strategy to
achieve communications interoperability and to report to Congress annually on
progress toward achieving such interoperability.

3. **Bill Number: H.R.1544**
   Faster and Smarter Funding for First Responders Act of 2005
   Sponsor: Representative Christopher Cox (CA-48)

The Faster and Smarter Funding for First Responders Act of 2005 amends the Homeland Security Act of 2002 to set forth provisions governing DHS grant funding for first responders pursuant to the State Homeland Security Grant Program, the Urban Area Security Initiative, and the Law Enforcement Terrorism Prevention Program. It directs the Secretary of Homeland Security to require any State applying for a covered grant to submit a three-year State homeland security plan, to be developed in consultation with local governments and first responders.

This bill directs the Secretary, in consultation with specified officials and standards organizations, to promulgate national voluntary consensus standards for grant-funded first responder equipment and training. It requires the coordination of such activities that relate to health professionals with the DHHS Secretary, and also requires the Comptroller General to report to Congress on the overall inventory and status of first responder training programs of DHS and other Federal agencies and the extent to which such programs are coordinated.

Homeland Security and Emergency Response:

1. **Bill Number: S.21**
   Homeland Security Grant Enhancement Act of 2005
   Introduced by: Senator Susan M. Collins (ME)

The Homeland Security Grant Enhancement Act of 2005 requires the Director of the Office for Domestic Preparedness to allow any State to request approval to reallocate funds received under the State Homeland Security Grant Program under specified Federal laws among the categories of equipment, training, exercises, and planning.

This bill creates the position of Executive Director to head the DHS's Office for State and Local Government Coordination and Preparedness (OSLGCP) and give it additional responsibility for managing the Homeland Security Information Clearinghouse. The Clearinghouse will provide States, local governments, and emergency response providers with information regarding (1) homeland security grants; (2) technical assistance; (3) best practices; and (4) the use of Federal funds.

It directs the DHS Secretary to support the development of, promulgate, and update as necessary national voluntary consensus standards for the performance, use, and validation of first responder equipment for purposes of assessing equipment-related grant applications.

The Homeland Security Grant Enhancement Act of 2005 establishes in DHS an International Border Community Interoperable Communication Demonstration Project to (1) address the interoperable communication needs of police officers, firefighters, emergency medical technicians, the National Guard, and other emergency response providers; (2) foster interoperable communications among domestic government agencies and their counterparts in Canada or Mexico; (3) foster standardization of interoperable communications equipment; (4) ensure that emergency response providers can communicate with one another and the public at disaster sites or in the event of a terrorist attack or other catastrophic event; and (5) provide training and equipment to enable emergency response providers to deal with environmentally varied threats and contingencies.

2. **Bill Number: S.1013**
   Homeland Security FORWARD Funding Act of 2005
   Introduced by: Senator Dianne Feinstein (CA)

The Homeland Security FORWARD Funding Act of 2005 requires the DHS Secretary to establish clearly-defined essential capabilities for State and local government preparedness for terrorism (sets forth factors to address in establishing such capabilities and lists critical infrastructure sectors and types of threats to specifically consider).

It directs the DHS Secretary to promulgate national voluntary consensus standards for grant-funded first responder equipment and training, and it expresses the sense of Congress regarding interoperable communications and Citizen Corps councils, and requires the Secretary to (1) ensure coordination of Federal efforts to prevent, prepare for, and respond to acts of terrorism and other major disasters and emergencies among DHS divisions; and (2) study the feasibility of implementing a nationwide emergency telephonic alert notification system.

3. **Bill Number: H.R.796**
   Domestic Preparedness Act of 2005
   Introduced by: Representative Carolyn McCarthy (NY–4)

The Domestic Preparedness Act of 2005 authorizes the Secretary of Homeland Security to make grants to address homeland security preparedness shortcomings of units of municipal and county government. It specifies that each grant shall be made for one of the following categories: (1) equipment and training, or (2) improving interoperability among members of a consortium of municipal and county governments. It states that the Secretary may not make a grant under this Act unless the applicant conducts an assessment of the applicant's risk and vulnerability to possible acts of terrorism, including conventional biological, nuclear, and chemical attacks.

The Domestic Preparedness Act of 2005 provides that grant amounts may be distributed to fire departments, police departments, emergency services, and public health agencies of the grantee.

4. **Bill Number: H.R.1323**
   The Public Safety Interoperability Implementation Act
   Introduced by: Representative Bart Stupak (MI–1)

The Public Safety Interoperability Implementation Act amends the National Telecommunications and Information Administration Organization Act to establish in the Treasury the Public Safety Communications Trust Fund. It requires the Administrator to make grants to implement interoperability and modernization for the communication needs for public safety, fire, emergency, law enforcement, and crisis management by State and local government agencies and instrumentalities and nonprofit organizations.

Government Programs and Departments:

American Health Information Community (AHIC)

On June 6, 2005, the Department of Health and Human Services (DHHS) Secretary Mike Leavitt announced the formation of a national collaboration, the American Health Information Community (AHIC), which will advance health IT efforts across the public and private sectors to respond to the President's call for a majority of Americans to have electronic health records within 10 years. AHIC will help the nationwide transition to electronic health records—including common standards and interoperability—to proceed in a smooth, market-led way. AHIC, which will be formed under the auspices of the Federal Advisory Committee Act, will provide input and recommendations to DHHS on how to make health records digital and interoperable, and it will ensure that the privacy and security of those records are protected.

AHIC will be initially chartered for two years, with the potential to extend its charter. Secretary Leavitt intends for AHIC to be succeeded within five years by a private sector health information community initiative that, among other things, would set additional standards, certify new health information technology, and provide long-term governance for healthcare transformation.

For more information, please contact:

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Agency for Healthcare Research and Quality (AHRQ)

Originally created in 1989 as a Public Health Service agency in the Department of Health and Human Services (DHHS), the Agency for Healthcare Research and Quality (AHRQ) was reauthorized in 1999. AHRQ's mission is to support research designed to improve the quality, safety, efficiency, and effectiveness of healthcare in America. It sponsors and conducts research and programs that provide evidence-based information on healthcare outcomes: quality as well as cost, use, and access.

AHRQ's health IT initiative in fiscal year 2005 includes $139 million in multiyear funding for more than 100 projects and contracts across the country via its Transforming Healthcare Quality Through Information Technology (THQIT) grants and State and Regional Demonstration (SRD) contracts portfolio, which impact 40 million Americans. These initiatives are exploring and testing a wide range of health IT applications with the potential to transform everyday clinical practice and help build the 21st century health IT infrastructure. AHRQ's health IT initiative encompasses three types of grants that:

- Support planning for health IT projects;

- Support implementation of health IT projects; and

- Demonstrate the value of health IT applications.

The goals of these projects are as follows:

- Using IT to improve patient safety and reduce medical errors;

- Identifying barriers and solutions to IT implementation;

- Increasing satisfaction among patients and providers through health IT;

- Making the business case for health IT by determining both the costs and the benefits; and

- Streamlining work for clinicians and enhancing efficiency.

AHRQ also maintains the National Resource Center for HIT. The Center provides technical assistance, expert advice, and best practices to a variety of organizations and entities utilizing or contemplating the utilization of health IT. Currently, AHRQ is concentrating on the support of AHRQ and Health Resources and Services Administration (HRSA) HIT grantees and contractors. However, the Center has recently begun to provide support to local, State, and regional entities developing health information exchanges/networks. To date, they supported efforts in Florida, Montana, Wyoming, and New York. The center was established through a five-year, $18.5 million contract and is a

central component of AHRQ's commitment to provide assistance, project and technical insight, and the dissemination of best practices.

For more information, please contact:

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Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (DHHS), administers the Medicare program for U.S. citizens age 65 and older, the disabled, and people with end stage renal disease (ESRD), and works in partnership with the States to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. CMS also works on administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) quality standards in healthcare facilities through its survey and certification activity, and clinical laboratory quality standards. Currently, about 83 million beneficiaries, or more than one in four Americans, receive healthcare coverage through Medicare, Medicaid, and SCHIP. In fiscal year 2005, CMS will spend about $519 billion.

CMS is currently supporting several initiatives to support the effective use of HIT to improve the quality and efficiency of healthcare. Through Quality Improvement Organizations, CMS offers assistance to physicians' offices in adopting and using information technology in the Doctor's Office Quality Information Technology Project (DOQ-IT). This project provides primary care physicians with information on more than 60 private electronic health record systems (EHRs) and tools to select and implement the best EHR for their practice. As a part of this effort, CMS is working with VHA to reconfigure VistA, the VHA's Electronic Healthcare Record (EHR) technology, which is a low-cost alternative for certain small physician offices or safety net providers. In another effort to accelerate the adoption of HIT, CMS is developing the Care Management Performance Demonstration program, a pay-for-performance demonstration program in which physicians will be reimbursed, in part, based on their use of HIT to improve quality of care.

CMS is also accelerating the adoption of e-prescribing by requiring sponsors of the new outpatient drug benefit to comply with standards to enable e-prescribing.

To empower Medicare beneficiaries with information about their own care, CMS has initiated the Medicare Beneficiary Portal demonstration project. This project is being implemented nationally on a rolling basis throughout 2005 and will allow beneficiaries direct Web access to their Medicare claims information, including claims type, dates of service, and procedures in a way that will protect their privacy and the security of their information.

Finally, CMS has provided funding for some State activity related to the use of information technology. New York State is planning to use approximately $200 million in savings from a Section 1115 Medicaid Waiver to promote the adoption of e-prescribing, EHRs, and regional health information programs.

For more information, please contact:

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The Cancer Biomedical Informatics Grid™ (caBIG™)

Aiming to speed the delivery of innovative approaches for the prevention and treatment of cancer, the cancer Biomedical Informatics Grid™ (caBIG™) was launched in February 2004 with an initial budget of $20 million from the National Cancer Institute (NCI). Currently in the second year of a three-year pilot project, caBIG™ operates with 50 NCI-designated cancer centers as well as with other organizations. caBIG™ enables clinical researchers to exchange a wide range of data, including lab tests, tissue samples, and research information using a semantically interoperable infrastructure.

caBIG™ is developing open and shared biomedical informatics tools, standards, infrastructure, and data, focusing on the following:

- Clinical trial management systems;

- Integrative cancer research;

- Tissue banks and pathology tools;

- Architecture; and

- Vocabularies and common data elements.

caBIG™ is expanding participation of both NCI– and non–NCI–designated cancer centers in the interoperable system, with the ultimate goal of supporting patient–centric molecular medicine. Discussions are also taking place regarding potential partnerships between caBIG™ and other NIH components, Federal agencies, and international initiatives.

For more information, please contact:

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Department of Defense (DoD)

The Department of Defense (DoD) has been working on electronically coordinating healthcare information among the United States Army, Navy, and Air Force since the approval to deploy the Composite Health Care System worldwide in 1993. Since these initial efforts toward an interoperable health system in the military, DoD has invested more than $2 billion dollars toward health IT adoption. DoD's efforts toward healthcare interoperability span a wide range of methods throughout the echelons of medical care, ranging from treatment on the battlefield to the rehabilitation facilities in the various branch hospitals.

Today, DoD is investing in initiatives such as the Composite Health Care System II (CHCS II), the Pharmacy Data Transaction Service (PDTS,) telehealth, and other efforts to facilitate communication in the Military Health Services. These initiatives are often part of larger interoperable efforts such as the Executive Information/Decision Support, which provides real-time, accurate decision information that supports the Defense's TRICARE program; the Theater Medical Information Program (TMIP), which provides interoperable health information to the services during combat or contingency operations across all echelons of care; and the Clinical Information Technology Program Office (CITPO), which manages clinical information technology support for the Military Health Services.

Along with these initiatives to connect the three service branches within DoD, DoD is collaborating with VA to coordinate connected health information in the future.

For more information, please contact:

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Web site: www.defenselink.mil/

HEALTHeFORCES™

Established under congressional direction in 2000 at the Walter Reed Army Medical Center (WRAMC), HEALTHeFORCES™ was created with patient involvement and communication at the heart of the delivery system. Effective communication combined with comprehensive digital records, advanced analytical tools, and Web-based access allows the medical staff to make informed decisions to reduce incidence of chronic illness, prevent clinical errors, and contain costs— all while increasing the quality of care to all patients. With the extension of this application into civilian rural underserved areas, these methods will give patients and doctors state-of-the-art information and the ability to predict and identify health threats for both the military and civilian communities.

The strength of HEALTHeFORCES™ is its modular design and universal Web-based access. HEALTHeFORCES™ uses modules such as HEALTHeSURVEYS, where patients provide valuable feedback; HEALTHeCARDS, which document clinical practice guideline data and reference Web sites for provider and/or patient education; and HEALTHeNOTES, a clinical note writer. The system has evolved from a low-cost military application into one that can be employed throughout the United States. HEALTHeFORCES™ currently operates from a $5 million annual budget, which includes an active programming effort with an eight-week release schedule.

HEALTHeSTATES™, a civilianized technology transfer of the HEALTHeFORCES™ application, focuses on rural, medically underserved areas. It launched its first program in West Virginia in 2004. The program permits real-time collection of patient health status information and allows the provider to assess identified issues immediately and to document the encounter thoroughly and appropriately.

The United States Air Force is prepared to offer HEALTHeSTATE™ as open-source software to public and private institutions through a Cooperative Research and Development Agreement (CRADA). This public/private partnership will collaborate on intellectual property, labor, licensing, patents, data sharing, and distribution to limit the risks of adoption that private sector partners face.

HEALTHeFORCES™ was the first and only civilian or military organization to receive six Disease Specific Care Certifications from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and has been nationally recognized with the following awards:

- Disease Management Association of America's "Best Disease Management Program in the Military";

- Grace Hopper "Gracie" Technology Leadership Award for "Leadership in the Innovative Application of Information Technology Contributing to the Advancement of Scientific Knowledge and Applications";

- Emerging Technology and Healthcare Innovations Congress' "Best In Show" and Most Innovative Technology in the Hospital Community" TETHIE Awards;

- American Council for Technology (ACT)'s "Innovative Approach to Service to the Citizen" Award.

For more information, please contact:

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Falls Church, VA 22041
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E-mail: peter.demitry@pentagon.af.mil or Jill.Phillips@pentagon.af.mil
Web site: www.healtheforces.org

Indian Health Services (IHS)

The Indian Health Services (IHS) is an agency within DHHS that operates a comprehensive health service delivery system for approximately 1.8 million of the nation's estimated 3.3 million American Indians and Alaska Natives living mainly on reservations and in rural communities. IHS's annual budget for its many initiatives is $3.5 billion.

IHS has an extensive history of using IT to improve patient care and data reporting, including the following:

- Resource and Patient Management System (RPMS)—designed as a suite of more than 60 software applications, RPMS is an easy and integrated way to manage resource and patient information effectively.

- Clinical Reporting System (CRS)—a population-based software application that facilitates reporting on more than 40 clinical quality measures. CRS produces local reports that are then exported to the regional and national levels to evaluate quality of care.

- Indian Health Performance Evaluation System (IHPES, formerly ORYX) —to receive private certification for quality patient care, IHS implemented this tool to help track statistical outcome indicators of care.

- National Patient Information Reporting System (NPIRS)—building upon RPMS data, NPIRS receives, processes, and reports all patient demographics and patient care related activity for IHS on a national basis. NPIRS allows better management of individual patients, local facilities, and regional and national programs.

Currently, IHS is upgrading its systems to a National Data Warehouse (NDW), a new, state-of-the-art, enterprisewide data warehouse environment. Once established, the NDW database will continue as the source for aggregate patient and population information that facilitates compliance with administrative, accreditation, and patient care needs.

For more information, please contact:

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Web site: http://www.ihs.gov

Health Resources and Services Administration (HRSA)

HRSA's mission is to provide the national leadership, program resources, and services needed to improve access to culturally competent, quality healthcare. In fiscal year 2005, HRSA's budget totaled $7.4 billion to support access to primary and other health services to uninsured, underinsured, and special needs populations.

HRSA's health information technology initiatives encompass a variety of programs aimed at improving the quality and safety of health services delivered by safety net providers in rural areas, medically underserved communities, and to special populations such as those with HIV/AIDS.

- Community Health Centers—Over the past 10 years, HRSA has invested nearly $95 million in 50 networks of health centers that provide health information technology services to 410 grantees around the country, including support for electronic health records. One of these networks, the Health Choice Network in Florida provides HIT services to 14 centers in Florida, six centers in New Mexico, and seven centers in Utah. These networks will be among the major mechanisms for disseminating health information technology to other centers and safety net providers around the country.

- Health Community Access Programs (HCAP)—HRSA supports HIT through HCAP, which is funded with more than $80 million a year. This program helps safety net providers in a community reorganize their delivery systems to provide better coordinated, more efficient care for uninsured residents. Using HIT to share information on uninsured patients between hospitals and local clinic services is one common strategy supported by this program.

- HIV/AIDS Program—The Special Projects of National Significance supports demonstrations that evaluate the use of health information technology on the quality of primary care for people living with HIV. Six grantees have been funded in the four-year initiative, which will continue through 2006.

- Office for the Advancement of Telehealth—This program awards 15 grants a year totaling about $4 million for rural telemedicine and telehealth network projects.

- Chronic Disease Management and Rural Health Programs—As part of its efforts to improve healthcare quality, HRSA supports investments in HIT under its Health Disparities Collaboratives in health centers. Collaboratives are organized around a care model that uses disease registries and other clinical information systems that track patient care and patient self-management for patients with diabetes, cancer, and other chronic diseases. Similar investments are available for rural health programs such as critical access hospitals and rural health clinics.

For more information, please contact:

Dr. Dennis Williams, Deputy Administrator for HRSA
5600 Fishers Lane, Room 14-05
Rockville, MD 20857
Phone: 301-443-2194
E-mail: dwilliams1@hrsa.gov
Web site: www.hrsa.gov

National Committee on Vital and Health Statistics (NCVHS)

NCVHS was established by Congress to serve as an advisory body to DHHS on health data, health statistics, and national health information policy. Its work includes advising on the development of a National Health Information Infrastructure (NHII), the selection of health data standards and the promotion of privacy policies to ensure public trust. The NCVHS 2005 budget includes $1.3 million from DHHS, including staff costs. The overall focus of NCVHS is on identifying the information and information technologies needed to improve the health of the U.S. population.

NCVHS has delivered several reports and recommendations to the Secretary of DHHS focusing on standards identification and development, e-prescribing, and technical infrastructure.

- E-prescribing, 2004–2005—The Medicare Modernization Act directed NCVHS to identify and recommend standards for e-prescribing that could be used in implementing the new Medicare Part D benefit.

- Information for Health: A Strategy for Building the National Health Information Infrastructure, 2001—Recommended the creation of ONCHIT and proposed a vision and framework for interoperable health information technology.

- Uniform Data Standards for Patient Medical Records Information, 2000–2003—Set forth a strategy, framework, and criteria for selection of clinical data standards and recommended to DHHS specific clinical data standards that became the foundation of the Consolidated Healthcare Informatics Standards.

NCVHS continues to examine issues and make recommendations, focusing on the following:

- HIT standards and harmonization;

- Privacy and security issues and solutions;

- Developing National Health Information Networks (NHINs);

- Other HIT strategy issues such as personal health records; and

- Health and healthcare disparities.

For more information, please contact:

Marjorie S. Greenberg, Executive Secretary
National Center for Health Statistics, CDC
3311 Toledo Road, Room 2413
Hyattsville, MD 20782
Phone: 301-458-4245
E-mail: msg1@cdc.gov
Web site: www.ncvhs.hhs.gov

The Veterans Health Administration (VHA)

Since 1985, VA has been working to automate health information. In late 1996, VHA launched the Computerized Patient Record System (CPRS) to provide a single interface to allow healthcare providers to review and update a patient's medical record and use computerized order entry for a variety of services and items, including medications, special procedures, x-rays, patient care nursing orders, diets, and laboratory tests. Of the VHA's 2005 fiscal year budget, 4.86%, or approximately $78 per enrollee, is dedicated to information technology.

Today, CPRS supports one of the largest integrated health systems in the United States. CPRS serves more than five million veterans and is used in all VA Medical Centers (157 hospitals), 134 nursing homes, and 887 outpatient clinics. The Bar Code Medication Administration (BCMA) is a component of CPRS that electronically validates and documents medications for inpatients in all VA Medical Centers, handling more than 590,000 inpatient medications each day.

My HealtheVet is a Web-based personal health record that creates a new, on-line environment where veterans, family, and clinicians may come together to optimize veterans' healthcare. By the end of calendar year 2005, appointment scheduling and medication refill ordering will be added to the current functionality. The next generation, HealtheVet VistA, will move to a person-centered, fully sharable system that will improve flexibility to respond to future health needs while lowering the cost of maintenance.

HealthePeople is a collaborative strategy to increase interoperability while providing a new platform for information sharing among other healthcare providers. Since 1995, VA's budget has increased 51% while the number of patients has increased 104%. The number of employees has decreased 5%.

For more information, please contact:

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Web site: www1.va.gov/vha_oi/

Disclaimer: The contents of the digital map and HIT database are solely the responsibility of the authors and do not necessarily represent the official view of the Center for Health Information and Decision Systems or the University of Maryland. The material contained in this document is for informational purposes only. CHIDS makes no guarantees as to the accuracy and/or completeness of this information. Copyright in any third-party materials found in this document must be respected. Some webpage links are provided to other Internet sites for the convenience of users. CHIDS is not responsible for the availability or content of these external sites, nor does CHIDS endorse, warrant, or guarantee the products, services, or information described or offered at these other Internet sites.

Legend		
A012	AHRQ	AHRQ HIT Projects – "Transforming Healthcare Through Information Technology"
H053	HIE	Health Information Exchanges
H024	RHIO	Health Information Exchanges which received some HRSA/OAT funding in July 2004
C5	CCIP	Center for Medicare and Medicaid (CMS) – Chronic Care Improvement Programs (CCIP)
B04	BTE	Bridges-to-Excellence - Physician Office Link, Diabetes Care Link, Cardiac Care Link
S53	DOQ	Quality Improvement Organization (QIO)/ Doctors' Office Quality IT (DOQ-IT)
P30	PHIT	Private HIT Projects and Initiatives - BCBSMA eRx in Boston, Kaiser EMR project

Note: Some projects fit multiple categories, in these instances, the item was placed in the most appropriate category. Most projects in this list have elements of Health Information Exchange.

