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# THINC

## A case study

**A. John Blair, III, MD**  
**President and Chief Executive Officer**  
**Taconic IPA**  
**MedAllies**

# THINC History

2002

Taconic IPA began working on clinical messaging system, the first step toward HIE

2003

Successful pilot project of clinical messaging system

2004

- THINC Collaborative was launched
- MVP Health Care began offering \$0.40 pmpm incentive for use of the clinical messaging system

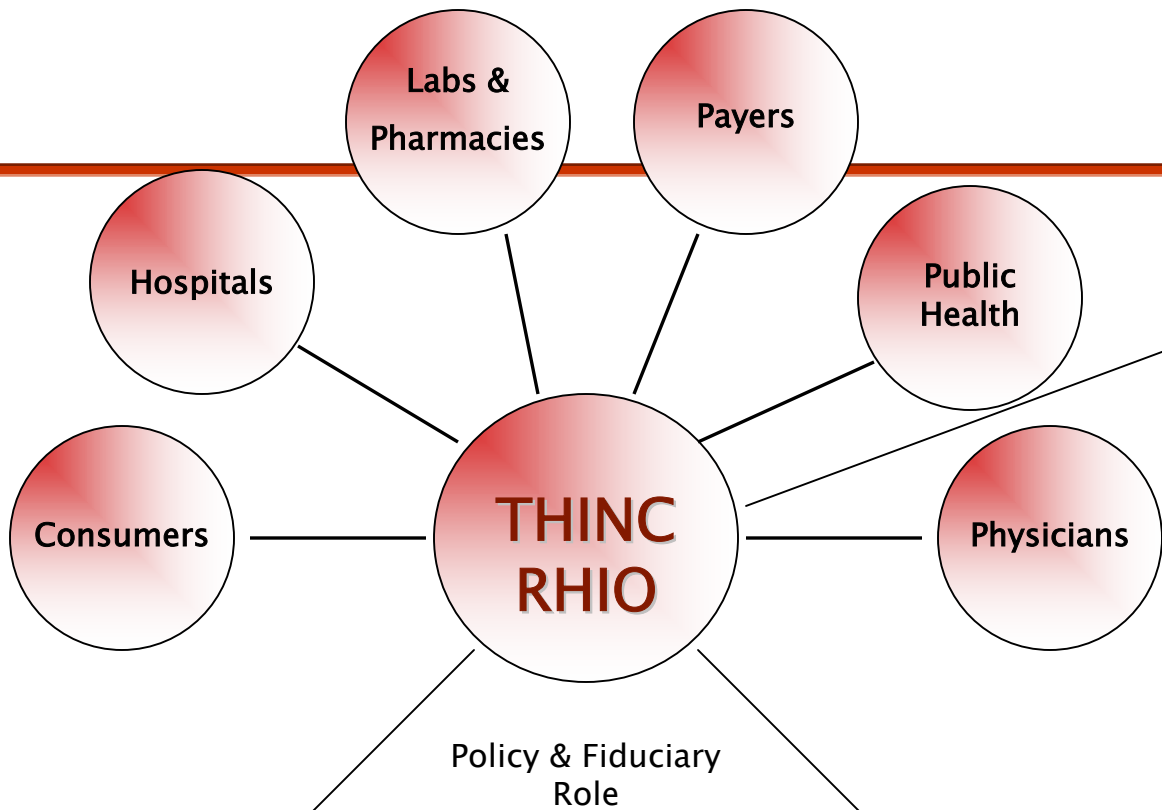
2005

- 500 Physicians using THINC's HIE
- IBM, as the largest employer in the HV, agreed to provide incentives for eRX adoption

2005

THINC RHIO, Inc. formed in November to:

- Create formally a multi-stakeholder governance structure
- Align with the national health IT agenda to protect privacy and strengthen security and
- Prepare for the NHIN architecture prototype development

