

Taconic **TALK**

From the Taconic IPA.
Exclusive physician network for **MVP**.

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Credentialing Committee
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meets on the first Tuesday
of the month at **7:30 AM**

Finance Committee
David R. Field, C.P.A.
meets quarterly on the third
Thursday of the month
at **6:00 PM**

Medical Council Committee
Michael D. Freedman, M.D.
meets on the fourth Thursday
of the month at **6:30 PM**

Peer Review Committee
James Wise, M.D.
meets on the first Thursday
every other month at **6:00 PM**

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A. JOHN BLAIR, III, M.D. MESSAGE FROM THE PRESIDENT & CEO



The last several months have seen many changes in each of our organizations, primarily precipitated by two events in recent months. The first was the award of a Health and Human Services contract to IBM, Intel and Cisco Systems with MedAllies as a subcontractor for a National Health Information Network prototype. Second was the submission of a HEAL-NY grant. The Health Care Efficiency and Affordability Law for New Yorkers (HEAL-NY) was developed by the New York State Department of Health and the Dormitory Authority of the State of New York to effectively reform and reconfigure New York State's health care delivery system and encourage improvements and efficiency in operations. The two primary objectives of the program are: 1) To identify and support development and investment in health information technology initiatives on a regional level; and 2) To identify and support the funding of restructuring plans undertaken in regional health care service delivery areas that result in improved stability, efficiency, and quality of the health care services in the region.

I will outline the new focus of our organizations from these developments.

Taconic IPA

The Taconic IPA will continue physician network development and maintenance requirements as outlined in our MVP Service Agreement. The IPA's focus on quality improvement will also continue under the direction of the Medical Council. As mentioned in the November 2005 issue of *Taconic Talk*, the IPA is assisting eligible physicians in achieving NCQA recognition. We will be reporting physicians who have been recognized since the last *Taconic Talk* along with the total number recognized in the IPA. The IPA is facilitating Bridges to Excellence registration (see *Taconic Talk*, November 2005). Finally, we will be expanding our research to include relationships with Weill Medical College of Cornell University, Columbia Presbyterian and Brigham and Women's Hospitals.

THINC RHIO, Inc.

Currently, the costs of Electronic Health Records (EHR) and interoperability are born primarily by providers (physicians and hospitals) while employers and health plans derive the most financial benefit. This misalignment of incentives creates the greatest barrier for widespread EHR adoption (Health Affairs 24, no.5 (2005)). The Taconic Health Information Network and Community (THINC) was formed approximately two years ago as a large multi-stakeholder collaborative to address the misalignment of incentives for

health care technology. While the collaborative has been working on incentive programs, the stakeholder group has significantly expanded to represent all stakeholders in the health care community including: physicians, hospitals, payers, employers, federal agencies, state agencies and multiple trade associations.

Until recently, the collaborative was a non-formal affiliation. Last month the THINC collaborative became incorporated as a 501(c) (3) not-for-profit corporation called THINC RHIO, Inc. The company will oversee the security and privacy issues with health data in the community along with public health and quality issues.

MedAllies Update

E-Prescribing

MedAllies is happy to report that we have been able to negotiate an arrangement with an electronic prescribing vendor that will allow their system to transition seamlessly from the e-prescribing application into a certified electronic health record. Offices using this e-prescribing application will be interfaced into their current practice management system. Additionally, if they choose to progress to an electronic health record, no additional procedures or configurations will be required. All information existing in their e-Prescribing system will

automatically be part of the EHR system database. For IPA physicians, there will be no charge for e-prescribing. The only fee will be if they ultimately transition to an EHR. Any office considering an e-prescribing system from a non-MedAllies vendor should check with MedAllies prior to committing to a system that might not be able to: connect to Pharmacy Benefit Management (PBMs) systems for formulary information, SureScripts for pharmacy connectivity and/or transition to an EHR seamlessly. Included in this issue is an *Electronic Prescribing (e-Rx) – Request for Software License* for offices interested in e-prescribing through MedAllies.

Electronic Health Records

MedAllies will continue to implement electronic health record (EHR) applications in physician practices. **Please note: MedAllies supports individual practitioners as well as physician groups — regardless of group size.** MedAllies also provides practice management/EHR integrated software for those practices looking to move from their current practice management system. The software runs both systems from one database, eliminating the need for interfacing. Practices interested in an EHR application can contact Dianne Koval, Project Manager, MedAllies at **(845) 298-8360** or **dkoval@medallies.com**.



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