Health IT Activity in USA as of July 2005

Nationwide Projects
Nationwide Projects

Puerto Rico
Virgin Islands
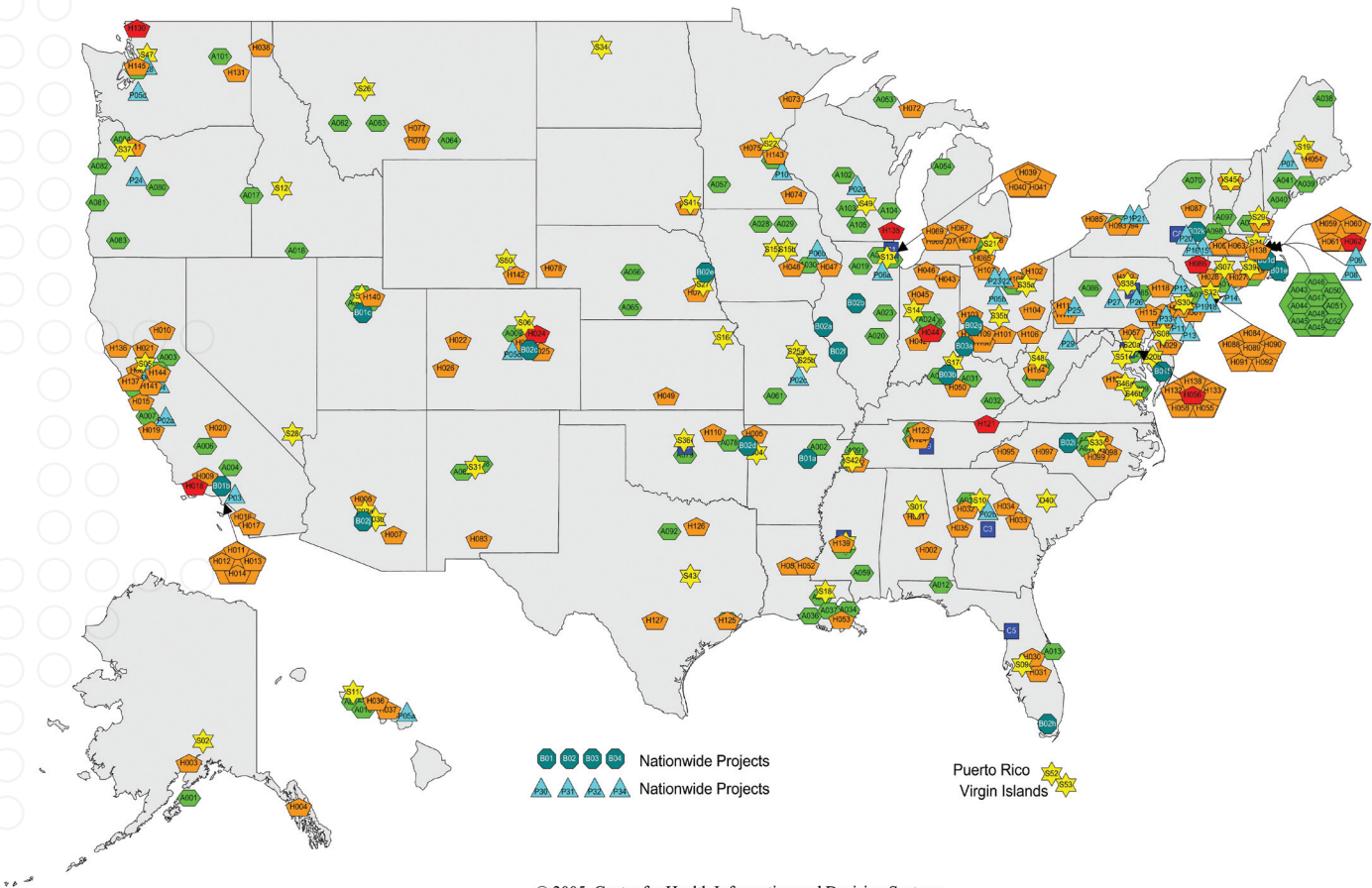
The database and digital map were compiled by the Center for Health Information and Decision Systems (CHIDS), an academia-led, health information technology research and development center located in the Robert H. Smith School of Business at the University of Maryland. The mission of CHIDS is to improve the delivery of health care by offering researched solutions in health information technology that have an impact on safety, quality, access, efficiency, and return on investment.

For more information regarding CHIDS' capabilities or to inquire about a dynamic, interactive version of the CHIDS HIT Digital Map and HIT database, please contact a CHIDS representative at 301.405.0702 or chids@rhsmith.umd.edu.

Center for Health Information and Decision Systems
Robert H. Smith School of Business
University of Maryland
College Park, MD 20742

CHIDS HIT Digital Map
Project Lead: Corey M. Angst, Associate Director, CHIDS
Other Personnel: Ken Yale, Senior Fellow, CHIDS
                   Ritu Agarwal, Director, CHIDS

Nation-wide	Bridges-to-Excellence (POL)	Bridges to Excellence Physician Office Link (POL) reward program - eligible physicians must demonstrate that they have implemented systematic office processes passing NCQA's office practice performance assessment program. Office practices are assessed in three critical system areas: clinical information systems, patient education and support, and care management. Enables physician office sites to qualify for bonuses based on their implementation of specific processes to reduce errors and increase quality. They can earn up to $50 per year for each patient covered by a participating employer or plan. In addition, a report card for each physician office describes its performance on the program measures and is made available to the public.	Medstat Group 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_01
Nation-wide	Bridges-to-Excellence (DCL)	To obtain the rewards available through the Bridges to Excellence Diabetes Care Link (DCL) reward program, eligible physicians must demonstrate that they provide high levels of diabetes care by passing NCQA's diabetes performance assessment program. Two performance assessment options are available through NCQA: -For 1-year certification for BTE rewards-eligible physicians, physicians submit data on HbA1c, blood pressure, and lipid testing for diabetes patients. -For 3-year recognition from NCQA's Diabetes Physician Recognition Program (DPRP), physicians submit data on the same three outcome measures as needed for 1-year certification, as well as data on eye, foot, and nephropathy exams for their diabetes patients.	NCQA 2000 L Street, NW, Suite 500 Washington, DC 20036 202-955-3500, Customersupport@ncqa.org	BTE_03
Nation-wide	Bridges-to-Excellence (CCL)	To obtain the rewards available through the Bridges to Excellence Cardiac Care Link (CCL) reward program, eligible physicians must demonstrate that they provide high levels of cardiac care by passing NCQA's cardiac performance assessment program. Physicians must submit data on blood pressure, lipid and cholesterol testing, aspirin/antithrombotic use, and smoking cessation status for their cardiac patients.	NCQA 2000 L Street, NW, Suite 500 Washington, DC 20036 www.ncqa.org/hsrp, 888-275-7585	BTE_04

Nation-wide	Medem (free Personal Health Record) and Allscripts Healthcare Solutions	Medem, a for-profit company affiliated with the American Medical Association, announced it would offer patients free, personal health records. The new service, called iHealthRecord, allows patients to enter information about the medications they take, their allergies, emergency contact information and other data and share that information with physicians or other authorized users. About 100,000 physicians pay $25 a month to subscribe to Medem's other online patient communications services. Medem has partnered with EMR vendor Allscripts Healthcare Solutions its records to exchange data with the iHealthRecord.	Ed Fotsch, M.D., CEO MEDEM 649 Mission Street, 2nd Floor San Francisco, CA 94105 info@medem.com 415-644-3800	PHIT_30
Nation-wide	Kaiser Permanente and Epic Systems	A three-year research project that measures the effects of using an electronic medical record across 110 physician teams at Kaiser Permanente could have wide-ranging implications for physician practices across the country. Entitled "The Impact of Health Information Technology on Clinical Care," the project will measure the effects of staggered installation of technology developed by Epic Systems that includes an electronic medical record, provider order entry and clinical decision support. The nearly $1.5 million research initiative is designed to test the assumption that healthcare information technology can improve the quality of care and patient safety while at the same time reducing the number of visits to the doctor's office. A grant from the Agency for Healthcare Research and Quality will pay for the study.	John Hsu, Principal Investigator Kaiser Foundation Research Oakland, CA	PHIT_31
Nation-wide	Trigon, Blue Cross Blue Shield of Illinois, Blue Cross Blue Shield of Michigan, and Independence Blue Cross (PA)	Trigon, an Anthem affiliate health plan, operates a program similar to Empire's in that the health plan rewards hospitals for adopting Leapfrog standards for safe practices. Rewards are tied to patient safety improvements in the individual hospitals. Blue Cross Blue Shield of Illinois, Blue Cross Blue Shield of Michigan, and Independence Blue Cross (PA) are examples of other health plans using Leapfrog standards to encourage patient safety improvements.	Anthem Blue Cross and Blue Shield 2 Gannett Drive South Portland, ME 04106	PHIT_32
Nation-wide	MedicAlert Foundation and CapMed eHealthKey PHR Initiative	The MedicAlert® E-HealthKEY is USB-based tool that launches critical health information when plugged into a computer. It also allows people to their complete personal health record at all times.	Ramesh Srinivasan, VP Marketing MedicAlert Foundation 209-669-2407 or Wendy Angst CapMed, wangst@capmed.com 267-757-3315	PHIT_34
Region	Bridges-to-Excellence (General)	The four coalitions launching BTE-related projects are located in Illinois (two in Illinois), Colorado and Arkansas. The coalitions, through a licensing arrangement with BTE, have begun talking with employers and estimate launching customized programs in their respective markets later this year. Business coalitions are well suited to coordinating such incentive programs - by coordinating activities among employers, they can pool resources and streamline related operations, thus making the efforts more attractive to employers and physicians. All four coalitions are members of the National Business Coalition on Health (NBCH), a 70-coalition member strong organization that strongly supports pay-for-performance.	Francois de Brantes Bridges to Excellence 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_02
Various	Healthcare Collaborative Network (HCN)	The goals of the Healthcare Collaborative Network (HCN) are as follows • Demonstrate both the feasibility and the value of a standards-based, interconnected, electronic model of data interchange to a wide variety of stakeholders; • Demonstrate how electronic communications using common standards can help patients receive necessary and timely medical treatment and guard against medical errors, incorrect prescriptions and adverse drug.	Bruno Nardone, CHE, Managing Consultant, Healthcare Strategy and Change Practice, IBM Business Consulting Services, Waltham, MA	HIE_138
AK	Qualis Health	Practices that participate in DOQ-IT will receive free assistance to select, implement, and optimize IT systems such as EHRs, e-prescribing, and registries. CMS has contracted with Qualis Health to provide DOQ-IT services to participating physicians in Washington, Idaho, and Alaska.	Terry Keith, BS, RHIA / Clinical Consultant 907-562-2133 800-878-7170 tkeith@qualishealth.org	DOQ_02
AK	Multi Facility Integration (MFI)	This HIE was started in 1974 under the auspices of the Indian Health Services (IHS), with data stored on microfiche. Since the mid 80s data has been stored on an IHS system called the "Resource and Patient Management System" (RPMS).	Richard Hall 4141 Ambassador Dr. Anchorage, AK 99508 907-729-2622 rhall@anthc.org	HIE_003

AK	Alaska Health Passport	This HIE was set up as a medication management program to assist avoid adverse drug interactions and allergic reactions. The program is a partnership between the Alaska State Hospital Association and the Alaska State Nursing Home Association. The program uses "smart cards" carried by patients that records medication information and basic insurance coverage info. The system is also described as a way to accurately identify individual patients.	Heidi Gosho 426 Main St. Juneau, Alaska 99801 907-586-1790 hgosho@ashnha.com	HIE_004
AK	Central Kenai Peninsula Health Collaborative Technology	Assesses current technology resources and plans implementation of area-wide electronic communications and connectivity to electronic health records and a patient-support Web-based data system.	Edward Burke, Central Peninsula General Hospital, Inc., Soldotna, AK	AHRQ_001
AL	Alabama Quality Assurance Foundation	(No specific DOQ-IT information)	205-970-1600 800-760-4550	DOQ_01
AL	Dynamic Online Event Reporting System (DOERS PRO)	DOERS is an adverse event reporting system that identifies "medication error and near miss" and reports it. The system is touted to be a medication error reporting, medication management, and medication safety education tool. The system is used by members of this HIE to assist with risk management.	Barbara Traylor 2800 University Drive, Ste. 304 Birmingham, AL 35233 250-939-7443 BTraylor@stv.org	HIE_001
AL	Montgomery Area Information Network	The Montgomery Area Community Wellness Coalition was started in 2002, and advertises itself as an HIE. Their "Shared Patient Information Network" is intended to assist with health quality, efficiency, and effectiveness improvements. In 2003 they started a database to assist with the health needs of the homeless, called "Homeless Management Information System". Currently the two initiatives are called the Montgomery Area Information Network, providing a health and social services data repository for users.	Carroll S. Nason, Dr PA 3090 Mobile Highway Montgomery, AL 36108 334-293-6504 cnason@adph.state.al.us	HIE_002
AR	Bridges-to-Excellence (POL)	CMS is looking towards the BTE Physician Office Link program as a possible element in its forthcoming Medicare Care Management Performance Demonstration project, an initiative which will promote the adoption and use of health information technology to improve the efficiency and quality of patient care for chronically ill Medicare patients. Doctors who meet or exceed performance standards established by CMS in clinical delivery systems and patient outcomes will receive performance payments for managing the care of eligible Medicare beneficiaries.	Medstat Group 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_01a
AR	Bridges-to-Excellence (General) - Employers' Health Coalition	The four coalitions launching BTE-related projects are located in Illinois (two in Illinois), Colorado and Arkansas. The coalitions, through a licensing arrangement with BTE, have begun talking with employers and estimate launching customized programs in their respective markets later this year. Business coalitions are well suited to coordinating such incentive programs - by coordinating activities among employers, they can pool resources and streamline related operations, thus making the efforts more attractive to employers and physicians. All four coalitions are members of the National Business Coalition on Health (NBCH), a 70-coalition member strong organization that strongly supports pay-for-performance.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02d
AR	Arkansas Foundation for Medical Care	Vision: Quicker access. Fewer errors. Improved efficiency. Electronic health records could transform your practice. But success takes time, planning and strategy. AFMC can help. As part of our commitment to improving health care in Arkansas, AFMC is taking part in a special study to help primary care offices understand and use this rapidly growing technology. We can help you analyze available options.	Nancy Archer, 501-375-5700, ext. 661 Hotline: 877-375-5700 narcher@arqio.sdps.org physicianoffice@afmc.org	DOQ_04
AR	Washington Regional HealthMedx Health Information Exchange	The Washington Regional Health Information Exchange (called HealthMedx) is designed as a patient registry with a variety of information, including medical records scanned into the system. The HIE is looking for grant funding to expand. Washington Regional Medical Center created the Arkansas Institute for Research and Education Education in August 2002.	Becky Magee 1125 N. College Ave. Fayetteville, AR 72701 bmagee@wregional.com	HIE_005

AR	Arkansas Delta Inpatient/ Outpatient Quality Improvement	Implements a computer decision-support system in a 23-county service area in both inpatient and outpatient settings, including several rural clinics; includes a training component for physicians and other health care providers as well as a hospital pharmacy component for adverse drug event management and prevention strategies.	Cinda Bates St. Bernards Medical Center Jonesboro, AR	AHRQ_002
AZ	Bridges-to-Excellence (General)	CIGNA HealthCare is licensing the Bridges to Excellence program and is working with employers to pursue a pay-for-performance effort.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02j
AZ	Health Services Advisory Group	HSAG can provide the following free consulting services to a practice considering or in the process of implementing an EHR system: Assessment of your practice IT needs, practice workflows and efficiencies, staff IT competency levels, Assistance in planning and preparing your practice for an IT implementation, An evidence-based approach to helping you select the right IT solution, Help in using your IT system for better care management and improvement of your care delivery processes	Sharon Miller/Director, Health Information Technologies 602-745-6200 smiller@azqio.sdps.org	DOQ_03a
AZ	Health Care Excel	Through this initiative, Health Care Excel (HCE), the Medicare Quality Improvement Organization for Indiana, will assist primary care physicians in adopting Electronic Health Record (EHR) systems with the ultimate goal of improving office efficiency and patient outcomes. This initiative is sponsored by the Centers for Medicare & Medicaid Services (CMS).	Darlene Skelton 812-234-1499 602-441-3068	DOQ_03b
AZ	AHCCCS Health Information Exchange	This is a proposed HIE that would function as a data repository/warehouse which aggregates data from multiple sources, including but not limited to AHCCCS, Health Plans, RBHAs and PBMs. Data may include provider and member demographics, Health Plan PCP and RBHA behavioral health physician assignments by member and pharmacy data by member.	Bonnie Marsh 701 E. Jefferson Phoenix, AZ 85034 602-417-4510 BJMarsh@ahcccs.state.az.us	HIE_006
AZ	Tele-health Arizona Community Health Centers	This project is to install connectivity of tele-health videoconferencing so as to increase collaboration on DM programs among clinical staff. The project will integrate the qualified community health centers into a network to work together clinically, in management, and in educational and quality control.	NA	HIE_007
CA	Bridges-to-Excellence (POL)	CMS is also looking towards the BTE Physician Office Link program as a possible element in its forthcoming Medicare Care Management Performance Demonstration project, an initiative which will promote the adoption and use of health information technology to improve the efficiency and quality of patient care for chronically ill Medicare patients. Doctors who meet or exceed performance standards established by CMS in clinical delivery systems and patient outcomes will receive performance payments for managing the care of eligible Medicare beneficiaries.	Medstat Group 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_01b
CA	Lumetra	Lumetra, assisted by key partners, is providing support to small- to medium-sized practices in implementing EHRs free of charge. Lumetra is helping physician practices: Assess practice readiness, Define EHR goals, Select an EHR vendor*, Prepare staff and office for EHRs, Conduct post implementation evaluations, Review EHR implementation and impact analysis	John Weir 415-677-2083 General: 415-677-2000 doqit-ca@caqio.sdps.org	DOQ_05
CA	Virtual Clinical Network Expansion	The Virtual Clinical Network is designed to help track uninsured, Medicaid (MediCal), and county medical services beneficiaries. The system allows identification of patients when they present to an emergency room or other facility that does not have their medical records, and reports on their medical conditions and medications. It assists with proper treatment and to ensure persons are over medicating on controlled substances or are not in compliance with their medication regimen.	Patrick Hughes 360 Campus Lane, #100 Fairfield, CA 94534 707-863-4440 PHughes@partnershiphp.org	HIE_008

CA	Healthy Fontana Online	Healthy Fontana Online is on online HIE community for residents of the city of Fontana, CA.	Mark Mayuga 8353 Sierra Avenue Fontana, CA 92335 909-350-7620 mmayuga@fontana.org	HIE_009
CA	Sierra Nevada Health Care Data Exchange	This HIE is designed to be a medical and financial record accessible by physicians. A centralized database repository may be accessed and modified by physicians over the Internet. It is not clear whether this HIE is actually operational, or just in the design stage.	Stuart Fleming MD 640 East Main Street, Suite 2 Grass Valley, CA 95945 530-271-3201 sfleming@gv.net	HIE_010
CA	Virtual Information Highway (VIH) model	This is a collaboration of stakeholders interested in developing a "federated" model of interconnected organizations that can exchange information with each other when an individual presents for treatment without their medical information. They also wish to use the system as a way to track, analyze, and study community health and disease prevalence. They will use a "VIH" model.	Frederick W. James, MD Department of Pediatrics Charles R. Drew University Los Angeles, CA 310-668-4641 frjames@cdrewu.edu	HIE_011
CA	Health-e-LA	Health-e-LA™ is going to develop the infrastructure to allow exchange of clinical information to participants in Los Angeles city and surrounding areas.	Mark S. Windisch, Esq. L.A. Care Health Plan 555 West Fifth Street, 29th floor Los Angeles, CA 90013 213-694-1250, ext. 4144 mwindisch@lacare.org	HIE_012
CA	Long Beach Networking for Health & Surveillance	This is described as a collaborative that intends to build the infrastructure to allow interconnectivity of health stakeholder databases (e.g. hospitals, physicians, laboratories, pharmacies, etc.) to exchange data to help improve healthcare of the local population.	Laura Landry 2525 Grand Avenue Long Beach, CA 90815 562-570-4148 laura_landry@longbeach.gov	HIE_013
CA	Provider-Payor Network clinical data exchange	Working on the infrastructure to allow exchange of clinical information between 20 medical groups, 20 hospitals, and a "health plan reference library" to assist with treatment of patients with diabetes, asthma, and cardiovascular diseases.	Donald Crane, President 515 S. Figueroa Street Suite 1300 Los Angeles, CA 90071 213-538-0772 DCRANE@CAPG.ORG	HIE_014
CA	HealthConnect	This project is designed to create the infrastructure to exchange clinical and administrative data over the Internet among stakeholders, including providers, payors, pharmacies, laboratories, government agencies, and patients. The platform is called "HealthConnect" and is designed to provide a common platform, reduce the cost of IT adoption, and allow for secure information exchange.	DeLeys Brandman, MD 510 Logue Ave Mountain View, CA 94043 650-962-2680 dbrandman@commerce.net	HIE_015
CA	Circle of Care	LMFC has created a coalition of technology companies, providers, a payer, and a medical information content provider to develop the Circle of Care project. The project is designed to build the infrastructure for electronic data interchange to exchange health information.	Zara Marselian, CEO 4185 Fairmount Avenue San Diego, CA 92105 619-584-1612 zaramarselian@lamaestra.org	HIE_016
CA	Clinical Information Exchange Improvement Through Direct Patient Data Entry	This is an initiative by two medical groups (with 320+ physicians) partnering to develop the infrastructure to allow information exchange between physicians and patients over the Internet. They hope to expand to 2,500 physicians.	Joseph Traube, MD 4275 Campus Point Court-CP220 San Diego, CA 92121 858-678-6087 traube.joseph@scrippshealth.org	HIE_017

CA	Santa Barbara County Care Data Exchange (CDE)	This is considered a "public utility" model for clinical information exchange, with a "federated," or peer-to-peer exchange of information between participant organizations, providers, and patients.	Philip Greene 110 Castillian Way Santa Barbara, CA 93117 805-685-9525 phil@sbrha.org	HIE_018* RHIO_018
CA	Santa Cruz County Health Information Exchange	This is designed to build the infrastructure to allow exchange of a broad range of clinical information for stakeholders within the county.	Rama Khalsa 1080 Emeline Ave. Santa Cruz, CA 95010 831-454-4474 rama.khalsa@health.co.santa-cruz.ca.us	HIE_019
CA	Tulare District Hospital Patient Care Collaborative	This HIE initiative is designed to create the infrastructure to allow sharing of clinical information between the sole, rural hospital in this community, the community clinic, and physicians.	John Clark 869 Cherry Street Tulare, CA 93274 559-685-3409 jclark@tdhs.org	HIE_020
CA	Collaborative Health Information Project (CHIP)	This project is designed to develop the infrastructure to allow secure information exchange between the health department and health organizations. They are first developing an electronic health record standard for the county. The project includes adoption of a document management system, central information repository, role-based access control (or similar protocol), and uploading of information to the central database.	David B. Nelson 10 Cottonwood Woodland, CA 95695 530-666-8958 David.Nelson@Yolocounty.org	HIE_021
CA	Redwood Mednet	Redwood MedNet seeks to Enhance the quality of health care for all residents of Mendocino and Lake Counties; Facilitate the individual and collective practice of medicine; Encourage adoption of Electronic Health Records; Interconnect all participants in the local health care community; and Collaborate with regional, State and Federal health information technology initiatives. Redwood MedNet's initial focus is interoperable health records at solo and small practices. Later plans call for community wide participation with a special focus on population level Public Health monitoring and on HIE services for the five hospital emergency rooms in our region.	Will Ross 707-272-7255 wross@openhre.org	HIE_136
CA	CalRHIO	CalRHIO's goals are to: Encourage business, healthcare, and policy leaders to create private and public policy agendas - and to make funding commitments - in support of rapid development and implementation of health information data exchange technology in CA, facilitate creation of common governance, process, technology, and other elements needed to run one or more RHIOs under the auspices of a non-profit statewide umbrella organization, initiate sponsorship of projects that demonstrate the feasibility, utility, quality and financial benefits of health information data sharing, help organizers of existing data exchange efforts in California work toward common goals and to share information, materials, technology and learnings, support safety net provider and underserved population participation in governance, financing, and data exchange development priorities and support legislation, if required, for successful implementation of an integrated statewide health data exchange network.	Ann Donovan, Project Director 415-537-6938 adonovan@healthtech.org	HIE_137
CA	Smart Health	Smart Valley is using Health Alliant to analyze the healthcare system in Silicon Valley and build a financial model.	Seth Fearey, 408-938-1511 s_fearey@jointventure.org	HIE_141
CA	California Information Exchange-Linking Partners for Quality Healthcare (CALINX)	CALINX convened work groups to establish detailed data standards and rules for data exchange in certain clinical and administrative areas. CALINX data standards were based on ANSI and other well-established national standards. CALINX also managed pilot efforts to demonstrate the cost-effectiveness of exchanging data using those standards in a secure, private way.	David Hopkins, Pacific Business Group on Health, (415) 615-6322 dhopkins@pbgh.org	HIE_144