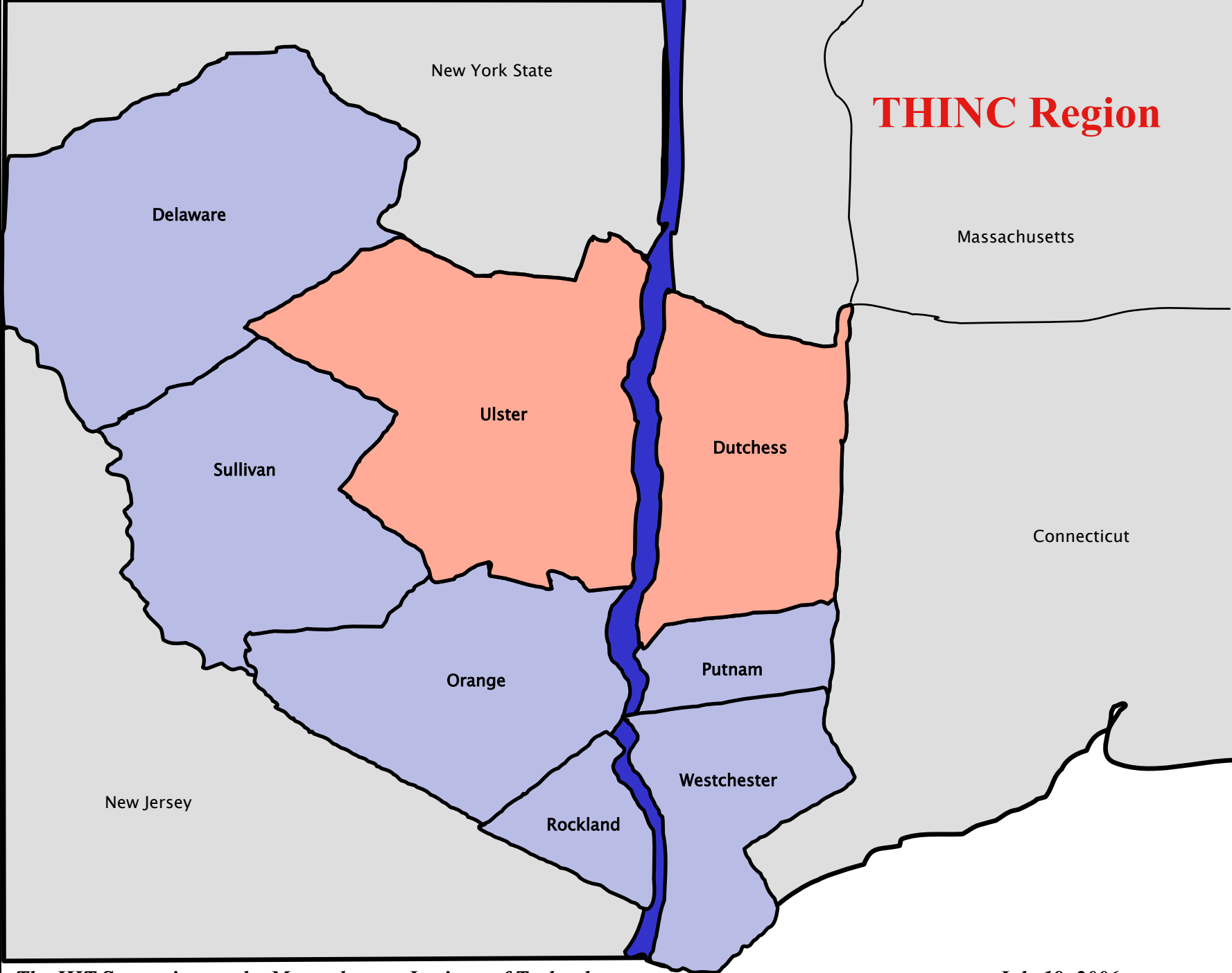


- Operating Committees**
- Privacy & Consumer
  - Security & Technology
  - Quality & Clinical
  - Public Health
  - Financial

**MedAllies**  
*Health Information  
 Service Provider*

**Taconic IPA**  
*Research & Evaluation*

# THINC Region



# THINC Today

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- ❖ Point-to-Point HIE
  - Data Suppliers
    - 5 Hospitals
    - 2 National labs
      - LabCorp
      - Quest Diagnostics
    - 100% of Outpatient data
  - Data Users
    - 200 practices
    - Over 500 physicians
    - Over 1500 end users, including physicians and their staff

# Future Direction of THINC

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- ❖ Interoperable HIE and EHR adoption with decision support and various population health improvement applications
  - Expansion to 8 counties
  - Nationwide Health Information Network (NHIN) Prototype Community
    - American Health Information Community (AHIC) breakthrough implementation
  - State government participation
  - Key programmatic strategy
    - Physician EHR service offering: goal of 1000 EHR users
    - Commercial HIE implementation: goal of 25 hospitals, 4 national data suppliers, 5 EHR vendor interfaces
    - P4P: goal of \$300-500 per month per physician in payment.
    - Public Health: goal of bidirectional surveillance and reporting among State DOH and THINC participants.
    - Care Management: goal of real time disease management at the point of care.

