



# Research and Projects: AHRQ THQIT and SRD Portfolio

## New York

### Taconic Health Information Network and Community

**Description:** 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.

**Abstract:** DESCRIPTION (provided by the applicant): The Taconic IPA, a 2,500 physician independent practice association located in Fishkill, NY involved in an information technology project to improve the quality, safety, and efficiency of healthcare in our region. Over the past three years, the organization has worked with area hospitals and laboratories to create a community wide electronic data exchange. Currently, laconic IPA physicians electronically manage the data through a clinical messaging system as part of their daily workflow, the first step in adoption of an electronic medical record (EIMR). The Taconic IPA plans to add a healthcare portal to the existing communitywide electronic data exchange which will allow for use of the current electronic messaging system along with migration to a full EMR. We believe that a full EMR with clinical decision support and patient registries is required to significantly improve the quality, safety, and efficiency of healthcare. Most uniform EMR systems have been developed and deployed in Integrated Delivery Systems or large university hospitals under a staff model setting. Independently practicing physicians and competing community hospitals do not engage in efforts to deploy interoperable systems with standards and common vocabularies necessary to address quality improvement on a population-based and individual physician basis. The IPA is one of the first to attempt deployment of a standard EMR with a community wide electronic data exchange among a large group of independently practicing physicians as has been done in staff model settings. Although studies have demonstrated cost savings and, to a limited extent, quality improvement in staff model implementations, large controlled trials do not exist in the private practice setting. Our project will evaluate: physician office efficiency improvement and cost reduction, payer return on investment, safety improvement, and quality improvement. The groups evaluated will include a control group, the group using the electronic messaging system, and a group using a full EMR.

**Year 1 Funding:** \$500,000

**Estimated Total Funding:** \$1.5 million

**Principal Investigator:** John Blair III

**Applicant Institution:** Taconic IPA

**City/Town:** Fishkill, New York

**State:** New York

**Grant Number:** UC1 HS15316

**Category:** Implementation Grants (THQIT)

**Thesaurus Terms:** automated medical record system, biomedical automation, computer network, health care quality, online computer, patient safety /medical error, computer assisted medical decision making, computer assisted patient care, cooperative study, cost effectiveness, health care facility information system, interdisciplinary collaboration, patient /disease registry, physician, behavioral /social science research tag, health services research tag

**Project Start Date:** Sep 30, 2004

**Project End Date:** Sep 29, 2007