CA	Sutter Health and Epic Systems	Sutter Health has made a commitment to deploy an electronic health record (EHR) inpatient-outpatient system network-wide over the next few years. This newest commitment expands on $154 million investment in EHR technology (EPIC). Sutter's online system will electronically connect more than 5,000 physicians, 27 hospitals and millions of patients across its not-for-profit Northern California network. Also has a patient safety initiative over the next 10 years, including bar-coding technology for safe bedside administration of medications, digital imaging and computerized physician order entry.	John Hummel, Sutter Health Sr VP, CIO or Karen Garner Communications Manager 916-286-8297 garnerk@sutterhealth.org	PHIT_01
CA	Wellpoint eRx or Paper Reduction	WellPoint is spearheading an electronic initiative at a cost of $40 million that will reach 19,000 physicians. In California, Georgia, Missouri, and Wisconsin, physicians will be given the opportunity to choose from either of two electronic packages: a Prescription Improvement Package or a Paperwork Reduction Package.	Ron J. Ponder, PhD, EVP Information Services, WellPoint or Nadia Leather – CGEY nadia.leather@capgemini.com 212-314-8233	PHIT_02a
CA	Cedars-Sinai Medical Center	Cedars-Sinai Medical Center in Los Angeles, tried to move to an electronic medical record system, with disastrous results. The hospital's computerized physician order entry (CPOE) system was suspended when physicians complained that the new system slowed down the process of filling and checking the accuracy of prescription orders and even lost some orders in the system. Cedars-Sinai plans to eventually reinstall the CPOE system when problems are resolved.	Cedars-Sinai Medical Center 8700 Beverly Blvd. Los Angeles, CA 90048 Main Switchboard 310-423-3277	PHIT_03
CA	Integrated Healthcare Association, RWJF grant, and the California Healthcare Foundation	Integrated Healthcare Association (IHA), supported through funds from its members, a Robert Wood Johnson Foundation grant (for evaluation), and the California Healthcare Foundation (for implementation), convened California's six leading health plans (Aetna, Blue Cross of California, Blue Shield of California, CIGNA HealthCare of California, Health Net, and PacifiCare with a seventh – Western Advantage - to join in 2004) to launch a program that 'pays for performance'. The IT portion of the bonus is based on the groups' ability to match multiple clinical data sets at the patient level and to deliver electronic data at the point of care (e.g., electronic lab results in the physician office, registries, EHRs).	Sheera Rosenfeld, The Health Strategies Consultancy LLC, 1350 Conn. Ave, N.W., Suite 900 Washington, DC 20036 202-207-1308 SRosenfeld@healthstrategies.net	PHIT_04
CA	El Dorado County Safety Net Technology Project	Develops a comprehensive plan for health IT implementation and integration by assessing specific clinical and organizational needs, feasibility of health IT implementation, defining project parameters, developing the implementation plan, and specifying procedures for ongoing evaluation and feedback.	Neda West, Marshall Medical Placerville, CA	AHRQ_003
CA	Crossing the Quality Chasm in Eastern Rural County	Develops a regional collaborative and business plan for implementing health IT in a rural region; also conducts a telemedicine demonstration project to assess the barriers and issues of broad health IT intervention including telemedicine/ teleradiology, scan/store medical record, chronic disease registry and personal health record, and linking the region's partners.	Kiki Nocella, Tehachapi Hospital Tehachapi, CA	AHRQ_004
CA	IT Systems for Rural Indian Clinic Health Care	Integrates health services research, clinic redesign, and electronic practice management through the implementation of electronic health records and clinical decision support systems (CDSSs) by partnering with three rural Tribal Health Programs to implement electronic health records with clinical decision support systems.	Susan Dahl, California Rural Indian Health Board, Sacramento, CA	AHRQ_005
CA	Tulare District Hospital Rural Health EMR Consortium	Builds on an existing infrastructure to construct a fully integrated EMR to give clinicians real-time access to patient data through pharmacy management, laboratory management, patient scheduling, barcoding, clinical physician order entry, electronic signature, insurance eligibility, and Pyxis medication-dispensing units at nursing stations.	Paul Galloway, Healthcare Management Systems, Tulare, CA	AHRQ_006
CA	Santa Cruz County, CA Diabetes Mellitus Registry	Expands an established Web-based, interactive Diabetes Mellitus Registry that provides patient histories and needed tests at the point of care among public, private, and not-for-profit health care providers; also tracks the diabetes population to identify trends in key indicators of care.	F. Wells Shoemaker, Pajaro Valley Community Health, Watsonville, CA	AHRQ_007

CA	Impact of Health Information Technology on Clinical Care	Evaluates the effects of staggered installation of an Epic health IT system that includes an electronic medical record (EMR) with provider order entry and clinical decision support in primary care settings on quality, safety, and resource use within a large integrated delivery system on cohort of 780,000 members with chronic illnesses.	John Hsu, Kaiser Foundation Research Oakland, CA	AHRQ_008
CO	Bridges-to-Excellence (General) - Colorado Business Group on Health	The four coalitions launching BTE-related projects are located in Illinois (two in Illinois), Colorado and Arkansas. The coalitions, through a licensing arrangement with BTE, have begun talking with employers and estimate launching customized programs in their respective markets later this year. Business coalitions are well suited to coordinating such incentive programs - by coordinating activities among employers, they can pool resources and streamline related operations, thus making the efforts more attractive to employers and physicians. All four coalitions are members of the National Business Coalition on Health (NBCH), a 70-coalition member strong organization that strongly supports pay-for-performance.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02c
CO	Colorado Foundation for Medical Care	CFMC conducts DOQ-IT activities in Colorado under the direction of CMS.	Cynthia King, RN, BSN, MSCIT informatics quality improvement advisor; 303-306-4483 or 1-800-950-8250 x3156 cking@coqio.sdps.org	DOQ_06
CO	Roaring Fork Valley Community Health Plan	This health plan intends to develop the infrastructure to exchange information with providers, employers, and beneficiaries.	William Hanisch 315 Oak Run Road Carbondale, CO 81623 970-963-8044 wdhresource@earthlink.net	HIE_022
CO	Colorado Access Project to Enhance Proider-Member-Plan Communications	This HIE is designed to exchange administrative information (eligibility, authorization, referral, claims, etc) with providers over the Internet. Other functions include secure email between providers, pharmacy data, educational material, health plan information, and other information useful to providers. This group is considering the inclusion of electronic medical record information from providers.	Marshall Thomas, MD 10065 E Harvard Ave. Suite 600 Denver, CO 80231 720-744-5404 marshall.thomas@coaccess.com	HIE_023
CO	Colorado Health Information Exchange (COHIE)	This is a collaborative of stakeholders with a governing body to oversee membership, security, access, maintenance, and other matters. It is designing the infrastructure for secure transmission of information based on standards being developed nationally (e.g., through the ONCHIT Standards Harmonization initiative and the NHIN program). The intention is to allow interconnectivity between various systems (not develop a central information repository) that will allow information exchange accessed by providers to facilitate point-of-care services to patients.	Matt Madison 303-724-0334 matthew.madison@UCHSC.edu	HIE_024* RHIO_024
CO	Connecting Colorado	This HIE is designed to develop the infrastructure for a "clearinghouse" function, or "federated" system that allows authenticated users to query various databases located at participating organizations. One component of the data exchange is the Continuity of Care Record (CCR) and development of a template for patients having no electronic health information.	Robert Dellavalle 4200 E. Ninth Ave., B-153 Denver, CO 80262 303-315-2957 robert.dellavalle@uchsc.edu	HIE_025
CO	Mesa County Health Information Network	This HIE will develop a clinical information record for Mesa County residents that can be shared with providers involved with their care.	Curt Hatch 2764 Compass Drive, Suite 107 Grand Junction, CO 81506 970-248-8031 CURTHATCH@aol.com	HIE_026
CO	Kaiser Permanente and Epic Systems	The Colorado region plans to go live with the new records system this fall.	Louise Liang, MD, SVP for Quality and Clinical Systems Support Kaiser Foundation Health Plan One Kaiser Plaza, Oakland, CA 94612 510 271-6317	PHIT_05c

CO	Colorado Connecting Communities—Health Information Collaborative (C3-HIC)	Contract that implements Statewide information and communications technologies to enable clinicians to access patient information from other clinical data repositories at the point of care.	Project Director: Arthur J. Davidson University of Colorado Health Sc Ctr Aurora, CO Arthur.Davidson@UCHSC.edu	AHRQ_009
CT	Qualidigm	(No specific DOQ-IT information) Qualidigm is Connecticut's Quality Improvement Organization (QIO). Under contract with the Centers for Medicare & Medicaid Services (CMS), Qualidigm works with health care providers, such as home health agencies, nursing homes, hospitals and physicians to improve the quality of care they provide. Qualidigm also focuses on educating Medicare beneficiaries about the type of care they deserve and how to stay healthy.	http://www.qualidigm.org/ who_contact.asp 860-632-2008 info@qualidigm.org	DOQ_07
CT	C-VAMS	This is a data repository at the Griffin Hospital intended to collect health record information from participating providers. The data repository also has administrative, clinical, and financial applications used by the hospital. Remote access will be provided for authorized users to help network providers in the community and facilitate health care delivery, referrals, enrollment, etc.	Susan Rosen 67 Maple Avenue Derby, CT 6418 203-732-1330 srosen@vwhcc.org	HIE_027
CT	Wellness Information Network	The WIN program was created for uninsured persons. It has an electronic medical record available through the Internet linking emergency rooms in local health facilities (Fair Haven Clinic, Hill Health Center, Yale-New Haven Hospital, Hospital of St. Raphael). It was designed to allow exchnage of clinical information for persons seeking primary care through emergency departments.	James Rawlings, Executive Director Community Health 20 York Street New Haven, CT 06504 203-688-5645 jim.rawlings@ynhh.org	HIE_028
CT	Electronic Records to Improve Care for Children	Implements and evaluates a community-wide EHR for health care providers in pediatric primary care, school health, specialty care, and emergency medicine who provide care for inner city children with asthma.	Richard Shiffman, Yale University, New Haven, CT, 203-737-5213 richard.shiffman@yale.edu	AHRQ_010
CT	Web-based Renal Transplant Patient Medication System	Develops and evaluates Web-enabled education tools in hospitals and homes for renal transplant patients to reduce medication errors and improve safety and compliance using wireless portable computers.	Amy Freidman, Yale University New Haven, CT 203-785-2565 amy.friedman@yale.edu	AHRQ_011
DC	American Healthways	American Healthways will provide services directly to beneficiaries in Maryland and the District of Columbia and in collaboration with CIGNA HealthCare in Georgia.	American Healthways, Inc. 3841 Green Hills Village Drive Nashville, TN 37215 800-327-3822	CCIP_2
DC	Connecting Visiting Nurses, Patients and Physicians	This Telehealth project extends the reach and scope of MedStar's visiting nurses and facilitates timely and secure communications among nurses, physicians and patients.	Allison Stover 100 Irving Street, NW, Suite EB-6106 Washington, DC 20010 703-780-4942 allison.stover@medstar.net	HIE_132
DC	Evidence-Based Medicine (EBM) Online	This HIE proposes to offer three online EBM workshops that will be interactive and learner-centered. These workshops will focus on helping practicing clinicians become more efficient knowledge managers.	Karen Lencoski 2501 M Street NW, Suite 575 Washington, DC 20037 202-887-5150 lencoskik@sgim.org	HIE_133
DC	CareFirst BlueCross BlueShield's Bridges To Excellence (BTE) program	A continuing effort to enhance quality care for its policyholders led CareFirst BlueCross BlueShield (CareFirst) to expand its partnership with Bridges To Excellence (BTE), which provides recognition and financial rewards to physicians who implement specific steps to deliver safe, high quality care. CareFirst expanded the innovative pay-for-performance pilot program to include 94 physicians in 29 practices that serve nearly 60,000 CareFirst members. CareFirst estimates that nearly $1.3 million in rewards will be paid out in 2005.	William L. Jews, CareFirst 10455 and 10453 Mill Run Circle Owings Mills, MD 21117 410-581-3000	BTE_01f

DC	Delmarva Foundation for Medical Care	Delmarva Foundation, the Quality Improvement Organization (QIO) for Maryland and the District of Columbia will provide technical assistance and support free of charge to adult primary care physician practices	Carmen Tyler Winston Director, DOQ-IT Program 202-496-6559 Corporate HQ: 410-822-0697 doqitdelmarva@dfmc.org	DOQ_51
DE	Quality Insights of Delaware	Quality Insights of Delaware is an affiliate of the West Virginia Medical Institute (WVMI), a nonprofit physician sponsored organization dedicated to improving the health of the people we serve. As part of the project, Quality Insights will help participants to assess their information technology readiness and to select an Electronic Health Record (EHR) vendor. We will help physicians implement the new technology and offer strategies to optimize office efficiency.	Beth Schindele DOQ-IT Project Manager 302-478-3600 ext.114 1-866-475-9669 ext.114 bschindele@wvmi.org	DOQ_08
DE	Delaware Health Information Network	The DHIN is a participant in the Patient Safety Institute HIE project designed to provide governance with consumer input, and the infrastructure to allow data transmission with patient consent to authenticated providers. The DHIN intends to make clinical information available to providers at the point-of-care.	A. Herbert Nehrling Delaware Health Information Network 540 S. DuPont Highway, Suite 8 Dover, DE 19901 302-744-1220 Robin.Lawrence@state.de.us	HIE_029
FL	Bridges-to-Excellence (General)	In July 2004, United Healthcare became the first health care company to license the BTE model, working with employers in Omaha, St Louis, Dayton and South Florida to offer network doctors certain incentives for earning NCQA recognition.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02h
FL	Humana /Pfizer	Pfizer Health Solutions partners with Humana and healthcare and community organizations to implement patient-centered programs that focus on prevention, disease management and care coordination.	Tom Noland Humana Corporate Comm. 502-580-3674 tnoland@humana.com	CCIP_5
FL	Florida Medical Quality Assurance	(No specific DOQ-IT information) Florida Medical Quality Assurance, Inc. (FMQAI), a subsidiary of Health Services Holdings (HSH), is Florida's Medicare Quality Improvement Organization (QIO) and the End Stage Renal Disease (ESRD) Network of Florida. FMQAI is federally funded and under contract with the Centers for Medicare & Medicaid Services (CMS) at the U.S. Department of Health and Human Services (HHS).	John Kupkovits /Health Information Technology Consultant 813-354-9111 ext. 3542 hit-fl@flqio.sdps.org	DOQ_09
FL	Improving Health and Communication with the Patient Centric Record	This organization states they have an electronic data repository that allows secure access to medical information. To be fully operational, they indicate a need to create "additional system modules" and educate the health industry and the public about health information exchange.	John Principato 460 Timber Ridge Drive Longwood, FL 32779 407-389-4442 jprincipato@cfl.rr.com	HIE_030
FL	Healthcare Access Demonstration	This is a coalition of healthcare stakeholders in Orange County who intend to host a disease management service targeted to uninsured persons with chronic illnesses. The members of the organization intend to develop a technology infrastructure for secure communication, and hope to realize savings in the cost of care by reducing hospital stays and emergency room use.	James Kragh / Mark Brewer 1411 Edgewater Dr. Orlando, FL 32804 407-629-0304 jkragh@amnetwork.com	HIE_031
FL	HIT for Medication Safety in Critical Access Hospitals	Develops an implementation plan for pharmacy health information systems in critical access hospitals to include an onsite survey of health IT, flowcharting the medication use system, and an assessment of resources.	Abraham Hartzema, Doctor's Memorial Hospital, Bonifay, FL	AHRQ_012

FL	Promoting Patient Safety with Web-based Patient Profiles	Explores the feasibility of a community-wide strategic implementation plan for Web-based standardized patient care to provide point-of-care access to patient information across acute and long-term care systems and services.	Rosemary Laird, Health First, Inc. Cocoa Beach, FL 321-868-7641	AHRQ_013
GA	Cigna HealthCare (w/ American Healthways)	By partnering with American Healthways, CIGNA can extend collaboration efforts and develop industry-leading DM capabilities.	Amy Turkington, CIGNA 1-860-226-3489	CCIP_3
GA	Georgia Medical Care Foundation	gmcf will provide the following services: Analysis of practice processes, Recommendations for improved office efficiencies, Assistance with EHR vendor selection, Development/Analysis of Request for Proposal (RFP), Assistance with EHR implementation, Post-implementation monitoring	678-527-3448 doqit@gmcf.org	DOQ_10
GA	Georgia EMR	This is a coalition of rural community health centers who intend to install electronic medical records in 13 of the member organizations. The project includes training, disease reporting, quality improvement, and standardizing data elements and clinical workflow.	Bruce M. Whyte, M.D. The Grant Building 44 Broad St, Suite 410 Atlanta, GA 30303 404-659-2861 bmwhyte@bellsouth.net	HIE_032
GA	OrderComm	This is a home-grown, order entry system using scanner technology intended to be used by the health system to transmit information from clinical areas to other areas of the health system to improve workflow and patient safety and lower administrative costs. MCG Health System believes it also meets JCAHO standards of care.	Julie Trackman 1120 15th Street Augusta, GA 30909 706-721-5585 jtrackman@mail.mcg.edu	HIE_033
GA	Tri-County Plus Rural Health Network (TCPRHN)	The Tri-County Plus Rural Health Network is implementing health information exchange to help coordinate care for a rural, underserved area of the State of Georgia. They are focusing on care management, admissions, discharge, improved patient safety, provider satisfaction, and lower costs.	Max E Stachura, MD 1120-15th Street (EA100) Augusta, Georgia 30912 706-721-6616 maxs@mcg.edu	HIE_034
GA	West Georgia Health Information Exchange	This HIE intends to tie together the three hospitals in the Tanner group and physician offices in this rural section of the States of Georgia and Alabama. This will include medical records as well as administrative information (e.g., insurance information and patient demographics) as well as lab orders and results.	Denise L. Taylor, President & CEO 303 Ambulance Drive Carrollton, GA 30117 770-836-9871 dtaylor@tanner.org	HIE_035
GA	Wellpoint eRx or Paper Reduction	WellPoint is spearheading an electronic initiative at a cost of $40 million that will reach 19,000 physicians. In California, Georgia, Missouri, and Wisconsin, physicians will be given the opportunity to choose from either of two electronic packages: a Prescription Improvement Package or a Paperwork Reduction Package.	Ron J. Ponder, PhD, EVP, Information Services, WellPoint or Nadia Leather - CGEY nadia.leather@capgemini.com 212-314-8234	PHIT_02b
GA	Comprehensive IT Solution for Quality and Patient Safety	Implements a series of new health information technologies in carefully staged processes over 2 years to include an Inpatient Pharmacy System, Electronic Medication Administration Record, Bar Coding System, and a CPOE System; evaluates the impact of these systems on safety, quality and efficiency.	Ann Beach Children's Healthcare of Atlanta, GA 404-785-7463	AHRQ_014
HI	Mountain-Pacific Quality Health Foundation	(No specific DOQ-IT information) Mountain-Pacific Quality Health Foundation is the quality improvement organization (QIO) for Montana, Wyoming, Hawaii, and the territories of Guam, the Commonwealth of the Northern Marianas and American Samoa. The Foundation operates out of offices in Helena, Montana; Cheyenne, Wyoming; and Honolulu, Hawaii. As a QIO, we receive funding from the federal government to enact programs that help ensure people with Medicare receive appropriate, high-quality care. We also hold contracts with other government agencies and private insurance companies.	808-545-2550 pacific@mpqhf.org	DOQ_11

HI	Hawaii Health Information Exchange	HHIC is a coalition of healthcare industry organizations that has worked in the past to coordinate initiatives such as HIPAA, and is now involved with development of health information exchanges. They have developed a couple of data sets for inpatient services and and emergency departments. They are looking to expand into other areas, such as assisting with the conversion from ICD-9 to ICD-10, and focusing on community health centers.	Susan Forbes, MPH, DrPH 600 Kapiolani Blvd, Suite 406 Honolulu, HI 96813 808-534-0288 sforbes@hhic.org	HIE_036
HI	Quality Healthcare Alliance Health Information Exchange	This is a broad alliance of healthcare stakeholders, including employers, bridges to excellence, and government representatives, intended to develop and HIE. They are looking to work on a patient identifier, electronic prescribing, lab results, evidence based decision support tools, patient portal, electronic health records, and education.	Mr. Gary Allen Executive Director, Hawaii Business Health Council 3814 Pukalani Place Honolulu, HI 96816 808-372-9576 garyallen@hbhc.biz	HIE_037
HI	Kaiser Permanente and Epic Systems	Three Kaiser Permanente care centers in Hawaii introduced a new outpatient electronic medical records system. The Hawaii implementations represent more than just three additional providers embracing the latest technology—they are the first step in Kaiser's $1.8 billion initiative to automate records for its 8.4 million members nationwide. The project is called HealthConnect.	Louise Liang, MD, SVP for Quality and Clinical Systems Support Kaiser Foundation Health Plan One Kaiser Plaza, Oakland, CA 94612 510-271-6317	PHIT_05a
HI	Holomua Project-Improving Patient Hand-Offs in Hawaii	Develops approaches to share data on patient clinical and diagnostic information across systems and creates an implementation plan for systems integration.	Christine M. Sakuda, Hawaii Primary Care Association, Honolulu, HI 808-536-8442, csakuda@hawaiipca.net	AHRQ_015
HI	Quality Focused Connectivity	Implements an HIE to the three rural islands of the State of Hawaii: Maui, Kauai, and the island of Hawaii that focuses on preventive health care providing an opportunity for care to be addressed in a comprehensive manner so that the responsibility of health improvement shifts from the current physician focus on illness to a patient-centered focus on wellness.	Daniel Heslinga, Quality Healthcare Alliance, Honolulu, HI	AHRQ_016
IA	Iowa Foundation for Medical Care	The Iowa Foundation for Medical Care (IFMC) is the Quality Improvement Organization (QIO) for Iowa. QIOs work with physicians and health care professionals to promote high quality medical care for Medicare consumers. IFMC is contracted by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (No specific DOQ-IT information)	515-223-2900 1-800-383-2856	DOQ_15a
IA	Health Care Excel	Through this initiative, Health Care Excel (HCE), the Medicare Quality Improvement Organization for Indiana, will assist primary care physicians in adopting Electronic Health Record (EHR) systems with the ultimate goal of improving office efficiency and patient outcomes. This initiative is sponsored by the Centers for Medicare & Medicaid Services (CMS).	Darlene Skelton 812-234-1499 515-725-1245	DOQ_15b
IA	Telehealth	This is an HIE concept based in the local, county visiting nurses association and designed to develop home monitoring of home health patients. A variety of "telehealth" services are envisioned to monitor and report vital signs to a central repository.	Gail Coughlin 1225 E. River Drive Davenport, IA 52803 563-421-5256 coughling@genesishealth.com	HIE_047
IA	Using Physician-Patient Online Messaging to Improve Outcomes	This HIE proposes to use web-based communications between physicians and their patients to improve patient compliance. Using a series of automated messages from the physicians, the system is designed to educate patients about their condition and medications. Participants in this HIE include Columbia University, ConnectiCare (a Connecticut-based health plan) and the University of Iowa.	Michael Kienzle, MD 200 Hawkins Drive Iowa City, IA 52242 319-335-9788 michael-kienzle@uiowa.edu	HIE_048