# MedAllies Services

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- ❖ Electronic Health Record (EHR)
- ❖ Health Information Exchange (HIE)
- ❖ Data Reporting

# MedAllies Expertise

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- ❖ Change Management Expertise
- ❖ Planning, Implementation, Training, Support
- ❖ Hardware / Network Support
- ❖ Quality Improvement
  - Post-implementation
  - Preventive Care
  - Chronic Disease Management
  - IPRO (NY State QIO)



# Training and Support: MedAllies

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## ❖ Industry Average

- 10 Hours per physician – Year 1
- Phone Support – Post Implementation

## ❖ MedAllies

- 40 Hours per physician – Year 1
- 10 Hours per physician – Ongoing
- 24/7 Help Desk
- Local Support / Trainers
- 1.5 hours maximum onsite response time

# EHR Selection Criteria

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- ❖ CCHIT Certification
- ❖ Browser Ready
- ❖ Rx-Hub
- ❖ SureScripts
- ❖ CPOE
  - Medical Necessity Checking
- ❖ THINC Quality Metrics Working Group

# MedAllies Services

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- ❖ Electronic Health Record (EHR)
- ❖ Health Information Exchange (HIE)
- ❖ Data Reporting

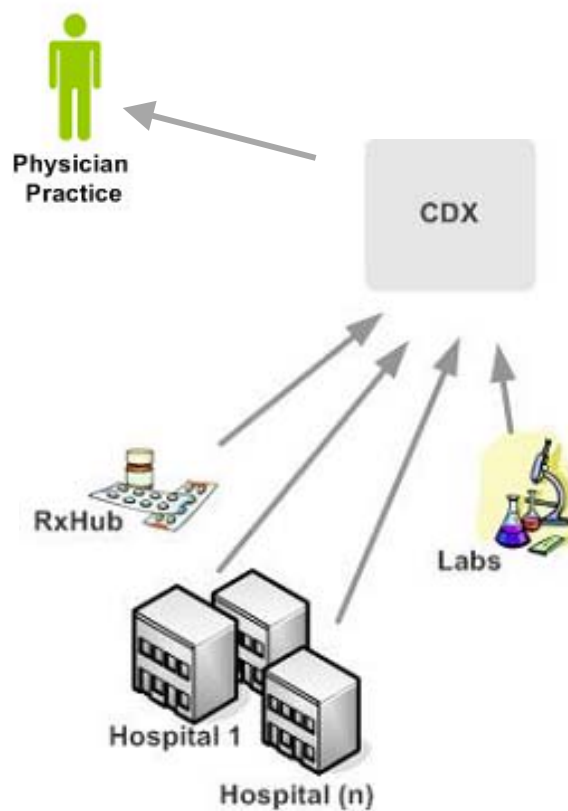
# Health Information Exchange

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- ❖ Hospitals
- ❖ Labs
- ❖ Physicians

# Current HIE Environment

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# MedAllies Portal



MedAllies Clinical Desktop - Microsoft Internet Explorer

File Edit View Favorites Tools Help


Back Forward Stop Refresh Home Search Favorites

Address <https://clinical3.healthvision.com/default.asp?asorg=101> Go Links

Dianne Koval

- Home
- Message Center
- Patient Data
- E-Sign
- Reference Library
- News & Info
- Policies
- Tools
- Help
- Log off



**You have 80 dictations to sign**

**Secure Messages (0 new):**

[Transcription Messages \(3\)](#)  
 [Observation Results \(2\)](#)  
 [Demographic Message \(2\)](#)  
 [Visit Messages \(18\)](#)  
 [Text Messages \(5\)](#)

**Critical Secure Messages (2):**

Sent	From	Patient	Topic
11/17/04 02:54PM	Registration System	TESTPATIENT, AARON A	<a href="#">Transfer to Inpatient Department</a>
11/15/04 07:36AM	Registration System	RAMSEY, PATIENT	<a href="#">Admission to Inpatient Department</a>

1 to 2 of 2

Search for Patient:   [Advanced](#)