IA	EMR Planning to Improve North Iowa Health Care	Designs a system-wide patient-centered planning process and an EHR implementation plan that will securely exchange patient information within and across diverse healthcare settings for the Hancock County Memorial Hospital and 21 affiliated physician health organization clinics.	Toni Ebeling, Hancock County Health Services, Britt, IA	AHRQ_028
IA	Rural Iowa Redesign of Care Delivery with EHR Functions	Implements a comprehensive, integrated, EHR system with CPOE and clinical decision-support tools in hospital inpatient units, ambulatory care, primary care and specialty clinics, home health, and hospice care; also evaluates medical errors and near misses, use of evidence-based practices, responsiveness to adverse drug alerts, and patient/provider satisfaction.	Donald Crandall, Mercy Medical Center—North Iowa, Mason City, IA	AHRQ_029
IA	Health Information Technology Value in Rural Hospitals	Documents the patient safety and healthcare quality challenges in critical access to rural hospitals, and assesses health IT capacity in these rural hospitals and how they would use health IT to improve safety and quality; develops a decision-making health IT toolkits for other rural hospitals.	Marcia Ward, University of Iowa Iowa City, IA 319-384-5131 marcia-m-ward@uiowa.edu	AHRQ_030
IA	Microsoft and Health Alliance Medical Plans	Health Alliance Medical Plans - Health Insurance Provider Migrates to Microsoft Integration Solution and Reduces TCO , Health Alliance Medical Plans chose to evaluate a Microsoft® solution based on Microsoft BizTalk® Server 2004 and Microsoft BizTalk Accelerator for HIPAA. Microsoft recommended that the company work with Washington Publishing Company (WPC)—a Microsoft Certified Partner and publisher of HIPAA Implementation Guides—to complete a two-week proof-of-concept (POC) study at the Microsoft Technology Center (MTC) in Chicago.	Health Alliance Medical Plans 800-851-3379 www.healthalliance.org	PHIT_06b
ID	Qualis Health	Practices that participate in DOQ-IT will receive free assistance to select, implement, and optimize IT systems such as EHRs, e-prescribing, and registries. CMS has contracted with Qualis Health to provide DOQ-IT services to participating physicians in Washington, Idaho, and Alaska.	Helen Stroebel, RN MPH 800-488-1118, ext. 5053 helens@qualishealth.org	DOQ_12
ID	North Idaho Community Connections (NICC)	This is a consortium of hospitals in northern Idaho that has already implemented a number of technologies, including interactive video, wide area network, and telemedicine related. They are working to connect with individual physicians. They are now working to develop and launch an EMR.	Sue Fox, MPH P.O. Box 1448, Sandpoint, ID 83864 208-265-3390, suefox@sandpoint.net	HIE_038
ID	Rural Connection: Strengthening Care Through Technology	Explores health IT as a method of sharing patient information and develops an electronic health record for patients who utilize rural, urban, acute, and rehabilitation facilities.	Anne Oglevie, Weiser Memorial Hospital, Weiser, ID	AHRQ_017
IL	Bridges-to-Excellence (General) - Tri-State Health Care Coalition	The four coalitions launching BTE-related projects are located in Illinois (two in Illinois), Colorado and Arkansas. The coalitions, through a licensing arrangement with BTE, have begun talking with employers and estimate launching customized programs in their respective markets later this year. Business coalitions are well suited to coordinating such incentive programs - by coordinating activities among employers, they can pool resources and streamline related operations, thus making the efforts more attractive to employers and physicians. All four coalitions are members of the National Business Coalition on Health (NBCH), a 70-coalition member strong organization that strongly supports pay-for-performance.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02a
IL	Bridges-to-Excellence (General) - Heartland Healthcare Coalition	The four coalitions launching BTE-related projects are located in Illinois (two in Illinois), Colorado and Arkansas. The coalitions, through a licensing arrangement with BTE, have begun talking with employers and estimate launching customized programs in their respective markets later this year. Business coalitions are well suited to coordinating such incentive programs - by coordinating activities among employers, they can pool resources and streamline related operations, thus making the efforts more attractive to employers and physicians. All four coalitions are members of the National Business Coalition on Health (NBCH), a 70-coalition member strong organization that strongly supports pay-for-performance.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02b

IL	Aetna Health Management (partnered with LifeMasters)	Aetna was awarded a CCIP for Chicago (20,000 Medicare beneficiaries to be involved). Effort to identify health risks among Medicare+Choice members and to help manage those risks through targeted case management, DM and educational programs.	Susan Millerick, 860-273-0536 Clinical/Quality Programs PR millericks@aetna.com	CCIP_1
IL	Illinois Foundation for Quality Health Care	Participating practices will receive free consultative services from the Illinois Foundation for Quality Health Care (IFQHC) throughout the process of selecting and implementing an EHR system. IFQHC provides resources with expertise on: Culture change and leadership, EHR planning and implementation. Workflow analysis and preparing practices for EHR readiness. Increased patient safety.	Grace Martos Jeanette Kebisek, 630-928-5808 630-928-5867 gmartos@ilqio.sdps.org jkebisek@ilqio.sdps.org	DOQ_13
IL	Advancing an HIE for Cardiovascular Care	This is a proposed HIE targeted to persons with cardiovascular disease, including CAD, CHF, and/or HTN. The proposal focuses on technical infrastructure and tools, performance metrics, and reports.	Karen Kmetik, PhD 515 N. State Street Chicago, IL 60610 312-464-4221 karen_kmetik@ama-assn.org	HIE_039
IL	ePrescribing HIE	This is a consortium of organizations with a concept for an HIE that allows exchange, analysis, and use of pharmaceutical information at 2 pilot facilities affiliated with the Cleveland Clinic. The consortium includes RxHub, VisionShare. The project also proposes researching the impact of electronic prescribing at Scripps Mercy Clinic and the underserved in San Diego County who use Mercy hospital.	Thomas M. Leary 230 E Ohio Street, Suite 500 Chicago, IL 60611 571-331-2486 tleary@himss.org	HIE_040
IL	Electronic Cancer Reporting	This HIE focuses on cancer diagnosis and reporting using the College of American Pathologists cancer checklist. The concept is to communicate the cancer diagnosis protocols to pathologists and facilitate electronic reporting.	Diane J. Aschman 325 Waukegan Road Northfield, Illinois 60093 847-832-7250 daschma@cap.org	HIE_041
IL	Microsoft and Health Alliance Medical Plans	Health Alliance Medical Plans - Health Insurance Provider Migrates to Microsoft Integration Solution and Reduces TCO , Health Alliance Medical Plans chose to evaluate a Microsoft® solution based on Microsoft BizTalk® Server 2004 and Microsoft BizTalk Accelerator for HIPAA. After talking with Health Alliance about its needs, Microsoft recommended that the company work with Washington Publishing Company (WPC)—a Microsoft Certified Partner and publisher of HIPAA Implementation Guides—to complete a two-week proof-of-concept (POC) study at the Microsoft Technology Center (MTC) in Chicago.	Health Alliance Medical Plans 800-851-3379 www.healthalliance.org	PHIT_06a
IL	Rural Community Partnerships—EMR Implementation Project	Implements an ambulatory EMR in multiple rural primary and specialist care provider settings and measures the impact of health information technology on clinical practice, organizational structure, and financial benefits; integrates ambulatory electronic medical record case scenarios into the curricula of the Health Science and Human Services Department to ensure that future healthcare providers have adequate training and exposure to ambulatory EMR technology.	R'Nee Mullen, Magic Valley Memorial Hospital, Twin Falls, ID	AHRQ_018
IL	Linking Rural Providers to Improve Patient Care and Health	Develops a central electronic health record system that will allow sharing of health information between a hospital, medical group, county health department, and behavioral health organization for rural economically disadvantaged, ethnic/racial minority residents, the elderly, and persons with special/complex health care needs.	Timothy Broos, Katherine Shaw Bethea Hospital, Dixon, IL 815-285-5509	AHRQ_019
IL	Sharing Patient Record Access in Rural Health Settings	Develops an implementation plan for an ambulatory EMR in a medically underserved region that will electronically connect physician offices, the regional hospital, ancillary services, and other community health services; identifies indicators to track measurable improvements in patient safety, quality of care, clinician and patient satisfaction, and operational efficiency.	Michael DeLuca, Sarah Bush Lincoln Health Center, Mattoon, IL	AHRQ_020

IL	Enhancing Quality in Patient Care (EQUIP) Project	Implements an electronic health records system in a network of community health centers and develops a data warehouse to monitor, aggregate, and provide data for quality improvement.	Alex Lippitt, Erie Family Health Center Chicago, IL	AHRQ_021
IL	Toward an Optimal Patient Safety Information System	Promotes and evaluates the interchange of patient safety information and the reporting of adverse events and close calls among public and private voluntary incident reporting systems being used at U.S. hospitals.	Andrew Chang, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Oakbrook Terrace, IL	AHRQ_022
IL	Value of Technology to Transfer Discharge Information	Assesses the value of software applications to facilitate information transfer during the high-risk transition from hospital to home at discharge and compares health information technology to usual care for benefits outcomes, adverse events, effectiveness, costs, and satisfaction among patients and physicians.	James Graumlich, Board of Trustees of the University of Illinois, Chicago, IL 309-655-2730	AHRQ_023
IN	Health Care Excel	Through this initiative, Health Care Excel (HCE), the Medicare Quality Improvement Organization for Indiana, will assist primary care physicians in adopting Electronic Health Record (EHR) systems with the ultimate goal of improving office efficiency and patient outcomes. This initiative is sponsored by the Centers for Medicare & Medicaid Services (CMS).	Darlene Skelton, 812-234-1499 1-800-300-8190 317-347-4500	DOQ_14
IN	South-Central Indiana E-prescribing Network	This is a collaboration of providers and vendors to implement an e-prescribing system. Their not-for-profit organization is called ScriptNet, which is designed to develop a central data repository, educate on data standards, provide related services, interoperate with other applications, and share costs.	Michael Sullivan, MD 501 N. Morton Street Suite 209 Bloomington, IN 47404 812-331-2208 sullivan@xylor.com	HIE_042
IN	Allen County Connections for Care Network	This consortium of federally qualified health centers, other safety net providers, hospitals and vendors proposes to develop a centralized electronic medical record (called "WebChart"), link it to an established, limited wide area network (called MED-WEB), and expand the service to safety net providers (starting with a three clinic pilot). The MED-WEB network already links hospitals and physicians in the county. Safety net clinics and local hospital emergency rooms are seeking funding so they may link into this network with the proposed electronic medical record. Curently they are operating with resources donated by the participating organizations. The goals of the group are to reduce duplication of services, improve quality and management of care, increase efficiencies and lower costs.	Mary Haupert, President P.O. Box 11949, 1717 S. Calhoun St. Fort Wayne, IN 46862 260-458-2644 mshaupert@nhci.net	HIE_043
IN	Indiana Health Information Exchange/Indianapolis Network for Patient Care (INPC)	This HIE has an existing, "population-based" electronic medical record used by providers, public health agencies, health services researchers, and other stakeholders. The EMR uses standardized data, a central data repository, and data mining capabilities.	Dr. J. Marc Overhage 1050 Wishard Blvd Indianapolis, IN 46202 317-630-8685 moverhage@regenstrief.org	HIE_044* RHIO_044
IN	Connecting Cass County for Better Health	This is a county government based coalition of government agency, provider, and academic stakeholders interested in health matters of this rural community. The coalition proposes to create the infrastructure for the electronic exchange of health information, building on the local hospital's recent acquisition of DSL technology. They are looking to put in place hardware, software, and an electronic network.	Brian T. Shockney 1101 Michigan Avenue Logansport, IN 46947 574-753-1385 bshockney@mhlogan.org	HIE_045
IN	South Bend Community HealthLinks	The South Bend Community HealthLinks HIE is a utility model data exchange using a centralized repository for clinical information. The system is designed to interface with physician practice, personal health record, and clinical decision support software. A related entity, the Michiana Health Information Network, is a collaboration of local medical specialty physician practices, formed within the South Bend Medical Foundation (SBMF) to develop the infrastructure for a data repository for clinical information exchange.	Michiana Health Info. Network 215 West Madison Street South Bend, IN 46601 574-968-1001 Robert King 531 North Lafayette Blvd. South Bend, IN 46601 574-234-4176 Bking@sbmflab.org	HIE_046

IN	An Evolving Statewide Indiana Information Infrastructure	Contract that develops and implements HIE using an established technical infrastructure and interconnects local health information infrastructures; also implements a Statewide public health surveillance network that links all hospitals to share emergency department data	Project Director: Marc Overhage Indiana University School of Medicine Indianapolis, IN 317-630-7070 joverhag@iupui.edu	AHRQ_024
IN	Improving Health Care through HIT in Morgan County, IN	Creates a secure infrastructure for communication among providers to allow electronic sharing of patient clinical info with hospitals and other physicians/ health providers in the county, region, and State; also assesses the effectiveness of the system in improving workflow, timeliness & completeness of information, patient safety, continuity of care, health outcomes.	Paul Clippinger, Morgan Hospital and Medical Center, Martinsville, IN	AHRQ_025
IN	Value of Health Information Exchange (HIE) in Ambulatory Care	Assesses the value of HIE in ambulatory care by modifying an existing economic model of HIE and tests the model in a randomized controlled trial.	Marc Overhage, Indiana University Indianapolis, IN 317-630-7070 joverhag@iupui.edu	AHRQ_026
IN	Value of New Drug Labeling Knowledge for e-Prescribing	Creates a prescribing tool with decision support (checking dosage, contraindications, and drug interactions) that can be easily integrated into a provider's practices; implements and pilot tests the tool to evaluate its benefits and costs.	Gunther Schadow, Indiana University, Indianapolis, IN 317-278-4636 gschadow@iupui.edu	AHRQ_027
KS	Kansas Foundation for Medical Care	The Kansas Foundation for Medical Care, Inc., in support of the proposed work for the CMS 8th Scope of Work contract, will be providing free assistance to Physician Offices that desire to move to an Electronic Health Record environment.	800-432-0407 785-273-2552 relations@kfmc.org	DOQ_16
KS	Jayhawk P.O.C.	This is a hospital based (Pratt Regional Medical Center) HIE tying together all of the hospital departments in a central data repository. The system is used to communicate patient information. The hospital is proposing to expand the system to allow practitioners to access patient information from anywhere in the region. Information proposed to be made available includes: medical history, lab results, diagnostic imaging, medication and immunization records, insurance information, and other personal information.	DeWayne Bryan 200 Commodore Pratt, KS 67124 620-450-1485 dbryan@prmc.org	HIE_049
KY	Bridges-to-Excellence (DCL)	Enables physicians to achieve one-year or three-year recognition for high performance in diabetes care. Qualifying physicians receive up to $80 for each diabetic patient covered by a participating employer and plan. In addition, the program offers a suite of products and tools to help diabetic patients get engaged in their care, achieve better outcomes, and identify local physicians that meet the high performance measures.	NCQA 2000 L Street, NW, Suite 500 Washington, DC 20036 202-955-3500 Customersupport@ncqa.org	BTE_03b
KY	Health Care Excel	Through this initiative, Health Care Excel (HCE), the Medicare Quality Improvement Organization for Indiana, will assist primary care physicians in adopting Electronic Health Record (EHR) systems with the ultimate goal of improving office efficiency and patient outcomes. This initiative is sponsored by the Centers for Medicare & Medicaid Services (CMS).	Darlene Skelton, 812-234-1499 502-339-7442	DOQ_17
KY	Connecting Healthcare in Central Appalachia	As an integrated, not-for-profit rural healthcare system serving Eastern Kentucky and Southern West Virginia, Appalachian Regional Healthcare, Inc. (ARH) is an integrated health collaboration consisting of hospitals, clinics, and home health agencies serving rural eastern Kentucky and southern West Virginia. They are proposing to develop a web-based, centralized patient information repository and portal for providers, and are looking to obtain hardware and staff to implement. Information proposed to be collected and stored in the repository includes encounter, demographic, and financial data.	Amanda Fryman, Appalachian Regional Healthcare, Inc. 1220 Harrodsburg Road P.O. Box 8086 Lexington, Kentucky 40533 859-226-2433 afryman@arh.org	HIE_050
KY	Meeting Information Needs of Referrals Electronically	Identifies essential technological needs for accessing and sharing data and information between patients and health care providers; develops an implementation plan to expand the transmission of referral information electronically in a closed health system to an open system.	Carol Ireson, University of Kentucky Research Foundation, Lexington, KY 859-257-5678 clires0@email.uky.edu	AHRQ_031

KY	Connecting Healthcare in Central Appalachia	Implements and trains staff on the use of an EMR system in a rural integrated health care delivery system in an integrated rural healthcare delivery system serving approximately 20 counties throughout Eastern Kentucky and Southern West Virginia.	Polly Bentley, Appalachian Regional Health, Hazard, KY	AHRQ_032
KY	ED Information Systems—Kentucky & Indiana Hospitals	Implements and trains users of a Web-based electronic record system in the emergency departments of two small community hospitals, one medium-sized community hospital, one rural hospital, and three private primary care physician practices; evaluates the reduction in medical errors, waiting time, and costs as well as patient and physician satisfaction.	David Pecoraro, Jewish Hospital Health Care, Louisville, KY	AHRQ_033
LA	Louisiana Health Care Review	Louisiana Health Care Review, Inc. (LHCR) is working with the Centers for Medicare & Medicaid Services (CMS) to help primary care physician offices adopt electronic health records (EHRs) to improve office efficiencies and quality of care. Project Objectives: Facilitate the adoption of Electronic Health Records EHRs in small to medium-sized primary care practices, Ensure that practices are using EHRs and IT to the fullest capability to improve office efficiency, Use clinical data reports for improved practice performance and patient outcomes	Chris Williams, Team Leader Jack Olden, 225-248-7078 225-926-6353 cwilliams@lhcr.org jolden@lhcr.org	DOQ_18
LA	Catahoula Consortium on Health Information Exchange	This is a collaboration between a rural hospital, university, state public health department to develop an HIE for clinical information sharing to improve care provided to uninsured persons in a rural area. The goal is to connect a majority (75%) of local providers, share information, and instigate continuous improvement by measuring outcomes and providing results to the participants for quality improvement purposes. The participants would like to replicate throughout the State the model they are building for a rural health clinic and HIE.	Holly Purvis, MHA P.O. Box 2078 Jena, Louisiana 71342 318-992-9200 hpurvis@lasallegeneralhospital.com	HIE_051
LA	Catahoula Parish Consortium	This proposed HIE is a collaboration between a rural hospital, university, and state public health department to serve Medicaid beneficiaries in a rural area, and other patients of participating providers. The project is designed to exchange clinical information, track referrals, and allow for eligibility checks and prior authorizations.	Holly Purvis, MHA P.O. Box 2780 Jena, Louisiana 71342 318-992-9200 hpurvis@lasallegeneralhospital.com	HIE_052
LA	Project Overcoming Isolation	This HIE is targeted to cystic fibrosis patients and uses a "smart card" and web-based site to access a centralized data repository with clinical and treatment information. It also is designed to provide an online support community for patients, and includes privacy controls.	Hank Fanberg 2424 Edenborn Avenue, Suite 290 Metairie, LA 70001 504-838-1550 hank.fanberg@christushealth.org	HIE_053
LA	Cardiovascular Care Disparities: Safety-Net HIT Strategy	Designs the implementation of a longitudinal cardiovascular disease information system platform to address disparities viewed as a lifelong disease process, and examines the impact of health IT on quality improvement, medical and financial effectiveness, and increased value.	Bruce Ferguson, LSU Health Sciences Center, New Orleans, LA	AHRQ_034
LA	Distance Management of High-Risk Obstetrical Patients	Develops a technology plan to improve access to maternal-fetal medicine services throughout the State and guides the implementation of telemedicine capabilities to provide real-time remote diagnostic ultrasound and consultative services to women with high-risk pregnancies.	Helene Kurtz, Woman's Hospital Baton Rouge, LA	AHRQ_035
LA	HIT Service Integration	Creates a detailed assessment of the feasibility of health IT implementation including the development of an implementation plan, specification of clinical and organizational needs, identification of goals, and identifying barriers and ways to address those barriers.	Michelle Lemming, Franklin Foundation Hospital, Franklin, LA	AHRQ_036

LA	Louisiana Rural Health Information Technology Partnership	Implements a Complete Medical Record (a computerized emergency department communication, documentation, passive tracking, and medical records system) in an emergency department and evaluates the use of this technology toward improving patient safety and quality of care.	Paul Salles, Assumption Community Hospital, Napoleonville, LA	AHRQ_037
MA	Bridges-to-Excellence (POL)	CMS is also looking towards the BTE Physician Office Link program as a possible element in its forthcoming Medicare Care Management Performance Demonstration project, an initiative which will promote the adoption and use of health information technology to improve the efficiency and quality of patient care for chronically ill Medicare patients. Doctors who meet or exceed performance standards established by CMS in clinical delivery systems and patient outcomes will receive performance payments for managing the care of eligible Medicare beneficiaries.	Medstat Group 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_01d
MA	Bridges-to-Excellence (POL)	A pay-for-performance initiatives offered by the Bridges coalition in Boston and Schenectady/Albany in which 35 medical groups split $800,000 in incentives. These were rewards earned by meeting criteria established by the National Committee for Quality Assurance (NCQA) related to the adoption of technology-based care management systems.	Medstat Group 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_01e
MA	MassPRO	Electronic health records could transform your practice. But success takes time, planning and strategy. MassPRO can help.MassPRO is recruiting 150 adult primary care (FP, GP, IM) practice sites. Priority will be given to those sites with 8 or fewer physicians. During this 15-month project starting in fall 2004, MassPRO will use seminars, conference calls, group e-mail, and one-on-one consultation to help practices prepare for and successfully implement EMRs. MassPRO, as part of a national pilot project, is able to offer these services at no cost.	Chuck Parker /Director Complete List: http://www.masspro. org/doqit/index htm#contacts, 781-419-2790 781-890-0011 Hotline: 800-252-5533 cparker@maqio.sdps.org	DOQ_21
MA	The Boston Community Health Information for Improvement (CHII) Project	This is an alliance of community health and academic medical centers serving poor and homeless persons. It proposes to interoperate between 11 outpatient databases to share clinical information, specifically to assist with disease management and prevention. Components in the project include: outcomes data, reporting, quality improvement, and integrating with administrative information.	Larry Culpepper, MD, MPH, Chairman Dowling 5 Boston, MA 617-414-6225 larry.culpepper@bmc.org	HIE_059
MA	Statewide EHR Adoption and Health Data Exchange in Massachusetts	This is a collaboration of physician groups, employers, and academic medical institutions that promotes use of electronic medical records in the State of Massachusetts. The group is designed to support and educate physicians, and assist with setting standards and sharing data.	David Bates, MD, MSc Brigham and Women's Hospital, 75 Francis St., Boston, MA 21115 617-732-5650 dbates@partners.org	HIE_060
MA	Connecting Consumer Communities to Healthcare Providers	This is a proposal to develop "use cases" for health information exchange and research the exchange of information between and among patients, providers, provider groups, and hospitals to foster a better understanding of information exchange, especially from the consumer perspective.	Daniel B. Hoch VBK 830 Mass General Hospital Boston, MA 21114 617-726-3311 dhoch@partners.org	HIE_061
MA	MA-SHARE MedsInfo e-Prescribing Initiative	This HIE proposes to demonstrate the value of e-prescribing, focusing on emergency department and point-of-care my measuring error reduction, workflow improvements, outcomes, and the impact on costs. This is seen as the first step towards development of a comprehensive clinical information exchange.	Elliot M. Stone, CEO 460 Totten Pond Road, Suite 385 Waltham, MA 02451 781-890-6042 EStone@mahealthdata.org	HIE_062* RHIO_062
MA	SAFE Health - Central Massachusetts	This is a collaboration of three health plans, a health system, and a vendor (Hewelitt-Packard) to develop a prototype to exchange clinical information in emergency rooms and outpatient care settings. They have developed a clinical information architecture in a "federated," or decentralized configuration allowing interoperability between different systems. The design includes a master patient index, secure information transmission, and interoperability between systems having different information technologies.	Mark Fisher, Chief Operating Officer Fallon Community Health Plan 10 Chestnut Street Worcester, MA 01608 508-368-9303 mark.fisher@fchp.org	HIE_063

MA	Medication Administration Program	This is a health system medication management platform. It is designed to track, document, manage, screen for potential drug interactions, and reduce adverse events through an information system and barcoding technology.	Sharron Finlay 11 Shattuck Street Worcester, MA 01605 508-334-1485 finlays@UMMHC.org	HIE_064
MA	Tufts Health Plan and Blue Cross Blue Shield Massachusetts (BCBSMA) and Zix Corp	Seeking to boost generic drug utilization and increase quality of service, Tufts Health Plan (Waltham, Mass.) and Blue Cross Blue Shield Massachusetts (BCBSMA, Boston) are joining in a $3 million initiative to offer physicians a comprehensive e-prescribing program. The companies will provide approximately 3,400 physicians hand-held devices equipped with Zix Corp.'s PocketScript e-prescribing software.	Robert Mandel, BCBSMA VP, Provider enrollment and services or Philip Boulter, M.D., Tufts Health Plan	PHIT_08
MA	Blue Cross Blue Shield of Massachusetts (BCBSMA)	Backed by $50 million from Blue Cross Blue Shield of Massachusetts (BCBSMA), a group of healthcare insurers, doctors, hospitals and others in the state plan early next year to wire one community with interoperable electronic medical records. The collaboration includes more than 30 organizations, including health-related state agencies and large employers that pay for health insurance. John Halamka of Healthcare System (Boston), which operates five Boston-area hospitals and is part of the cooperative, estimates a statewide e-records project could cost $1 billion, but still believes statewide adoption could happen in as few as five years. Projects are being led by the Massachusetts eHealth Collaborative, a nonprofit coalition launched last year by 34 health-care providers, health plans, and insurers in the state, which picked the three communities in March 05 from more than 35 that had applied to participate in the two- to three-year study.	John Halamka, CIO at CareGroup Healthcare System jhalamka@caregroup.harvard.edu or Carl Ascenzo, CIO of BCBSMA	PHIT_09
MA	Statewide Implementation of Electronic Health Records	Performs a rigorous evaluation of the impact of a Statewide implementation program on EHR adoption by rural and non-rural ambulatory care practices and its impact on medication errors and the quality of ambulatory care as a collaborative effort among providers, insurers, and businesses in cooperation with the State government.	David Bates, Brigham and Women's Hospital, Boston, MA 617-732-6040	AHRQ_043
MA	SAFEHealth—Secure Architecture for Exchanging Health Information	Creates a local heath information exchange infrastructure that integrates workflow and improves communication for patients, healthcare providers, payers, and public health agencies.	Lawrence Garber, Fallon Clinic, Inc. Worcester, MA	AHRQ_044
MA	EMS Based TIPI-IS Cardiac Care QI-Error Reduction System	Implements the time-insensitive predictive instruments built into the computerized electrocardiograph in emergency medical service settings and emergency departments; also evaluates its impact on reducing errors and avoidable delays in emergency care.	Harry Selker, New England Medical Center, Boston, MA 617-636-5009 HSelker@tufts-nemc.org	AHRQ_045
MA	Improving Pediatric Safety and Quality with Health Care IT	Systematically assess improvements in patient safety and experience of care associated with implementation of four decision support function embedded in an electronic health record: 1) the influence of weight based dosing on pediatric adverse drug events; 2) the influence of a test result tracking system on appropriate followup of ordered tests; 3) the influence of automated reminders on symptom monitoring and medications for children with asthma and attention deficit disorder.	Timothy Ferris, Massachusetts General Hospital, Boston, MA	AHRQ_046
MA	Improving Safety and Quality with Outpatient Order Entry	Examines the impact of integrating ambulatory CPOE with advanced CDSS on safety and quality in the ambulatory setting, its organizational efficiency, workflow, and satisfaction, and conducts a cost-benefit analysis.	Tejal Gandhi, Brigham and Women's Hospital, Boston, MA	AHRQ_047
MA	Value of Imaging-Related Information Technology	Assesses the impact of Medical Imaging Informatics on health care costs and quality and develops a business case related to the acquisition and implementation of automated radiology systems; develops a financial model to demonstrate the impact of these systems on provider systems and healthcare quality.	Scott Gazelle, Massachusetts General Hospital, Boston, MA	AHRQ_048

MA	Health Information Technology in the Nursing Home	Assesses the effects of clinical decision support systems in nursing homes on medication ordering and monitoring for residents in long term care setting; also tracks costs and assesses productivity, impact, and nursing home culture and organization.	Jerry Gurwitz, University of Massachusetts, Worcester, MA	AHRQ_049
MA	Evaluating Smart Forms and Quality Dashboards in an EHR	Assesses the value of health IT to clinicians through creation of CDSS tools integrated with clinical documentation workflow and physician performance feedback, its impact on clinical decision support and quality assessment, and its cost-effectiveness.	Blackford Middleton, Brigham and Women's Hospital, Boston, MA 617-732-6040	AHRQ_050
MA	ParentLink: Better and Safer Emergency Care for Children	Evaluates the completeness and accuracy of information on symptoms, disease conditions, medications, and allergies generated by parents using a patient-centered health technology called ParentLink compared to information documented by emergency department physicians and nurses; ParentLink's impact on patient safety and quality.	Stephen Porter, Children's Hospital Corporation, Boston, MA 617-355-2136	AHRQ_051
MA	E-Prescribing Impact on Patient Safety, Use, and Cost	Assesses the impact of a Statewide rollout of e-prescribing using PocketScript® software and its effect on safety, quality, cost, formulary compliance and outcomes.	Joel Weissman, Massachusetts General Hospital, Boston, MA	AHRQ_052
MD	Lumetra	Lumetra, assisted by key partners, is providing support to small- to medium-sized practices in implementing EHRs free of charge. Lumetra is helping physician practices: Assess practice readiness, Define EHR goals, Select an EHR vendor*, Prepare staff and office for EHRs, Conduct post implementation evaluations, Review EHR implementation and impact analysis	410-740-8756 doqit-ca@caqio.sdps.org	DOQ_20a
MD	Delmarva Foundation for Medical Care	Delmarva Foundation, the Quality Improvement Organization (QIO) for Maryland and the District of Columbia will provide technical assistance and support free of charge to adult primary care physician practices	Carmen Tyler Winston Director, DOQ-IT Program 202-496-6559 Corporate HQ: 410-822-0697 doqitdelmarva@dfmc.org	DOQ_20b
MD	Community Based Intervention System (CBIS)	Johns Hopkins Bloomberg School of Public Health and the Center for Communication Programs is working with Appalachian Regional Healthcare, Inc. to provide assistance in connecting and improving the healthcare services provided to the residents of Central Appalachia by creating elements of a Clinical Information System.	Amanda Fryman Appalachian Regional Healthcare, Inc. 1220 Harrodsburg Road, P.O. Box 8086 Lexington, KY 40533 859-226-2433 afryman@arh.org	HIE_055
MD	MD/DC Collaborative for Health Information Technology	This is an alliance of physician group practices, hospitals, health plans, and academic medical centers proposing to design and implement a regional health information organization (RHIO). It is a non-profit, incorporated entity intended to link all parts of the healthcare delivery system for health information exchange.	Victor Plavner, MD 10420 Little Patuxent Parkway Suite 400, Columbia, MD 21044 410-992-1880 vplavner@collaborativeforhit.org	HIE_056* RHIO_056
MD	Smart E-Records across Continuum of Health (SERCH)	This HIE proposes to assist with continuity of care for elderly persons by developing the infrastructure for interoperability between healthcare delivery system participants, and specifically by using a "Smart E-Records" electronic medical record.	Dr. Michael Gloth 210 Business Center Dr Reisterstown, MD 21136 410-526-1490 mgloth@victorysprings.com	HIE_057
MD	HHCC Practice Patterns and Outcomes	This HIE proposes to develop a system that will collect, store, and analyze home health care, based on the Home Health Care Classification (HHCC) System.	Ruth G. Irwin, RN MS 509 Quaint Acres Dr. Silver Spring, MD 20904 301-622-9595 ruthgirwin@aol.com	HIE_058

MD	Community HealthLink Care: Regional EMR	Develops a secure, comprehensive, virtual health record for medically underserved patients that will lead to the implementation of a health IT infrastructure necessary to support a single, shared EMR application to promote the community-wide exchange of patient information for clinical decision support, research, and disease management on behalf of low-income, uninsured people.	Thomas Lewis, Primary Care Coalition of Montgomery County Silver Spring, MD	AHRQ_042
ME	Northeast Health Care Quality Foundation	(No specific DOQ-IT information) Mission is to encourage and promote improvement in health care for the Medicare beneficiaries in our service region. We provide educational materials and tools for identified quality improvement projects, and conduct reviews to ensure quality of care for beneficiaries and protect the Medicare Trust Fund.	1-800-772-0151 603-749-1641 info@nhcqf.org	DOQ_19
ME	Regional Picture Archiving Communication System for Northern Maine	This is a proposal for a hospital-based, regional diagnostic imaging data repository based around an existing picture archiving and communications system (PACS). The current, single site system is also linked with other information systems within the hospital. The proposal is to extend the existing PACS to include all ten participating hospitals in the region through a virtual private network.	Deborah Sanford P.O. Box 404 Bangor, Maine 44020404 207-973-7058 dsanford@emh.org	HIE_054
ME	Anthem Blue Cross Blue Shield of Maine	Anthem Blue Cross Blue Shield of Maine administers a program that resembles the Bridges for Excellence model. The health plan's program uses payment differentials and rewards specific physicians for improving health outcomes by implementing technology improvements.	Anthem Blue Cross and Blue Shield 2 Gannett Drive South Portland, ME 04106	PHIT_07
ME	The Chronic Care Technology Planning Project	Plans for standard exchange of clinical information for patients with chronic disease when transitioning from acute to non-acute care settings between primary care physicians, outpatient specialists, home health providers, nursing homes, and hospitals; creates an Institute for Healthcare Improvement Breakthrough Series Learning Collaborative to build on their work implementing the Chronic Care Model by enhancing the use of IT.	John Branscombe, The Aroostook Medical Center, Presque Isle, ME	AHRQ_038
ME	Midcoast Maine Patient Safety with IT Integration	Develops new systems and a high level of integration and cooperation in four significant areas: medication management, patient discharge, high-level integration of information, and the development of a new paradigm for evaluating, selecting, and implementing new technologies.	Maureen Buckley, Northeast Health Foundation, Rockland, ME	AHRQ_039
ME	Improving Care in a Rural Region with Consolidated Imaging	Implements and evaluates the results of the Consolidated Imaging—Picture Archiving and Communication System (a shared, standards-based, interoperable health information technology) that makes radiology images available for review within minutes of when they are acquired.	Robert Coleman, Maine Medical Center, Portland, ME	AHRQ_040
ME	Improving HIT Implementation in a Rural Health System	Implements an outpatient EMR in a rural health system using distinct phases to match the expected learning curve and to reduce the potential loss of practice productivity often associated with the implementation of an EMR; also collects data about patient safety, quality, access, cost, and productivity.	Daniel Mingle, Maine General Medical Center, Augusta, ME	AHRQ_041
MI	Michigan Peer Review Organization	MPRO offers assistance at each stage of the electronic health record adoption process including assessment, planning, selection, implementation, and post implementation. MPRO can help offices maximize efficiencies while documenting quality improvement, using information technology. MPRO, Michigan's Medicare Quality Improvement Organization, is conducting a survey on the topic of health information technology (HIT). The intent of the survey is to collect information about how physicians in Michigan are using HIT in their office.	Marie Beisel, RN, MSN, CPHQ Project Director 248-465-7338 mbeisel@mpro.org	DOQ_22
MI	Inter-Plan Guideline Adherence	This is an alliance of health plans, hospitals, and employers to evaluate performance of health plans. They propose to take their evaluation tool and provide information to the provider/physician level to improve performance and adherence to treatment guidelines.	Dennis White 1709 Pontiac Trail Ann Arbor, MI 48105 734-741-0333 dcwhite@umich.edu	HIE_065

MI	Voices of Detroit Initiative	This is an alliance of local health systems and safety net providers to provide free services to uninsured persons. They are now proposing to fully automate the administrative functions needed to provide care to this population, including specialist referrals and exchanging patient medical histories. They will use a web-based platform for enrollment, disenrollment, referral, prevention, outcomes measuring, and other administrative functions. The system is also designed to identify co-morbidities early and assist with patient compliance with treatments.	Lucille Smith 4201 St. Antoine Detroit, MI 48323 313-832-4246 slucille@med.wayne.edu	HIE_066
MI	Implementing Interorganizational EMR to Improve Care for Disadvantaged Populations	The HIE is a collaboration between a local university, hospitals, and the state health department to develop a an electronic medical record tied to a network allowing secure exchange of clinical information. The university already has an HIE network in place in 32 clinics at 11 sites in Lansing Michigan using an existing electronic medical record system. They are currently networked with some local physician practices for purposes of treating Medicaid patients.	Michael H. Zaroukian, MD, PhD, FACP EMR Medical Director B-325 Clinical Center East Lansing, MI 48824 517-353-4811 michael.zaroukian@ht.msu.edu	HIE_067
MI	Use of Smart Card Technology to Promote Community-Wide Diabetic Quality Improvement	This HIE is a broad collaboration of diabetes health stakeholders proposing to implement "smart card" technology to help diabetes patients and providers. The technology is used to access medical records, treatment protocols, and evidence-based medical practices.	Kent Bottles, MD 1000 Monroe Ave NW Grand Rapids, MI 49503 616-732-6206 kent_bottles@grmerc.net	HIE_068
MI	CLEAN: Communities Leveraging e-Health for Asthma Needs	This is a broad collaboration of asthma health stakeholders using a web-based application to exchange personal health information on pediatric asthma patients. Participants are in the process of implementing information system platforms to integrate with the web-based application for diagnostic, treatment, documentation, and scheduling purposes. They are proposing to demonstrate measurable improvements in outcomes as a result of using their system.	Angela R. Tiberio, MD 100 Michigan Ave. NE - MC 843 Grand Rapids, MI 49503 616-391-9811 angela.tiberio@spectrum-health.org	HIE_069
MI	Picture Archiving and Communications Systems	The HIE is a collaboration of hospitals, radiology specialists, and physician practices to implement an diagnostic imaging data repository. There is an existing picture archiving and communication system at one of the hospitals. They propose to implement a PACS system throughout the region to allow hospitals and physicians to improve access to diagnostic imaging information and lower the cost of care.	Dean R Feldpausch 1210 W Saginaw St. Lansing, MI 48915 517-364-6445 dean.Feldpausch@sparrow.org	HIE_070
MI	The Health Care Interchange of Michigan Care Data Exchange	This HIE is an alliance of major health plans, hospitals, a vendor and a physician group in the region. They use a "federated," or "peer-to-peer" approach to exchange both clinical and administrative information. The focus of their pilot is Medicaid beneficiaries enrolled in managed care. The goal is to improve continuity of care, enhance patient compliance, and allow communication of patient information when transient Medicaid beneficiaries change providers.	Clyde Hanks, COO P.O. Box 80745 Lansing, MI 48908 517-886-8380 chanks@hcim.org	HIE_071
MI	Upper Peninsula Health Data Repository	This is a collaboration of rural health systems and hospitals that has come together to share common services over the Internet. Currently they provide services such as eligibility verification, claims processing, clinic scheduling, physician billing, and other administrative services. Other collaborative services include telemedicine and access to immunization and other state health records. They are also developing an electronic medical record to serve as an archive and repository of information.	Sally Davis 580 West College Avenue Marquette, MI 49855 906-225-3120 sdavis@mgh.org	HIE_072
MI	HIT Planning for a Critical Access Hospital Partnership	Plans, develops, and implements health IT to assist local rural communities in improving health care access, building local and regional resources to monitor the quality of healthcare, and expanding the use of health IT educational, communication, and clinical applications.	Donald Wheeler, Baraga County Memorial Hospital, L'Anse, MI	AHRQ_053
MI	Bar Coding for Patient Safety in Northern Michigan	Implements a bar-coding application to an existing integrated health IT network that alerts providers to potential drug interactions and allergic reactions, tracks "near misses," and provides a permanent record of the patient's medication history that is accessible by providers at any site.	Randi Oehlers, Munson Medical Center, Traverse City, MI 231-935-5199 oehlerr@trinity-health.org	AHRQ_054

MI	HIT Support for Safe Nursing Care	Examines the use of the HANDS software system, an health IT-supported care planning process for nursing care, and its ability to be transferable between nurses, units, and health care settings.	Gail Keenan, Regents of the University of Michigan, Ann Arbor, MI 734-763-3705 gkeenan@umich.edu	AHRQ_055
MN	Stratis Health	(No specific DOQ-IT information) Mission: Stratis Health is a non-profit independent quality improvement organization that collaborates with providers and consumers to improve health care., Vision: Stratis Health's vision is that of a health care system that supports an informed, activated consumer and competent, satisfied health care professionals working in settings that promote optimum care and reduce chance of error.	952.854.3306 1-877-STRATIS info@stratishealth.org	DOQ_23
MN	Patient Management System for Emergency Health Preparedness	This HIE is a collaboration of hospitals and clinics in an 18 county region of the State. They provide a number of services, including immunization registry, eligibility verification, and claims processing. They are looking to expand into automated reporting to public health agencies.	Cheryl M. Stephens 404 W. Superior St., Suite 250 Duluth, MN 55802 218-625-5515 cstephens@medinfosystems.org	HIE_073
MN	MN Collaborative Health Information Exchange System	This HIE is a collaboration between health plans, health systems, and the State health department to develop a benefit eligibility verification and claims status system.	Dave Moertel 200 1st Street SW Rochester, MN 55905 507-284-1762 moertel.david@mayo.edu	HIE_074
MN	Central Minnesota Health Information Network	This HIE proposes to install a hybrid paper medical and computer-based information system based on open system software to better coordinate clinical records and administrative functions to better analyze outcomes and resource use from clinical data.	Jeffrey L. Blair 500 Aberdeen Drive Waite Park, MN 56387 320-252-8550 cmhin@cloudnet.com	HIE_075
MN	PKI Model & MedNet (This project is potentially inactive)	MCHEC worked with HealthKey to build a PKI model in Minnesota to support healthcare data exchange. The organization also initiated MedNet, a private, non-proprietary, statewide, public-private health care telecommunications network in Minnesota, which is exchanging both administrative data and an exchange of certain kinds of public health data. They are also continuing to exchange and standardize clinical data between public health and providers. They are also looking at building the business case for clinical data exchange.	Walter G. Suarez, MD Executive Director, MHDI 651-917-6700 walter.suarez@mhdi.org	HIE_143
MN	Microsoft and University of Minnesota Physicians (UMPhysicians)	University of Minnesota Physicians (UMPhysicians) wanted to find a way of reducing the cost and complexity of paper-based medical records. Used Allscripts Healthcare Solutions to deploy a Microsoft® Windows®-based EMR solution that includes the deployment of nearly 500 wirelessly enabled Windows Mobile™-based Pocket PC devices that are used by UMP staff for dictation, reviewing patient medical records, and other daily activities.	Todd Carlon Chief Administrative Officer University of Minnesota Physicians 651-603-5320	PHIT_10
MN	A Community-Shared Clinical Abstract to Improve Care	Plans the use of IT to enhance communication at care transitions and develops an implementation plan for a community- and patient-shared EMR abstract that will be available at the point of care.	Barry Bershow, Fairview Health Services, Minneapolis, MN	AHRQ_056
MN	HIT Strategic Plan of SW Minnesota Health Providers	Develops a regional health IT strategic plan between 28 healthcare providers including a comprehensive needs assessment of all of the participating organizations, prioritization of needs, identification of health IT solutions to prioritized needs, and development of appropriate implementation plans.	Charles Ness, Granite Falls Municipal Hospital, Granite Falls, MN	AHRQ_057

MN	HIT-based Regional Medication Management Pharmacy System	Implements an interactive video-conferencing system at rural hospitals to provide continuing education for pharmacist and pharmacy technicians as well as a model for bedside verification of medication administration and medication bar coding; also evaluates structure, process, and outcomes related to improvement of patient safety and more effective patient medication management.	Mark Schmidt, Clouquet Community Memorial, Clouquet, MN	AHRQ_058
MO	Bridges-to-Excellence (General)	In July 2004, United Healthcare became the first health care company to license the BTE model, working with employers in Omaha, St Louis, Dayton and South Florida to offer network doctors certain incentives for earning NCQA recognition.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02f
MO	Primaris	Primaris offers primary care physicians free consultation on how to select and implement the correct EHR for their office. All we ask in return is your commitment within the next 12 to 18 months. If you are already utilizing an EHR, we will show you how to achieve full benefit from the system. This includes quality improvement and pay for performance functions.	Sandra Pogones 800-735-6776 ext. 1158 Mobile: 573-230-9801 spogones@moqio.sdps.org	DOQ_25a
MO	Health Care Excel	Through this initiative, Health Care Excel (HCE), the Medicare Quality Improvement Organization for Indiana, will assist primary care physicians in adopting Electronic Health Record (EHR) systems with the ultimate goal of improving office efficiency and patient outcomes. This initiative is sponsored by the Centers for Medicare & Medicaid Services (CMS).	Darlene Skelton, 812-234-1499 573-634-3639	DOQ_25b
MO	Wellpoint eRx or Paper Reduction	WellPoint is spearheading an electronic initiative at a cost of $40 million that will reach 19,000 physicians. In California, Georgia, Missouri, and Wisconsin, physicians will be given the opportunity to choose from either of two electronic packages: a Prescription Improvement Package or a Paperwork Reduction Package.	Ron J. Ponder, PhD, EVP, Information Services, WellPoint or Nadia Leather - CGEY nadia.leather@capgemini.com 212-314-8235	PHIT_02c
MO	Project InfoCare	Creates a community-wide EMR with integrated clinical decision support that is available across the continuum of care including a rural hospital, a home health agency, 14 physician clinics, and 5 long-term care facilities.	Peggy Esch, Citizens Memorial Hospital, Bolivar, MO	AHRQ_061
MS	McKesson Health Solutions	Chosen to provide disease management services to Mississippi Medicare fee-for-service beneficiaries with heart failure and diabetes. Partnering with Joslin Diabetes Center, Boston, MA. Approximately 20,000 beneficiaries will be eligible for the program.	Dr. Sandeep Wadhwa, VP Care Management Services, McKesson Health Solutions	CCIP_7
MS	Mississippi Information and Quality Healthcare	Information & Quality Healthcare, IQH, is the Medicare Quality Improvement Organization for Mississippi. By serving as a resource to the state's healthcare providers and to the Medicare beneficiaries, IQH seeks to fulfill its vision to be a leader in promoting a quality and cost-effective healthcare system.	601-957-1575 1-800-633-4227	DOQ_24
MS	Mississippi U Project	TheraDoc, a Salt Lake City-based vendor of clinical decision support software, is installing software at the University of Mississippi Medical Center (UMC) to collect and analyze data in real time from information systems in admissions, the emergency department, surgical units, the pharmacy, laboratory and other departments dealing with infectious diseases.	Stanley W. Chapman, M.D., Director of the Department of Infectious Diseases Department of Health, UMC	HIE_139
MS	Creating Online NICU Networks to Educate, Consult & Team	Develops, implements, and evaluates a cooperative effort using health IT to facilitate a continuum of appropriate medical and developmental care from the time infants are admitted to Neonatal Intensive Care Units through the transition process to community-based health care services for infants most at-risk for long-term neurodevelopmental problems.	Jane Siders, The University of Southern Mississippi, Hattiesburg, MS	AHRQ_059