Recent Patients

Name	Age	Gender	DOB
<a href="#">BIRD, WOODSTOCK</a>	28y	M	09/06/1976
<a href="#">MEDA, WILLIAM</a>	58y	Male	10/16/1946
<a href="#">MEDALLIES, ASHLEY</a>	29y	Female	03/16/1975
<a href="#">TEST, ADMIT</a>	79y	F	01/26/1926
<a href="#">TEST, AGNESCHIN</a>	73y	Female	05/20/1931
<a href="#">TEST, BILL</a>	45y	Female	06/20/1959
<a href="#">TEST, CANCEL II</a>	45y	F	06/21/1959
<a href="#">TEST, ERADMINT</a>	45y	Female	06/20/1959
<a href="#">TEST, PREADMIT</a>	32y	F	12/21/1972
<a href="#">TEST, SSI</a>	61y	Male	06/07/1943


**Telephone Directories**


[Benedictine Hospital](#)


St. Francis Hospital

[Quick List](#)  
[Main Directory Quick List](#)  
[Beacon Directory](#)

**Access Information**

 **MEDLINE** - Search the National Library of Medicine's database of more than 3 million articles. Please contact your hospital librarian for assistance with ordering documents from MEDLINE.

 **Clinical Trials** - Access to clinical trials and information on treatment options.

 **FDA Drug Information** - The Center for Drug Evaluation and Research allows you to search for official information about FDA approved brand name and generic drugs.

**MedAllies**

**Welcome!**

MedAllies is excited to present the new Clinical Desktop! There are many new features for physicians and their offices to utilize allowing them to improve access to information, increase office efficiency, and enhance service to patients.

# Results Viewer

UNCLINIC MEDICAL BY



Patient, Sick

Recent

Patient, Sick

Results Viewer

Summary View

Last 90 days

Columns: 8

Print

Graph

TEST NAME	01/23/06 07:00AM	01/20/06 07:00AM	01/18/06 08:30AM	01/17/06 03:00PM	01/17/06 05:30AM	01/16/06 05:30AM	01/15/06 08:40AM	01/14/06 07:45AM
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**COAGULATION**

PROTHROMBIN TIME (PT)	<a href="#">40.5</a>		<a href="#">28.1</a>	<a href="#">20.2</a> H		<a href="#">14.9</a> H		
INR	<a href="#">3.7</a> H		<a href="#">2.5</a>	<a href="#">2.10</a> H		<a href="#">1.55</a> H		