MS	Detecting Med Errors in Rural Hospitals Using Technology	Implements and evaluates a voluntary system for reporting medical errors and adverse drug events in eight small rural hospitals; identifies barriers to technology, describes the epidemiology and root causes of the errors, formulates quality-improvement interventions, and disseminates the results.	Andrew Brown, University of Mississippi, Jackson, MS 601-984-6850 abrown@medicine.umsmed.edu	AHRQ_060
MT	Mountain-Pacific Quality Health Foundation	(No specific DOQ-IT information) Mountain-Pacific Quality Health Foundation is the quality improvement organization (QIO) for Montana, Wyoming, Hawaii, and the territories of Guam, the Commonwealth of the Northern Marianas and American Samoa. The Foundation operates out of offices in Helena, Montana; Cheyenne, Wyoming; and Honolulu, Hawaii.	406-443-4020 800-497-8232 montana@mpqhf.org	DOQ_26
MT	Using Health Information Exchange to Reduce Medication Errors in the Rural Healthcare Setting	This HIE proposes to install a medical management system in a hospital and clinic to identify medication errors. This will include the infrastructure for recording of medications, clinical decision support tools and prompts, and adverse drug interactions and reactions.	Patricia Jay Coon, MD P.O. Box 37000 Billings, MT 59107 406-238-2287 pcoon@billingsclinic.org	HIE_076
MT	Community Health Access Partnership	The Community Health Access Partnership (CHAP), an alliance of public health programs and local hospitals and clinics serving uninsured and indigents, received a grant from HRSA to implement a "community medical record" which tracks patient demographic data, sodial data, and referrals. The system does not currently track other medical information and they are looking to expand and create an electronic medical record. They plan to install an "integration engine" to identify information that can be entered into a web-based application that will track patients domicile, services, medications, and physician office visits.	Judy Stewart P.O. Box 35033 Billings, MT 59107 406-247-3290 judys@ycchd.org	HIE_077
MT	Planning the Implementation of HIT in a Rural Setting	Plans the development and implementation of a health IT infrastructure throughout three rural counties including high-speed Internet access, CPOE, CDSS, EHR, and continuity of care record templates.	William Reiter, Community Hospital of Anaconda, Inc., Anaconda, MT	AHRQ_062
MT	Decreasing ADEs in Montana Frontier Critical Access Hospitals through HIT	Assesses opportunities to decrease adverse drug events and medication errors in frontier Montana Critical Access Hospitals; identifies appropriate, cost effective health IT solutions to challenges in medication use.	Kipman Smith, Townsend Health Systems, Inc., Townsend, MT	AHRQ_063
MT	Home Heart Failure (HF) Care Comparing Patient-Driven Technology Models	Assesses the impact of health IT on clinical and financial outcomes for patients with symptomatic congestive heart failure living in a rural area, including telemonitoring of vital signs and symptoms, evaluation of Technology Supported Case Management, and Technology Support Self Management.	Lee Goldberg, St. Vincent Healthcare Foundation, Billings, MT	AHRQ_064
NC	Bridges-to-Excellence (General)	CIGNA HealthCare is licensing the Bridges to Excellence program and is working with employers to pursue a pay-for-performance effort.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02i
NC	Medical Review of North Carolina	(No specific DOQ-IT information)	919-380-9860 800-682-2650	DOQ_33
NC	WNC Health Network	This HIE is a collaboration of hospitals to develop an electronic medical information system between the hospitals and their affiliated provider organizations.	Gary Bowers, JD WNC Health Network, 501 Biltmore Avenue, Asheville, NC 28801 828-257-2983 Gary.Bowers@wnchn.org	HIE_095

NC	Perinatal EMR	This HIE is at the University of North Carolina medical center. It has a standard, paper-based prenatal medical tracking record. They propose to develop and electronic version of a prenatal medical record, including software that allows patient access available over the Internet.	Dr. Raj Gopalan MD., MSIS 101 Manning Drive Chapel Hill, NC 27514 919-966-3950 rgopalan@unch.unc.edu	HIE_096
NC	Patient Safety Net for Heart Failure Disease Management	This HIE is based in a hospital and proposes to establish a disease management program for congestive heart failure patients.	Van J. Stitt, Jr., MD, PhD, VP, CMO 2525 Court Drive Gastonia, NC 28053 704-834-2768 stittv@gmh.org	HIE_097
NC	North Carolina Health Information Exchange Consortium (NCHIEC)	This HIE is a partnership between a health system, medical group practices, the State health department, and a software vendor. They have implemented a pilot project for health surveillance that has been used to exchange clinical information between hospitals in the partnership. They wish to expand the service to study the impact on patient safety and public health and to involve other hospitals and health systems.	Judy O'Neal 3000 New Bern Avenue Raleigh, NC 27610 919-350-8205 JONeal@wakemed.org	HIE_098
NC	NC Community Medication Management Project	This HIE is an alliance of hospitals, group practices, health departments, employers and other stakeholders that is implementing a web-based medication history record, e-prescribing and refill system.	Holt Anderson POB 13048, Research Triangle Park NC 27709-3048 919-558-9258 holt@nchica.org	HIE_099
NC	Automated Adverse Drug Events Detection and Intervention	Establishes an automated surveillance system for detecting, reporting, and intervening as well as measuring the incidence and nature of adverse drug events suffered by patients.	Peter Kilbridge, Duke University Durham, NC	AHRQ_074
NC	Showing Health Information Value in a Community Network	Assesses the costs and benefits of health IT in an established community-wide network of academic, private and public healthcare facilities created to share clinical information for the purpose of population-based care management of Medicaid beneficiaries.	David Lobach, Duke University Durham, NC	AHRQ_075
ND	North Dakota Health Care Review	NDHCRI is participating in Doctors' Office Quality Information Technology (DOQ-IT) with small-to-medium sized physician offices. This initiative promotes the adoption of electronic health record (EHR) systems and information technology (IT). The vision is to enhance access to patient information, decision support, and reference data, as well as improving patient-clinician communications.	1-800-472- 2902 701-852-4231 lmalchose@ndqio.sdps.org	DOQ_34
NE	Bridges-to-Excellence (General)	In July 2004, United Healthcare became the first health care company to license the BTE model, working with employers in Omaha, St Louis, Dayton and South Florida to offer network doctors certain incentives for earning NCQA recognition.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02e
NE	CIMRO of Nebraska	(No specific DOQ-IT information)	1-800-458-4262 402-476-1399 webmaster@cimronebraska.org	DOQ_27
NE	Nebraska Panhandle Regional Health Record Planning	This RHIO is a collaboration between the Rural Healthcare Cooperative Network, Panhandle Partnership for Health and Human Services, Panhandle Public Health District, and the University of Nebraska Public Policy Center. It is implementing the infrastructure for an electronic health record to serve the region. The infrastructure will use existing networks that connect hospitals, clinics, providers, and other health stakeholders in a rural area.	Joan Frances, Executive Director Rural Healthcare Cooperative Network, 601 High School Street Kimball NE 69145 308-235-4211 pphhsvision@earthlink.net	HIE_078

NE	Behavioral Health MIS Integration Project	This HIE proposes acquisition of hardware and software to link information system among behavioral health providers in the county.	Wende Baker, Executive Director P.O. Box 30205 Lincoln, NE 68503 402-441-8144	HIE_079
NE	HIT Plan for Region V Behavioral Health Care Providers	Plans, develops, and implements a methodology for behavioral health care providers to standardize core shared data elements; designs an integrated management information system for the sharing of health care data and information among rural and urban health care providers; connects rural providers to urban providers; and develops messaging capabilities between primary care and behavioral health care providers.	Wende Baker, Heartland Health Alliance, Holbrook, NE	AHRQ_065
NE	Regional Health Records for Frontier Communities	Plans for the implementation of a regional health record system within established networks of rural hospitals, clinics, public health providers, behavioral health providers, and others across a 14,000 sq mile remote area.	Nancy Shank, Chadron Community Hospital, Lincoln, NE	AHRQ_066
NH	Northeast Health Care Quality Foundation	(No specific DOQ-IT information) Mission is to encourage and promote improvement in health care for the Medicare beneficiaries in our service region. We provide educational materials and tools for identified quality improvement projects, and conduct reviews to ensure quality of care for beneficiaries and protect the Medicare Trust Fund.	1-800-772-0151 603-749-1641 info@nhcqf.org	DOQ_29
NH	Furthering User-Friendly Systems for Informatics and Patient Online. (FUSION)	This HIE has an established, web-based patient portal allowing appointment scheduling requests, medication refills, emails to providers, updating patient and insurance information, and downloading forms. They are proposing to link the patient portal with existing electronic medical record systems at three separate provider locations.	Barbara Walters, DO MBA Dartmouth Hitchcock Clinic 1 Bedford Farms, Bedford, NH 03110 603-629-1101 Barbara.A.Walters@Hitchcock.org	HIE_080
NH	Electronic Communications Across Provider Settings	Integrates an office-based EMR within an acute care hospital, rural community health centers, a community mental health center, a family medicine residency, private physician practices, and a home nursing service to improve use of the EMR as a clinical tool, integrate clinical data, and increase access to the data.	Deane Morrison, Concord Hospital, Concord, NH	AHRQ_067
NJ	Peer Review Organization of NJ	PRONJ Role: • Sponsor recruitment activities for physicians interested in participating in DOQ-IT project, • Select participating physicians • Work with physician office staff to conduct an assessment of the practice to identify barriers and opportunities, and develop a business case for successful EHR implementation, • Launch continuous quality improvement (QI) activities, based on EHR capabilities and data reporting • Help identify EHR systems that meet practice needs	Carolyn Hezekiah Hoitela, MLS 732-238-5570 ext. 2012	DOQ_30
NJ	Medication Information Network Exchange, (MINE)	The HIE is set up to establish a medication management system among the participants that will reduce errors. It will also give providers access to patients' histories.	Linda Woods, CIO 727 North Beers Street Holmdel, NJ 07733 732-739-5957 linda.woods@bchs.com	HIE_081
NJ	NJ Primary Care Association EMR Project	This HIE is a collaboration of federally qualified health centers proposing to develop a state-wide medical record data repository tying together all health centers in the State.	Katherine Grant-Davis 14 Washington Road, Building Two Princeton Junction, NJ 8550 609-275-8886 njpca2@aol.com	HIE_082

State	Organization	Description	Contact	Code
NJ	Virtua Health, GE Healthcare	Virtua Health is a multi-hospital healthcare system. Hospitals will be digitally based with complete electronic medical records, computerized patient rooms featuring technologies such as beds that monitor patient vital signs and the ability to convert from a medical room to an intensive care room and back without ever having to move the patient. In 2004 Virtua partnered with General Electric to position itself at the forefront of technology and the delivery of high quality care. The comprehensive strategic alliance with GE Healthcare encompasses technology optimization, leadership development, and clinical and operational excellence.	Richard P. Miller, president and CEO of Virtua Health, 888-Virtua-3	PHIT_11
NJ	NJ Department of Banking and Insurance	The NJ Department of Banking and Insurance launched an effort Wednesday to create a statewide electronic medical records system. The system would allow physicians to share patients' medical records statewide. The Department and Healthcare Information Networks and Technologies (HINT) and Health Insurance Portability and Accountability Act (HIPAA) Task Force will spearhead the project.	Donald Bryan, Acting Commissioner NJ Dept of Banking and Insurance 20 West State St., Trenton, NJ 08625 commissioner@dobi.state.nj.us	PHIT_12
NJ	Horizon Blue Cross Blue Shield of NJ	Horizon will be rolling out a similar, albeit smaller, [electronic] initiative by the end of the year. The Horizon initiative earmarks $5 million for providers to receive a free desktop computer or PDA. The Horizon effort will also have multipayer abilities, so that other health plans' formularies, and patient eligibility data are available to the provider for review.	Jay Patel, Horizon BCBS, Horizon Healthcare of New Jersey P.O. Box 820, Newark, NJ 07101 1-800-355-2583	PHIT_13
NM	New Mexico Medical Review Association	(No specific DOQ-IT information) under development	Marcia Tarasenko, RN, BSN, MBA/HC/ Quality Improvement Manager-DOQ-IT Project, 505-998-9735, 1-800-663-6351 mtarasenko@nmqio.sdps.org	DOQ_31
NM	eMS Health	This is a consortium of multiple sclerosis centers around the country that have established the eMS project as a telehealth program designed to better educate health professionals, patients and their caregivers by allowing remote access to information.	Peggy Swoveland, Ph.D. 1438 Fischer Road Las Cruces, NM 88007 505-541-5955 ptswo@aol.com	HIE_083
NM	Project ECHO—Extension for Community Healthcare Outcomes	Connects urban medical center disease experts with rural general practitioners and community health representatives over a telehealth network to effectively treat patients with chronic, common and complex diseases who do not have direct access to specialty healthcare providers.	Sanjeev Arora University of New Mexico, Albuquerque, NM SArora@salud.unm.edu	AHRQ_068
NM	New Mexico Health Information Collaborative	Develops a community-wide HIE collaborative in a rural area that will give patients and providers access to comprehensive clinical data on the Internet; develops disease-management prototypes on diabetes, pediatric asthma, depression, and low back pain and evaluates the development, implementation, and outcomes of the collaborative.	Martin Hickey, Lovelace Clinic Foundation, Albuquerque, NM	AHRQ_069
NV	HealthInsight	HealthInsight is a private, non-profit QIO whose mission is to be a catalyst in the transformation and improvement of the health care system. In our thirty-year history, HealthInsight staff has worked with the health care community on initiatives to improve the quality of care delivered in Nevada and Utah. The goal being to: Educate physician offices on EHR system solutions and alternatives, Provide implementation and quality improvement assistance, Assist physician offices in migrating from paper-based health records to EHR systems that suit their clinics' needs, Assist those currently using an EHR in using their system more effectively.	Sharon Donnelly (Medicare Beneficiaries) http://www.healthinsight.org/ contact.html 702-385-9933 http://www.healthinsight.org/ contact.html	DOQ_28
NY	Bridges-to-Excellence (General)	(POL, DCL, CCL)	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org 202-775-9300	BTE_02k

NY	UnitedHealthcare Services	UHS was chosen to provide DM in NY area. They will identify how to most effectively and efficiently improve performance measurement, data aggregation and reporting in the ambulatory care setting.	www.unitedhealthcare.com	CCIP_8
NY	IPRO	(No specific DOQ-IT information)	Alan Silver, MD, MPH, Medical Officer Susan Hollander, Assistant Director 516-326-7767 asilver2@nyqio.sdps.org shollander@nyqio.sdps.org	DOQ_32
NY	Implementing the EMR into the Pediatric Subspecialty areas of the Ambulatory Health Network.	This HIE has an adult, outpatient electronic medical record installed using the NextGen product, which they are expanding to serve their pediatric clinics and physician practices.	Joan Evanzia MIS Dept, 1045 39th Street Brooklyn, New York 11219 718-283-1892 jevanzia@maimonidesmed.org	HIE_084
NY	Western New York Emergency Department Triage Surveillance Project (WNYEDTSP)	This HIE is a consortium of health departments, academic medical centers, and hospitals that has developed a health surveillance system for emergency departments that reports infectious disease and other illnesses useful for biodefense and other epidemiology projects. In addition to public health information, the system is designed to provide eligibility, benefits, and claims information.	David G. Ellis, MD ECMC, 462 Grider Street Buffalo, NY 14215 716-898-5347 dellis@ecmc.edu	HIE_085
NY	Taconic Health Information Network and Community (THINC)	This HIE is based in an IPA with 500 physician practices. Their existing information exchange system has been in service for three years and networks physicians with a common set of services. Their proposed expansion would increase the number of physician practices, hospitals, clinical labs, and payer and use a standard electronic health record, email messaging, e-prescribing, and other services.	A. John Blair, III, MD, CEO / THINC Project Director One Summit Court, Suite 200 Fishkill, NY 12524 845-897-6359 jblair@taconicipa.com	HIE_086* RHIO_086
NY	AMI Online Network (AMION)	The HIE is an alliance of health stakeholders serving an unserved population in a rural area. They propose an electronic information exchange to allow provider access to medical information and educational resources using teleconferencing. Future expansion is envisioned to allow patient, employer and public health agency access.	Patricia L. Hale Ph.D., M.D., F.A.C.P. P.O. Box 452 Glens Falls, NY 12801 518-743-1993 screengem9@aol.com	HIE_087
NY	Continuum Health Partners - MedMined Virtual Surveillance Project	This HIE is a consortium of hospitals and medical group practices to establish the infrastructure for clinical support, biosurveillance, quality improvement, and outcomes measurement using proprietary data mining and artificial intelligence technology.	Beth Raucher, MD 1st Ave at 16th St New York, NY 10003 212-420-2853 braucher@bethisraelny.org	HIE_088
NY	NYC Syndromic Surveillance	This HIE is a collaboration between the New York City health department, hospital association, and Quest Diagnostics that has implemented a health syndrome surveillance system. They plan to expand and enhance the system to include standardized architecture and emergency departments.	Farzad Mostashari 125 Worth Street, Rm 315, CN-6 New York, NY 10013 212-788-5384 fmostash@health.nyc.gov	HIE_089
NY	Anti-Coagulation Lab results through Open standards Technology (ACLOT)	This HIE is a collaboration among health systems and academic medical centers to demonstrate a model for sharing clinical information with patients and practitioners. They are using a "federated," or peer-to-peer model of system interconnectivity and data sharing.	David Liss, Vice President, Govt. Relations & Strategic Initiatives 161 Fort Washington Avenue New York, NY 10032 212-305-1190, david.liss@nyp.org	HIE_090

NY	Advancing Therapeutics in Parkinson's (APT)	This HIE is a Parkinson's-specific disease community to increase participation and retention in clinical trials. They are also proposing to develop a disease management program for their target population, including distance learning and a central repository to acquire and distribute content.	Lucy Sargent 710 West 168th Street New York, NY 10032 800-457-6676 lsargent@pdf.org	HIE_091
NY	Community Health Center HIE Consortium	This HIE is a consortium of health systems and safety net providers focusing on development of an EMR serve community health centers in New York and New Mexico. They envision an EMR that would allow use by all parties involved in care of health center patients, and decision support tools to educate on medical errors and best practices. They also will create a disease management program for diabetes, asthma, and hypertension.	Feygele Jacobs 555 West 57th Street NY, NY 10019 212-939-9192 fjacobs@rchn.org	HIE_092
NY	Rochester HealthNet	This HIE is a collaboration between medical group practices, payers, and health systems to develop a patient registry for population tracking and quality improvement using evidence-based decision support tools for small and large medical practices, and educational materials for patients.	Albert Charbonneau 1150 University Avenue Rochester, NY 14607 585-442-0030 ac@rhealth.org	HIE_093
NY	Health-e-Access	This HIE is a collaboration between pediatric medical practices, health plans, academic medical centers, and preschool child care services to provide access to resources for disadvantaged and underserved preschool children. This will expand the existing Health-e-Access model for large child care facilities into smaller and home-based facilities. They will us a number of different methods, including mobile telehealth units.	Kenneth McConnochie, MD, MPH 601 Elmwood Avenue Pediatrics Box 777 Rochester, NY 14642 585-273-4119 Ken_McConnochie@urmc.rochester.edu	HIE_094
NY	University Physicians at Stony Brook (UPSB) and PatientKeeper ePrescription(TM) (Powered by DrFirst)	University Physicians at Stony Brook, the coordinating entity for a faculty practice of 500 physicians in Stony Brook, New York, is implementing PatientKeeper ePrescription (Powered by DrFirst) on behalf of its Practices as part of a mobile healthcare initiative to improve quality of care and patient safety. UPSB doctors are already using PatientKeeper Charge Capture to streamline the charge capture and billing processes. Electronic charge capture is a major advance over a paper system in recording the services and procedures the physicians provide to their patients.	Stephen S. Hau, PatientKeeper shau@patientkeeper.com 617-987-0304 or Ellen Dank Cohen ellen.cohen@stonybrook.edu 631-444-2055	PHIT_14
NY	Taconic Health Information Network and Community (THINC). Partners included: MedAllies, Taconic IPA, Healthvision, SureScripts, NextGen, Allscripts Healthcare Solutions, IBM	The Taconic Health Information Network and Community (THINC) is a multi-stakeholder, community-wide data exchange among community physicians, hospitals, reference laboratories, pharmacies, payers, employers, and consumers. Unique to THINC is the local, ongoing support provided by MedAllies, which provides training and support to community clinicians and their office staff to drive adoption. Project Participants: The Taconic IPA, a 2,300 independent practice association (IPA), is the lead organization of the THINC initiative. Other stakeholders include: Benedictine Hospital, Kingston Hospital, LabCorp, St. Francis Hospital, and Vassar Brothers Medical Center.	A. John Blair, III, MD 845-897-6359 jblair@taconicipa.com	PHIT_15
NY	Taconic IPA (TIPA) and MVP Health Plan	MVP Health Plan teamed with one exclusively contracted IPA, TIPA, which has strong provider group relationships and expertise in the local physician market. Taconic IPA (TIPA) operates a combined quality and HIT incentive program in which bonus payments are based on daily technology usage and patient outcomes. Physicians' bonuses are determined by their performance per member per month, and are based on 40% HIT usage and 60% quality outcomes. Shared a common desire— to change care from an organization-centric model to a community-oriented model through improvements in continuity of care and connectivity across providers. The two groups created MedAllies, a separate organization, providing general technical assistance, training, and IT and local vendor support to physician groups to move towards a highly integrated community data exchange.	Jerry Salkowe, MD Senior Medical Director for Quality Improvement jsalkowe@taconicipa.com John Blair, MD, President & CEO Taconic IPA, Inc.	PHIT_16