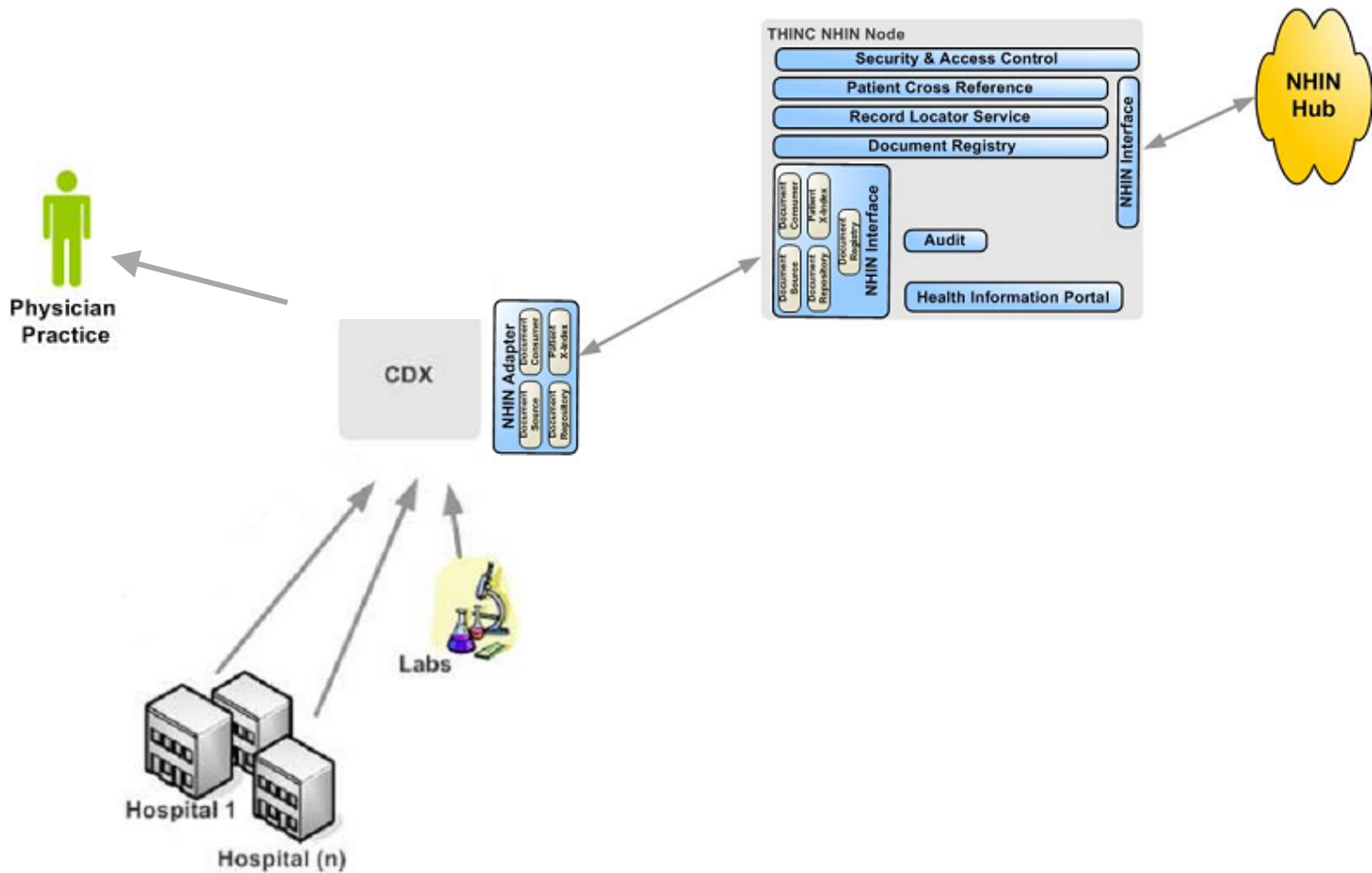
**ROUTINE HEMATOLOGY**

WBC		<a href="#">12.6</a> H			<a href="#">15.3</a> H			<a href="#">21.1</a>
RBC		<a href="#">4.58</a>			<a href="#">4.60</a>			<a href="#">5.00</a>
HGB		<a href="#">10.9</a> L			<a href="#">11.1</a> L			<a href="#">11.9</a>
HCT		<a href="#">33.9</a> L			<a href="#">33.1</a> L			<a href="#">36.3</a>
MCV		<a href="#">73.8</a> L			<a href="#">72</a> L			<a href="#">73</a> L
MCH		<a href="#">23.9</a> L			<a href="#">24.2</a> L			<a href="#">23.9</a>
MCHC		<a href="#">32.3</a>			<a href="#">33.7</a>			<a href="#">32.9</a>
RDW		<a href="#">17.5</a> H			<a href="#">17.4</a> H			<a href="#">17.3</a>
PLATELETS		<a href="#">247</a>						
PLATELETS		<a href="#">ADEQUATE</a>			<a href="#">307</a>			<a href="#">321</a>
MPV		<a href="#">8.8</a>			<a href="#">8.5</a>			<a href="#">8.0</a>
NEUTROPHILS		<a href="#">73.5</a>			<a href="#">81.6</a> H			<a href="#">81.4</a>
NEUTROPHILS ABSOLUTE		<a href="#">9.29</a> H			<a href="#">12.5</a> H			<a href="#">17.2</a>
LYMPHOCYTES		<a href="#">16.2</a>			<a href="#">10.1</a> L			<a href="#">11.1</a>
LYMPHOCYTES ABSOLUTE		<a href="#">2.05</a>			<a href="#">1.5</a>			<a href="#">2.3</a>
MONOCYTES		<a href="#">9.5</a> H			<a href="#">8.1</a>			<a href="#">7.2</a>
MONOCYTES ABSOLUTE		<a href="#">1.21</a> H			<a href="#">1.2</a> H			<a href="#">1.5</a>

- Home
- Message Center
- Patient Data
- Patient Search**
- Account History**
- Messages**
- Results Viewer**
- Transcriptions**
- Unsigned Items**
- Patient Registration**
- Eligibility**
- Medications**
- Allergies**
- E-Sign
- Reference Library
- Order Hardware
- News & Info
- Access Hospital Systems
- Policies
- Tools
- Reports
- Help
- Log off