NY	Excellus BlueCross BlueShield health plan	Excellus health plan in New York operates a program similar to MedAllies in that it brings together a coalition including the health plan, an IPA, and an independent community group to focus on improving quality through the use of bonus payments. Under this program, the coalition pays out incentive bonuses to individual providers for their performance in meeting community-wide clinical guidelines for chronic conditions including diabetes, asthma, and coronary artery disease.	Kathleen Curtin, VP, Q & I Excellus Health Plan 205 Park Club Lane Buffalo, NY 14221 716-857-6204 Kathleen.Curtin@Excellus.com	PHIT_17
NY	Empire Blue Cross Blue Shield	Empire Blue Cross Blue Shield of New York paired with four other major, self-funded employers who purchase health care services in the NY area (IBM; Verizon Communications; PepsiCo, Inc.; and Xerox Corporation) to reward hospitals that adhere to Leapfrog standards around CPOE adoption and intensive care unit (ICU) staffing. Rather than directly fund technology investments, financial incentives are calculated based on hospital claims.	Deborah Bohren Empire BCBS, VP of Public Affairs 212-476-3552	PHIT_18
NY	New York-Presbyterian Hospital Partners With GE Medical Systems	New York-Presbyterian Hospital will implement leading edge tools for improving management, service quality and operational effectiveness. Employees will be trained in GE's quality and process improvement programs. This balanced approach is comprised of Six Sigma statistical methodologies, change-management strategies (Change Acceleration Process) and team-based problem solving techniques (Work-Out™).	Dr. Michael Berman, EVP and hospital director of NewYork-Presbyterian Hospital, 622 West 168th Street New York, NY 10032 212-305-2500	PHIT_19
NY	Capital District Physicians' Health Plan, Inc. (CDPHP) and Community Care Physicians, P.C. and Northeast Health	Data Sharing Initiative Improves the Delivery of Health Care Services. Expanding its efforts to support physicians by providing real-time patient information essential to the delivery of quality care, CDPHP has piloted data sharing initiatives with two area leading health care organizations—Community Care Physicians, P.C. and Northeast Health.	William J. Cromie, MD, MBA, President and CEO, CDPHP	PHIT_20
NY	Mayo Clinic and IBM	IBM and the Mayo Clinic embarked on a collaboration to realize a shared vision of information-based medicine. As a first step, IBM and Mayo Clinic have integrated 4.4 million patient records that were in non-integrated formats, into a unified system based on a standard technology platform that incorporates robust security and privacy features. This will allow physicians and researchers access to a comprehensive set of records that can be analyzed with the security and privacy needed to protect patient confidentiality and meet government standards.	Matthew McMahon IBM 914-766-4164 mattm@us.ibm.com	PHIT_21
NY	Planning Implementation of an EMR in a Rural Area	Researches the implementation of an EMR in the medical community and the use of electronic ordering; identifies a system that will allow for the seamless exchange of clinical information throughout the medical community.	Jay Federaman, Adirondack Medical Center, Saranac Lake, NY	AHRQ_070
NY	Creating an Evidence Base for Vision Rehabilitation	Implements the newly developed Electronic Vision Rehabilitation Record and its tools to evaluate the effectiveness of current best practices and help refine practice as the evidence indicates.	Betty Bird, Lighthouse International New York, NY BBIRD@lighthouse.org	AHRQ_071
NY	Taconic Health Information Network and Community	Adds a healthcare portal to the existing community-wide electronic data exchange which will allow for use of the current electronic messaging system along with migration to a full EMR; evaluates physician office efficiency improvement and cost reduction, payer return on investment, and safety and quality improvement.	John Blair III, Taconic IPA, Fishkill, NY jblair@taconicipa.com	AHRQ_072
NY	Valuation of Primary Care-Integrated Telehealth	Assesses the impact of a telehealth program on primary care utilization and cost for remote assessment and treatment of ill children in childcare and school sites.	Kenneth McConnochie, University of Rochester, Rochester, NY ken_mcconnochie@urmc.rochester.edu	AHRQ_073
OH	Bridges-to-Excellence (General)	In July 2004, United Healthcare became the first health care company to license the BTE model, working with employers in Omaha, St Louis, Dayton and South Florida to offer network doctors certain incentives for earning NCQA recognition.	Susan Dorsey, Director NBCH 1015 18th Street N.W., Suite 730 Washington, DC 20036 Sdorsey@nbch.org, 202-775-9300	BTE_02g

OH	Bridges-to-Excellence (DCL)	Enables physicians to achieve one-year or three-year recognition for high performance in diabetes care. Qualifying physicians receive up to $80 for each diabetic patient covered by a participating employer and plan. In addition, the program offers a suite of products and tools to help diabetic patients get engaged in their care, achieve better outcomes, and identify local physicians that meet the high performance measures.	NCQA 2000 L Street, NW, Suite 500 Washington, DC 20036 202-955-3500 Customersupport@ncqa.org	BTE_03a
OH	Ohio KePRO	n/a	216-447-9604 1-800-385-5080 droffice@ohqio.sdps.org	DOQ_35a
OH	Health Care Excel	Through this initiative, Health Care Excel (HCE), the Medicare Quality Improvement Organization for Indiana, will assist primary care physicians in adopting Electronic Health Record (EHR) systems with the ultimate goal of improving office efficiency and patient outcomes. This initiative is sponsored by the Centers for Medicare & Medicaid Services (CMS).	Darlene Skelton, 812-234-1499 614-752-9854	DOQ_35b
OH	HealthBridge	This HIE is a collaboration of health systems, payers, group practices, employers, and other stakeholders who have come together to develop an Internet portal for clinical information. Their platform includes secure connections to physician practices and hospitals, access to data at hospitals, and a clinical messaging system. They are looking to enhance their system by improving the speed of delivery of information needed for clinical decision making, aggregation of population health data, and cost reduction through use of a single infrastructure.	Robert Steffel 11300 Cornell Park Drive Suite 360 Cincinnati, OH 45242 513-469-7222 ext. 20 rsteffel@healthbridge.org Keith Hepp, VP of Business Development, 513-469-7222 x12 khepp@healthbridge.org	HIE_100
OH	Berger Health System CPOE	Pickaway County, a rural community served by a single hospital through Berger Health System's is investigating CPOE.	Andy Chileski 600 North Pickaway St. Circleville, OH 43113 740-420-8284 andy.chileski@bergerhealth.com	HIE_101
OH	Pathways to Medication Safety	The goal of this HIE initiative is improved patient safety and treatment through reduction in medication errors. This is a multi-stakeholder group consisting of two community based hospitals (RHH and Bedford), an academic medical center (UHC) based within an umbrella health care system (UHHS), and a private industry sponsor (MDG Medical). They will establish critical metrics to evaluate and implement automated medication delivery system designed for small to medium size community based hospitals.	Carol Fedor, ND, CCRC Center for Clinical Research University Hospitals of Cleveland 11100 Euclid Avenue, LKSD 1400 Cleveland, OH 44106 216-844-5524 carol.fedor@uhhs.com	HIE_102
OH	HealthLink Miami Valley	Increasing access to health and human services is the goal of this HIE. The Center for Healthy Communities (CHC) at Wright State University School of Medicine is a community academic partnership.	Katherine L. Cauley, Ph.D. 140 E. Monument Ave. Dayton, OH 45402 937-775-1114 katherine.cauley@wright.edu	HIE_103
OH	Connecting Rural North East Ohio For Better Health	Twin City Hospital will be the focal point of this HIE which seeks to distribute real-time information to the network of providers caring for a patient. Partners include the Red Cross and local Health Departments.	Marge Jentes 819 N. First St. Dennison, OH 44621 740-922-2800 mjentes@twincityhospital.org	HIE_104
OH	Women & Children Data Exchange	Women of childbearing age and their newborns are the target of this HIE in Lorain County, OH. Having an electronic chart would facilitate all pieces of relevant information being accessible at the point of care. This would dramatically enhance the effectiveness and the efficiency of health care providers. The HIE will include all patients treated by EMH ob/gyns, the ECHD, OB/GYN Clinic, EMH, pediatricians, and tertiary care providers (MetroHealth and Fairview) and Home Health.	Patricia G. Egan 630 East River Street Elyria, OH 44035 440-329-7591 PEgan@emhrhs.org	HIE_105

OH	Rural Health Exchange	This is a system expansion that adds an exchange of clinical information to include bar coding of lab specimens, laboratory results reporting, shared patient registration demographics, online ordering of lab tests and prescriptions by physicians, and electronic signature.	Walt Newlon, MHSA 1106 Colegate Drive Marietta, OH 45750 740-568-2262 wnewlon@selbygeneralhospital.com	HIE_106
OH	Coordinated Patient Record System	This is a multi-stakeholder, not-for-profit, 501(c)3 organization serving the greater Toledo, Ohio area with the focus of improving the quality of healthcare in the community. The HIE is both clinically-focused and patient-focused. Key components of the system are the consistent identification of each patient across institutional boundaries, and the automatic distribution of information between care sites according to privacy-protected routing rules.	Duane Gainsburg, MD Chairman, CHANWO 5600 Monroe Street Suite A101 Sylvania, OH 43560 419-882-8401 dgains@macconnect.com	HIE_107
OH	Laboratory Information System	This is an integrated Laboratory Information System. It can be used onsite or via the Internet for physicians to place orders and look at test results. The hospital lab will also use the system to request tests of contracted reference labs for processing and as a posting mechanism for results. Lab results from both the hospital and the contracted reference labs will be available on a single website.	Phil Frohriep 610 West Main Street, P.O. Box 600 Wilmington, OH 45177 937-283-9657 phfroehreip@cmhregional.com	HIE_108
OH	Radiology Information System	The HIE will be an integrated Radiology Information System and Picture Archiving and Communications System accessible from on-site or via Internet for physicians to view radiological images or reports.	Phil Frohriep 610 West Main Street, P.O. Box 600 Wilmington, OH 45177 937-283-9657 phfroehreip@cmhregional.com	HIE_109
OH	Kaiser Permanente and Epic Systems	Kaiser's other regions are preparing to follow Hawaii's lead on the HealthConnect implementation. Ohio, for example, is now implementing the billing and appointment scheduling applications.	Louise Liang, MD, SVP for Quality and Clinical Systems Support Kaiser Foundation Health Plan One Kaiser Plaza, Oakland, CA 94612 510-271-6317	PHIT_05b
OH	SureScripts and The Cleveland Clinic and Epic Systems	SureScripts is working with The Cleveland Clinic's physician and technology staff to connect its EpicCare EMR system with the SureScripts network, allowing the Clinic's nearly 1,000 physicians currently using EpicCare to exchange renewal requests and authorizations with pharmacists and process new prescriptions completely electronically.	Michelle Bolek, Cleveland Clinic 216-444-0333 bolekm@ccf.org	PHIT_22
OH	Cleveland Clinic and IBM	Cleveland Clinic and IBM are collaborating to provide the clinic's patients with more customized treatments by allowing doctors to electronically tap into research discoveries at the bedside. IBM and Cleveland Clinic will develop a "translational medicine platform," or infrastructure that ties together patients' electronic health-record data with the clinic's clinical, genetic, and other research data. The work between IBM and Cleveland Clinic follows a similar customized medicine collaboration revealed in Aug between IBM and Mayo.	Mike Svinte, IBM's VP of information-based medicine or Michelle Bolek Cleveland Clinic, 216-444-0333 bolekm@ccf.org	PHIT_23
OH	CCHS-East Huron Hospital CPOE Project	Creates an information management environment that integrates patient care data, standardizes practice variation and use of best practices, and supports the delivery of a seamless continuum of patient care throughout the health system through CPOE.	Greg Kall, Meridia Health System East Cleveland, OH KallG@ccf.org	AHRQ_076
OH	Trial of Decision Support to Improve Diabetes Outcomes	Evaluates the effects of a Web portal-based patient empowerment program and EMR system on quality of care, patient safety, and utilization for patients with diabetes and physicians in primary care practices.	Randall Cebul, Case Western Reserve University, 216-778-3901 rdc@case.edu	AHRQ_077
OK	LifeMasters Supported SelfCare	Deployment of project will begin in Sep 05. Will be using this call center for monitoring approx 135,000 members of Bluegrass Family Health.	Denise Apcar, LifeMasters 650-829-6217 dapcar@lifemasters.com	CCIP_6

OK	Oklahoma Foundation for Medical Quality	As part of its commitment to improving health care in our state, OFMQ is helping primary care practices understand and use health IT through the Doctor's Office Quality - Information Technology (DOQ-IT) initiative. OFMQ understands that different practices have different needs and is offering support to practices implementing clinical IT solutions or improving efficiencies of current systems through DOQ-IT.	Lisa Wynn 405-840-2891 lwynn@okqio.sdps.org	DOQ_36
OK	Saint Francis Heart Hospital HIE	The technical foundation of this HIE is the Saint Francis Heart Hospital. The cardiovascular network encompasses ambulatory clinics, outpatient diagnostic centers, tertiary care centers and independent physician practices. The network will capture historical data for cardiovascular-compromised patients, with the objective of impacting outcomes in a positive manner by eliminating paper-based problems.	Tom Cooper 6585 South Yale Ave Suite 1040 Tulsa, OK 74136 918-481-7911 tcooper@saintfrancis.com	HIE_110
OK	Health Improvement Collaboration in Cherokee County, Oklahoma	Creates a plan for developing an integrated, multifunctional, HIPAA-compliant Community Health Information Network; developing a telephonic comprehensive nurse line service and triage function; and investigating and implementing improvements for streamlining of existing appointment systems.	Mark Jones, Tahlequah City Hospital Tahlequah, OK	AHRQ_078
OK	INTEGRIS Telewoundcare Network	Demonstrates and evaluates the clinical effectiveness and cost-savings of utilizing telehealth technology to reduce the days to healing for chronic wounds by improving access to caregivers, point of care processes, and dissemination of best practice information.	Charles Bryant, INTEGRIS Health, Inc. Oklahoma City, OK	AHRQ_079
OR	Oregon Medical Professional Review Organization (OMPRO)	During the current pilot phase of the project, OMPRO is working with a small number of Oregon medical practices that are currently implementing EHR systems or preparing to select a vendor. OMPRO is assisting the practices in evaluating vendors and products and in designing improved workflows for documenting patient care. OMPRO will work with a larger number of practices when the full DOQ–IT project commences in fall 2005. The full project includes quality improvement and measurement components.	Margene Bortel /Quality Improvement Specialist 503-382-3963	DOQ_37
OR	Portland Emergency Surveillance System	The proposed HIE is a real time population-based database that includes the discharge and admission diagnosis from all major area emergency departments in Portland, Oregon. This database is designed to be queried automatically for syndromic surveillance. The data will be analyzed according to GIS data and diagnosis to detect spatial and temporal clustering of diagnoses.	Jerris Hedges, MD 3181 SW Sam Jackson Park Road Portland, OR 97201 503-494-7500 hedgesj@ohsu.edu	HIE_111
OR	Oregon Senate	A plan approved by the Senate Monday, Senate Bill 541, creates a task force to make recommendations on implementing a state electronic medical records system and address necessary patient security issues. Senate Bill 541 brings together hospitals of varying sizes, representatives of physicians' clinics and vendors that can provide electronic medical record services to establish a road map toward better information sharing.	Senator Frank Morse (R-Albany/ Corvallis, OR) or Senator Ben Westlund (R-Bend, OR)	PHIT_24
OR	Improving the Quality of Healthcare in Central Oregon	Develops an integrated health IT to improve rural access to healthcare, and identifies key issues to improve patient safety and quality of care, including analyzing the cost-benefit of technical solutions.	Diane Audiss, St. Charles Medical Center, Bend, OR daudiss@scmc.org	AHRQ_080
OR	Bay Area Community Informatics Project	Plans the implementation of an HIE using a secure fiber optic connection between community care providers to share patient demographic, medical records, laboratory results and radiographic images.	Jeffery Givens, Bay Area Hospital Coos Bay, OR	AHRQ_081
OR	Using IT to Improve Medication Safety for Rural Elders	Implements a Patient-Centered Medication Information System (PCMIS) to provide secure access to accurate, complete, and current medication information for patients, clinicians, pharmacists, and nurses, reconcile differences in medication information, and provide a platform for evidence-based decision support; assess the benefits and costs of the system.	Paul Gorman, Samaritan North Lincoln Hospital, Lincoln City, OR gormanp@ohsu.edu	AHRQ_082

OR	Medication Management: A Closed Computerized Loop	Implements health IT specifically related to medication administration and management and assesses the extent to which these technologies contribute to measurable and sustainable improvements in patient safety and quality of care.	Mark Hetz, Three Rivers Community Hospital, Grants Pass, OR 541-608-5960	AHRQ_083
OR	Improving Safety and Quality with Integrated Technology	Demonstrates the value of an integrated outpatient and inpatient health information system by assessing adherence to evidence-based treatment guidelines for women who are group B streptococcus positive including inappropriate antibiotic use and screening in the outpatient setting, and cost-benefit analysis.	Jeanne-Marie Guise, Oregon Health and Sciences University, Portland, OR 503-494-3107	AHRQ_084
PA	Health Dialog Services Corp.	Health Dialog will demonstrate its approach to chronic care management by providing care management services over the next 3 years to at least 20,000 fee-for-service Medicare beneficiaries in PA with congestive heart failure and/or complex diabetes.	George Bennett, Chairman and CEO Health Dialog, Sixty State Street, 11th Floor, Boston, MA 02109, 617-406-5200	CCIP_4
PA	Quality Insights of Pennsylvania	Quality Insights of Pennsylvania is the Medicare Quality Improvement Organization (QIO) for the Commonwealth. The Centers for Medicare & Medicaid Services (CMS) contract runs from August 1, 2002 to July 31, 2005. Quality Insights: Partnering to Achieve Health Care Excellence with Information Technology.	717-671-5425 877-346-6180 http://www.qipa.org/Feedback.asp	DOQ_38
PA	SVRHP Regional Remote Pharmacy System	This proposal is for the establishment of a fully integrated remote pharmacy system between all network members using common clinical application systems. The SVRHP is developing a regional rural integrated electronic information system to enhance and support local healthcare delivery. By establishing this system, all network members will have 24 hour, 7 day a week services of licensed pharmacist.	Susan Browning, Executive Director 1020 Thompson Street Jersey Shore, PA 17740 570-321-3000 sbrowning@shscares.org	HIE_112
PA	HIE to Prevent Blindness in four Specific Blinding Disorders	This is a remote imaging HIE in which retinal images are captured, stored and forwarded via internet to qualified specialists for analysis. Diagnosis and management information is then transmitted to the patient's managing physician.	Jay L Federman, MD 501 N. Essex Ave. Narberth, PA 19072 610-949-9789 jfederbeck@aol.com	HIE_113
PA	Mercy Circle of Care Exchange Model	This program will affiliate with churches and neighborhood organizations to do insurance outreach and referral to primary care and maintain a shared data system to profile and track uninsured individuals over time. Using a web-based information management system, "ServicePoint" by Bowman Internet Systems, LLC, they will link all of the participating Mercy Circle of Care providers via the Internet and will be operated as a web-based, on-line transactional system. The database will provide the Mercy Health Partners with the capability of capturing and sharing real-time data throughout the network to facilitate patient eligibility, patient registration, patient tracking, referrals, and care and outcomes management.	William Bithoney, MD 501 South 54th Street Philadelphia, PA 19143 215-748-9420 wbithoney@mercyhealth.org	HIE_114
PA	Service Point	ServicePoint coordinates and electronically automates client intake and screening for eligibility in the HealthRight program. ServicePoint also maintains a brief history of the client's medical conditions and medical services provided, allowing HealthRight and the participating providers to identify, monitor, and case manage appropriate patients to move towards improving their health status.	Linnette Black 801 Market St., 7th Floor, Suite 7100 Philadelphia, PA 19107 215-413-8591 lblack@hfedu.org	HIE_115
PA	The Pittsburgh Health Information Network (PHIN)	The PHIN is designed to be a central repository which will collect claims data on diabetic and depressed patients as well as lab test results on 7 datapoints related to diabetes care. This central database can then be accessed by physicians on-demand and at the point of care in order to easily track available data on treatment for these chronic diseases from a single source no matter what health insurance coverage a patient has.	Ed Harrison Centre City Tower, Suite 2150 650 Smithfield St. Pittsburgh, PA 15222 412-535-0292 x 107 eharrison@prhi.org	HIE_116

PA	Patient/Physician Information Exchange (P2P)	UPMC's proposal model is to provide tools that are integrated into the physician workflow that enable communication (physician to physician, patient to physician and physician to patient). The Patient/Physician Information Exchange is a secured interactive suite of software tools that enable a variety of communication paths with physicians and patients. It supports bi-directional communication to the patient and physician with all available modalities.	Robert J. Schwartz, MD, MPH Medical Director, UPMC HS Office of Physician Relations 200 Lothrop Street Pittsburgh, PA 15213 412-647-7346 schwartzrj@upmc.edu	HIE_117
PA	Scranton Temple HIE (STHIE)	STRP Inc.goal is to plan and implement a feasible, sustainable and effective HIE system in the community that will allow authorized providers and consumers timely and efficient access to complete patient health information.	Robert E. Wright, MD 746 Jefferson Avenue Scranton, PA 18510 570-343-2383 rwrigth@mhs-nepa.com	HIE_118
PA	IBM and the University of Pittsburgh Medical Center	IBM and the University of Pittsburgh Medical Center have announced that they will spend at least $50 million over eight years to develop computer technology for health care, the Pittsburgh Post-Gazette reports. Officials hope the computer infrastructure will serve as a model for other hospitals that want to develop electronic health records, creating commercial opportunities for IBM and UPMC.	UPMC President Jeffrey Romoff 200 Lothrop St. Pittsburgh, PA 15213-2582 800-533-8762	PHIT_25
PA	Geisinger Health System and Central Penn Health Information Collaborative	A group of 24 community hospitals from across central and eastern Pennsylvania began May 11, 2005 an initiative to create a system for sharing electronic patient records between the hospitals. Mount Nittany Medical Center, and Philipsburg and Tyrone hospitals are part of the Central Penn Health Information Collaborative. The effort being spearheaded by Geisinger includes hospitals from across the state, including Altoona, Huntingdon, Scranton, Wilkes-Barre, Montrose and Lewistown. The initiative doesn't have the heavy financial backing others nationwide have had. It does have a $200,000 federal grant and has applied for an additional $3 million in funding.	Jim Walker, CMIO Geisinger Health System jmwalker@geisinger.edu 570-271-6750	PHIT_26
PA	Highmark Blue Cross Blue Shield (PA)	Highmark Blue Cross Blue Shield (PA) also operates a similar program [to the Bridges for Excellence model] which awards tiered bonuses based on performance and IT implementation for physicians in at least the 50th percentile.	Highmark Fifth Avenue Place 120 Fifth Avenue Pittsburgh, PA 15222-3099 412-544-7000	PHIT_27
PA	CapMed PHR and NextGen Healthcare	The PHR will work in conjunction with NextGen® EMR to enable the secure communication of health information between patients and providers. The PHR allows patients to keep personal health data electronically on their personal computer and exchange data with their physicians and other care providers.	Wendy Angst, CapMed wangst@capmed.com 267-757-3315	PHIT_33
PA	Regional Approach for THQIT in Rural Settings	Conducts a formal clinical information and technical needs assessment to identify the optimal technical model for information sharing as well as actions required to overcome barriers; develops a project plan that will promote implementation of cost-effective clinical information services.	James Walker, Geisinger Clinic Danville, PA	AHRQ_085
PA	Enhancing Patient Safety through a Universal EMR System	Implements an EMR system that allows 24-hour data sharing across 7 rural health care delivery sites for clinicians to access current and complete patient information using either Personal Digital Assistants or a Web portal.	Thomas Johnson, Dubois Regional Medical Center, DuBois, PA	AHRQ_086
PR	Quality Improvement Professional Research Organization (QIPRO)	n/a	n/a	DOQ_52
RI	State and Regional Demonstrations in Health Information Technology	Contract that plans, develops, implements, and evaluates a Master Patient Index to facilitate interoperability and sharing patient data between public and private health care sectors.	Project Director: Patricia Nolan State of Rhode Island, Providence, RI	AHRQ_087

RI	Quality Partners of Rhode Island	(No specific DOQ-IT information)	Lauren Pond /Physician Office 401-528-3204 lpond@riqio.sdps.org	DOQ_39
RI	Rhode Island/HealthAlliant Project	RIQI is implementing a statewide initiative in cooperation with SureScripts, Inc., a collaborative effort of independent and chain pharmacies across the nation to implement state-wide electronic connectivity between all retail pharmacies and all prescribers in the state.	Laura Adams One Union Station Providence, RI 02903 401-274-4564 ladams@riqi.org	HIE_119
SC	Carolina Medical Review	(No specific DOQ-IT information)	803-731-8225 800-922-3089	DOQ_40
SD	South Dakota Foundation for Medical Care	(No specific DOQ-IT information)	605-336-3505 800-658-2285	DOQ_41
SD	Sioux Valley Clinical Information System	Sioux Valley Hospitals and Health System has developed a plan for implementing a Clinical Information system across its entire health system. These clinical Information systems will form an electronic medical record that will be used to share appropriate clinical information between clinicians across the health system.	Arlyn Broekhuis 1305 W. 18th Street Sioux Falls, SD 57117-5039 605-333-7329 broekhua@siouxvalley.org	HIE_120
TN	XL Health	XL Health chosen to provide disease management services in Tennessee. Responsible for recruiting and offering DM services to Medicare fee-for-service beneficiaries in Tennessee with diabetes, congestive heart failure and all related co-morbidities.	XLHealth, The Warehouse at Camden Yards 351 West Camden Street, Suite 100, Baltimore, MD 21201	CCIP_9
TN	Center for Healthcare Quality	QSource, the Medicare Quality Improvement Organization for Tennessee, is embarking on a project to provide support to small and medium primary care practices in implementing EHRs. We are not a vendor of EHR products, nor do we endorse any vendor. What we do is help you and your staff identify which of the existing systems would best meet your practice's needs, look at what needs to be put in place to successfully implement it into your office structure, and what changes need to occur in your office's workflow to ensure that the EHR functions in such a way as to be effective and not to cause unnecessary issues or duplication of work.	Jennifer McAnally /EHR Implementation Advisor 1-800-528-2655 (2635)	DOQ_42
TN	Tri-Cities TN-VA Care Data Exchange Project	Our HIE is diverse collaboration of health service institutions which seek to improve health outcomes for patients through linkage of their health information. The HIE will be a peer to peer network allowing existing EMR systems to retain and maintain data while a search interface handles security, record identification, and distribution.	Liesa Jo Jenkins P.O. Box 980 Kingsport, Tennessee 37662 423-246-2017 ljenkins@kingsporttomorrow.org	HIE_121* RHIO_121
TN	Memphis Metro Area Technology Collaborative for Health (MATCH)	MATCH is a technical infrastructure for a common enterprise-wide master patient index (eMPI), becoming the foundation for a regional health information exchange network and electronic medical record system. The system will be designed so that authorized healthcare providers at any facility will have the ability to log on, find the correct patient, and immediately access all relevant health information including transcribed reports, laboratory, radiology, etc.	Chuck Fitch, Vice President and Chief Information Officer / Co-Pls: Karen Fox and Mary McCain 66 N. Pauline Street, Suite 232 Memphis, TN 38105 901-448-6683 Chuck.Fitch@utmg.org	HIE_122
TN	Volunteer eHealth Initiative	Designed to establish regional data-sharing agreements and to implement clinical data exchange, the Volunteer eHealth Initiative will provide a framework for hospitals, physician groups, clinics, health plans and other healthcare stakeholders to work together. It focuses initially on Shelby, Fayette and Tipton counties.	Mark Frisse, MD Vanderbilt Center for Better Health 3401 West End Avenue, Suite 290 Nashville, TN 615-343-1528 Mark.Frisse@Vanderbilt.edu	HIE_123

TN	Williamson-Wired Health Exchange for Kids	This HIE program will enroll parents of underinsured kids through school and church outreach, educate them via classes, assign a caregiver for web-based coaching, link the children's health to providers in the Mercy Children's Clinic and to community based providers, and monitor improvements in health outcomes and community-based care for this population. The "wired" resource network will include schools, churches and physicians in the community, with the goal of improving access to basic primary care services and, through the use of web-based technology, to improve health status in the prevention and treatment of prevalent childhood diseases and conditions.	Paul H. Keckley, Ph.D. Executive Director MCN D3300 Nashville, TN 37232 615-343-3922 paul.keckley@vandervilt.edu	HIE_124
TN	State and Regional Demonstrations in Health Information Technology	Contract that plans, implements, and evaluates a State-based regional data sharing and interoperability service interconnecting the health care entities in three counties including needs assessment for healthcare improvement and reforming TennCare.	Project Director: Mark E. Frisse Vanderbilt University Medical Center Nashville, TN	AHRQ_088
TN	Improving the Quality and Safety of Regional Surgical Patient Care.	Through the Creation of a Multi-institutional Partnership for the Implementation and Support of Perioperative Informatics Tools, this project develops a detailed plan for the implementation and support of informatics tools in regional health centers including the creation of informatics tools to manage institutional surgical care information, creation of a multi-institutional partnership to manage both the informatics and surgical quality improvement programs, and the development of an economic model related to the business and safety benefits.	Michael Higgins, Vanderbilt University Medical Center, Nashville, TN	AHRQ_089
TN	Improving Quality Care for Children with Special Needs	Develops a database that includes diagnoses, health records, and educational information on Children with Special Health Care Needs with emphasis on children with genetic conditions and developmental disabilities; makes this information available to physicians via a secure Web-based system.	Carmen Lozzio, University of Tennessee Health Sciences Center Memphis, TN	AHRQ_090
TN	Technology Exchange for Cancer Health Network (TECH-Net)	Implements a systematic care program to improve cancer management in rural communities by building upon an innovative approach to total clinical decision support to provide access to oncology, hematology, and other specialists through a dedicated telehealth network.	Karen Fox, University of Tennessee Health Sciences Center, Memphis, TN kfox@utmem.edu	AHRQ_091
TX	Rural Hospital Collaborative for Excellence Using IT	Implements advanced information technology in rural and small community hospitals including Web-based business intelligence tools, Internet connectivity, and standardized national measures of patient safety and quality; also provides education intervention to support implementation efforts and evaluate its effects on patient safety and quality.	Patricia Dorris, Palo Pinto General Hospital, Mineral Wells, TX	AHRQ_092
TX	Measuring the Value of Remote ICU Monitoring	Examines the effect of tele-ICU monitoring on mortality, complications, length of stay, cost-effectiveness, provider attitudes, and human factors issues in ICUs and 7 community hospitals.	Eric Thomas, University of TX-Houston Eric.Thomas@uth.tmc.edu	AHRQ_093
TX	TX Medical Foundation	TX Medical Foundation, under contract with the Centers for Medicare & Medicaid Services, is providing support for a limited time to small- and medium-sized primary care practices in implementing an EHR system through an initiative called Doctor's Office Quality - Information Technology (DOQ-IT). We are not a vendor of EHR products and we do not endorse any vendor.	Tara Frease, 800-725-9216 tfrease@txqio.sdps.org bstephenson@txqio.sdps.org	DOQ_43
TX	Integrated Clinical Information System	TCH is launching a major initiative to transform multiple, disparate information systems into an integrated pediatric information management portal. TCH and its other entities and partners are committed to providing an integrated electronic medical record; point of care review and capture of vital signs, medication administration, and data from biomedical equipment; improved quality of life by utilization of telemedicine and remote capture of data from new sources; and data warehouse to support clinical research and education.	David Finn, VP Information Services 1102 Bates, Suite 650, MC 3-4221 Houston, TX 77030 832-824-2062 dsfinn@texaschildrenhospital.org	HIE_125

TX	National Data Source Connectivity	PSI is deploying a communication network based on existing technology that provides patient-centric clinical information. The network backbone is based on a community-driven, patient-centric model. To facilitate expansion of PSI nationwide, PSI will offer access to the system through publicly available, open-standard technology. PSI is platform and software independent, making access to its inexpensive and trusted network service open to all communities that join the network and agree to abide by PSI's principles. PSI has been designed to be a national, rather than regional model.	Johnny Walker, PSI CEO / Executive Director, 972-444-9800 jwalker@ptsafety.org	HIE_126
TX	UHS HIE	This is a web-based patient health indicator database. The HIE will provide for a collection and exchange of patient-monitored health indicators and a sharing of these indicators with assigned clinicians.	Tim Geryk 4502 Medical Drive San Antonio, TX 78229 210-358-1392 tim.geryk@uhs-sa.com	HIE_127
UT	Bridges-to-Excellence (POL)	CMS is also looking towards the BTE Physician Office Link program as a possible element in its forthcoming Medicare Care Management Performance Demonstration project, an initiative which will promote the adoption and use of health information technology to improve the efficiency and quality of patient care for chronically ill Medicare patients. Doctors who meet or exceed performance standards established by CMS in clinical delivery systems and patient outcomes will receive performance payments for managing the care of eligible Medicare beneficiaries. The effort, scheduled to begin later this year, will involve hundreds of doctors in medical practices in Arkansas, California, Utah and Massachusetts. In many of these States, CMS will collaborate with BTE and other private pay-for-performance initiatives.	Medstat Group 1-800-224-7161 bridgestoexcellence@thomson.com	BTE_01c
UT	HealthInsight	HealthInsight is a private, non-profit QIO whose mission is to be a catalyst in the transformation and improvement of the health care system. In our thirty-year history, HealthInsight staff has worked with the health care community on initiatives to improve the quality of care delivered in Nevada and Utah. The goal being to: Educate physician offices on EHR system solutions and alternatives, Provide implementation and quality improvement assistance, Assist physician offices in migrating from paper-based health records to EHR systems that suit their clinics' needs. Assist those currently using an EHR in using their system more effectively.	Sharon Donnelly (Medicare Beneficiaries) http://www.healthinsight.org/contact.html 801-892-6668 Hotline: 800-483-0932 801-892-0155 sdonnelly@healthinsight.org	DOQ_44
UT	Utah Health Information Network (UHIN)	The Utah Health Information Network (UHIN) is a broad-based coalition of health care insurers, providers, and other interested parties, including State government. UHIN participants have come together for the common goal of reducing health care administrative costs through data standardization of administrative health data and electronic commerce (EC). UHIN has a centralized health data transaction system and is the hub for this system.	801-466-7705 Fax: 801-466-7169 Washington Building, Suite 320, 151 East 5600 South Murray, UT 84107	HIE_140
UT	Improving Communication Between Health Care Providers Via a Statewide Infrastructure: UHIN	Contract that expands and enhances current Statewide network for the electronic exchange of patient administrative and clinical data and will support the adoption of EMRs.	Project Director: Jan Root, Utah Health Information Network Murray, UT	AHRQ_094
UT	Nursing Home IT: Optimal Medication and Care Delivery	Implements an health IT system with added best-practices decision support modules in 7 nursing homes and evaluates the impact on care processes, resident health outcomes, and staff efficiency and satisfaction.	Susan Horn, International Severity Information Systems, Inc. Salt Lake City, UT	AHRQ_095
UT	Rural Trial of Clinic Order Entry with Decision Support	Assesses the value of a computerized clinic order entry tool in rural primary care practices for appropriateness of antimicrobial therapy for acute respiratory infections, frequency of hemoglobin A1c in diabetics, incidence of outpatient adverse drug events, and influenza vaccine immunizations.	Matthew Samore, University of Utah Salt Lake City, UT	AHRQ_096

VA	Virginia Health Quality Center	Through the Doctors' Office Quality-Information Technology (DOQ-IT) project, sponsored by CMS, the VHQC is working to support the adoption and effective use of information technology by physicians' offices in Virginia, along with all Quality Improvement Organizations (QIOs) across the nation.	Project Manager: David Collins, M.H.A., CPHQ; Medical Director: Kevin Fergusson, M.D., M.S.H.A. 804-289-5320 dcollins@vaqio.sdps.org, kfergusson@vaqio.sdps.org	DOQ_46a
VA	West Virginia Medical Institute	(No specific DOQ-IT information)	804-343-9776 1-800-951-3530 http://www.wvmi.org/Feedback.asp	DOQ_46b
VA	CenVaNet	Using a common web portal that enables physicians, hospitals, commercial laboratories, payers and eventually consumers to communicate in a secure and confidential environment, CenVaNet has organized the creation of a community-wide data and information interchange to allow providers to transfer critical clinical and administrative data.	Michael Matthews, CEO 2001 West Broad St., Suite 202 Richmond, VA 23220-2022 804-359-4500 x225 mmatthews@CVHN.com	HIE_129
VA	Rural Virginia e-Health Collaborative	Examines automation of the continuity of care record for use in patient referrals, hospital admission, and hospital discharge; e-prescribing in physician practices, hospital discharge medications, and long-term care facilities with links to community pharmacies; and disease registries for managing preventive care interventions and chronic diseases.	Michael Matthews, Rappahannock General Hospital, Kilmarnock, VA	AHRQ_099
VI	Virgin Islands Medical Institute	(No specific DOQ-IT information)	340-712-2400 askvimi@viqio.sdps.org	DOQ_53
VT	Northeast Health Care Quality Foundation	(No specific DOQ-IT information) Mission is to encourage and promote improvement in health care for the Medicare beneficiaries in our service region. We provide educational materials and tools for identified quality improvement projects, and conduct reviews to ensure quality of care for beneficiaries and protect the Medicare Trust Fund.	1-800-772-0151 603-749-1641 info@nhcqf.org	DOQ_45
VT	Community Electronic Health Record	Goal is to create a patient record integrated with CVH's EMR and to make it available immediately to all providers in the 25-physician primary care offices.	Russell Davignon P.O. Box 547 Barre, VT 05641 802-371-4100 russell.davignon@hitchcock.org	HIE_128
VT	Improving Rural Healthcare with Technology	Utilizes existing health IT standards to integrate the current stand-alone databases and information systems of a consortium of three rural healthcare systems as the basis for creating a comprehensive electronic health record for patient care.	C. Frederick Lord, Mt. Ascutney Hospital and Health Center Windsor, VT	AHRQ_097
VT	Improving Healthcare Quality via Information Technology	Implements an integrated electronic patient medical record, electronic medication administration record, computerized physician order entry (CPOE), and clinical decision support software that will be accessible at all participating facilities which include an acute care hospital, home health care agency, ambulatory clinics, a rehab facility, and to the patient/resident from home.	Robert Pezzulich, Southwestern Vermont Health, Bennington, VT	AHRQ_098
WA	Qualis Health	Practices that participate in DOQ-IT will receive free assistance to select, implement, and optimize IT systems such as EHRs, e-prescribing, and registries. CMS has contracted with Qualis Health to provide DOQ-IT services to participating physicians in Washington, Idaho, and Alaska.	Andrea Sciaudone, RN CPHQ 800-949-7536, ext. 2030 andreas@qualishealth.org	DOQ_47
WA	e-Prescribing: Strengthening County-wide Health Information Exchange	The HIE will assist in checking for allergies, drug-drug-conflicts, duplicate drugs, and drug-disease contraindications.	Lori Nichols 715 West Orchard Drive, Suite 4 Bellingham, WA 98225 360-671-6800 lnichols@hinet.org	HIE_130* RHIO_130

WA	Community-Based Diabetes Health Information Exchange Project	This HIE is built upon an existing EMR. It will allow tracking of inpatient and outpatient data related to diabetes, which will be collected via standardized messaging from independent sources into the Electronic Medical Record (EMR) of the primary care provider. The EMR will also use a web tool to allow diabetes patients to access health education and enter health monitoring information.	Jac Davies 157 S. Howard St., Suite 500 Spokane, WA 99201 509-232-8120 daviesjc@inhs.org	HIE_131
WA	HealthKey, & the Electronic Laboratory Based Reporting System (ELBRS)	HealthKey was developed to create a replicable model for Public Key Infrastructure (PKI) and other secure infrastructure models for the health care industry. In addition to CHITA's role in HealthKey, the organization facilitates troubleshooting and assistance around HIPAA standards for data exchange, privacy and security, and hosts a number of workgroups around standards for administrative and claims data.	Michael Taylor, 206-682-2811 x10 administration@qualityhealth.org	HIE_145
WA	Kaiser Permanente and Epic Systems	The next regions to implement the patient records component will be those with previous clinical IT experience, such as Kaiser's Northwest region, where facilities have used other Epic systems for years.	Louise Liang, MD, SVP for Quality and Clinical Systems Support Kaiser Foundation Health Plan One Kaiser Plaza, Oakland, CA 94612 510 271-6317	PHIT_05d
WA	Microsoft: Digital Pharma Initiative	Microsoft Announces Digital Pharma Initiative, Providing Comprehensive Solutions Framework to Drive Business Efficiency and Speed-to-Insight in the Pharmaceutical Industry. More Than 18 Leading Companies Are Developing or Supporting Solutions Based on the Digital Pharma Initiative; Pfizer and Merck Are Among a Number of Customers That Have Deployed Microsoft-Based Solutions. The companies include Accenture, Covansys Corp., DataLabs Inc., HP, Immedient Corp., Manhattan Associates Inc., Meridio, Merit Solutions Software, Motion Computing Inc., OnSphere Corp., OSIsoft Inc., OutlookSoft Corp., ProClarity Corp., Project Assistants Inc., Proscape Technologies Inc., QUMAS, Siebel Systems Inc. and Tectura Corp.	Tim Smokoff, Managing Director Microsoft Healthcare and Life Sciences	PHIT_28
WA	Evaluating the Impact of an ACPOE/CDS System on Outcomes	Implements an ambulatory computer physician order entry (ACPOE) system with clinical decision support capabilities in an ambulatory, community-based, integrated health-system; evaluates the impact of the system both internally, on organizational processes and human factors, and externally, on patient safety as measured by medication errors and adverse drug events.	Sean Sullivan, University of Washington, Seattle, WA sdsull@u.washington.edu	AHRQ_100
WA	A Rural HIT Cooperative to Promote Clinical Improvement	Demonstrates the value of health IT in improving quality of inpatient care for community-acquired pneumonia and emergency care of acute myocardial infarctions in rural hospitals.	Elizabeth Floersheim, Rural Healthcare Quality Network, Davenport, WA 206-216-2550	AHRQ_101
WI	MetaStar	n/a	Jesi Wang, 608-441-8269 800-362-2320 jwang@metastar.com	DOQ_49
WI	Wisconsin Health Informaton Exchange	WHIE will incorporate the building blocks of an HIE from several underutilized networks to form a system that has a patient index, standards-based data storage/ transmission, security, redundancy, and consumer access.	Seth Foldy, M.D. c/o NIMI-MW 1251 Glen Oaks Lane Mequon, WI 53092-3378 414-906-0036 sfoldy@sbcglobal.net	HIE_135* RHIO_135
WI	Wellpoint eRx or Paper Reduction	WellPoint is spearheading an electronic initiative at a cost of $40 million that will reach 19,000 physicians. In California, Georgia, Missouri, and Wisconsin, physicians will be given the opportunity to choose from either of two electronic packages: a Prescription Improvement Package or a Paperwork Reduction Package.	Ron J. Ponder, PhD, EVP, Information Services, WellPoint or Nadia Leather, CGEY nadia.leather@capgemini.com 212-314-8236	PHIT_02d
WI	Planning for a Rural Prescription Medication Network	Develops a shared electronic repository for patient-level prescription medication data that enables real-time access for patients receiving healthcare services and plans a model system design to electronically link prescription medication data across hospitals and physician practices.	Robert Gribble, St. Joseph's Hospital Marshfield, WI	AHRQ_102

WI	Developing Shared EHR Infrastructure in Wisconsin	Plans the implementation of a common infrastructure for an integrated EHR and CPOE to enhance access to clinical data, develops a workable model/plan for standards-based data sharing to allow multiple providers using disparate information systems to access patient information, and creates a quality measurement and enhancement tool that would measure improvements in quality and patient care.	Tim Size Reedsburg Area Medical Center, Reedsburg, WI	AHRQ_103
WI	Improving Patient Safety/Quality with HIT Implementation	Implements an Epic health IT system and diffuses the system community-wide; identifies the prevalence of medication errors, near misses, and preventable adverse drug events; assesses costs and customer satisfaction both before and after implementation.	John Reiling St. Joseph's Community Hospital West Bend, WI	AHRQ_104
WI	CPOE Implementation in ICU's	Assesses the implementation of CPOE systems in 6 intensive care units (ICUs) and evaluates the value and outcomes of patient safety involving medication errors; quality of care; end users' job tasks, perceptions, and attitudes; and financial impact.	Pascale Carayon, University of Wisconsin, Madison, WI	AHRQ_105
WV	West Virginia Medical Institute	(No specific DOQ-IT information)	304-346-9864 800-642-8686 http://www.wvmi.org/Feedback.asp	DOQ_48
WV	West Virginia Patient Safety Project	The West Virginia Patient Safety Project is designed around a Web-based incident reporting system to enhance the hospital's capacity to detect, analyze, and correct systemic problems that could produce errors in patient care.	Patricia Ruddick, RN, MSN 3001 Chesterfield Place Charleston, WV 25304 304-346-9864 pruddick@wvmi.org	HIE_134
WV	West Virginia University School of Medicine	Dr. Julian Bailes, chairman of the Department of Neurosurgery at the West Virginia University School of Medicine, has been tapped to oversee a statewide working group studying implementation of electronic medical records technology. Will most likely include West Virginia State Medical Association, West Virginia Hospital Association, government health care providers and other health care groups.	Dr. Julian Bailes, chairman of the Department of Neurosurgery, WVU School of Medicine	PHIT_29
WV	Boone County Community Care Network	Designs a county-wide health information system that will allow health information sharing and permit real-time order placement by hospitals, health departments, private physicians' offices, clinics, and long-term care facilities.	Robert Atkins, Boone Memorial Hospital, Madison, WV	AHRQ_106
WV	Partnering to Improve Patient Safety in Rural WV	Expands the reporting of medical errors and near misses, monitors safety event reporting, and develops a learning network among small, rural hospitals and their associated ambulatory care facilities, long-term care facilities, and home health agencies.	Gail Bellamy, West Virginia Medical Institute, Charleston, WV	AHRQ_107
WY	Mountain-Pacific Quality Health Foundation	(No specific DOQ-IT information) Mountain-Pacific Quality Health Foundation is the quality improvement organization (QIO) for Montana, Wyoming, Hawaii, and the territories of Guam, the Commonwealth of the Northern Marianas and American Samoa. The Foundation operates out of offices in Helena, Montana; Cheyenne, Wyoming; and Honolulu, Hawaii. As a QIO, we receive funding from the federal government to enact programs that help ensure people with Medicare receive appropriate, high-quality care. We also hold contracts with other government agencies and private insurance companies.	307-637-8162 877-810-6248 wyoming@mpqhf.org	DOQ_50
WY	Wyoming RHIO	Wyoming is studying and planning for development of a sustainable, interoperable health care information and communication technology system to support the effective, efficient and secure exchange of health information across the spectrum of medical care stakeholders.	n/a	HIE_142