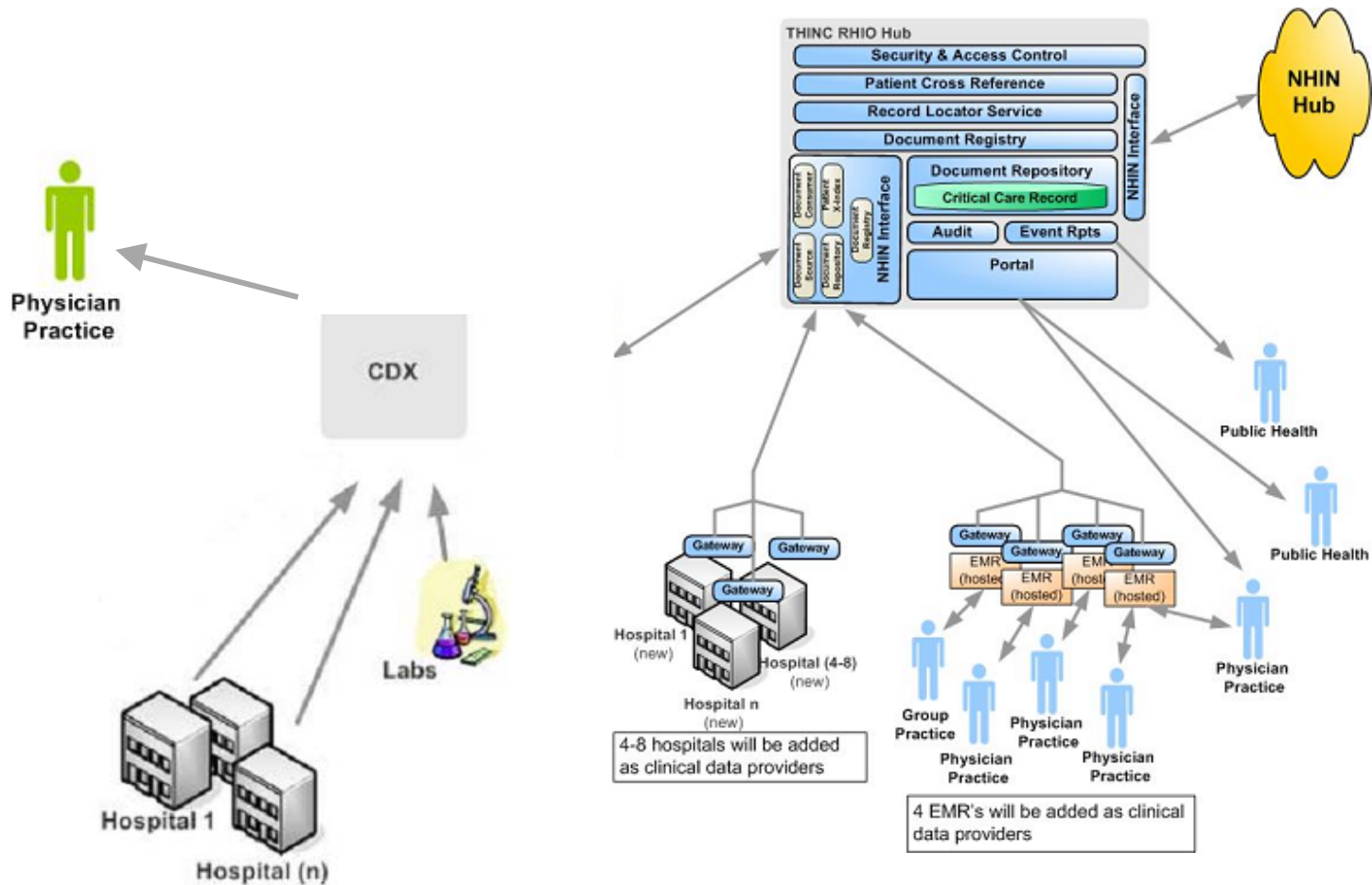


# Future of THINC -- Technology





# Future of THINC -- Technology



# MedAllies Services

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- ❖ Electronic Health Record (EHR)
- ❖ Health Information Exchange (HIE)
- ❖ Data Reporting

# Data Reporting

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- ❖ Quality
- ❖ Public Health
- ❖ Life Sciences
- ❖ Research

# Quality Reporting Project

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- ❖ Quality Measures
- ❖ Vendor EHRs
- ❖ HIE
- ❖ Data Aggregation
- ❖ Standardized Report

# Taconic IPA

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- ❖ Incentive Programs
- ❖ Research and Evaluation

# Incentive Development

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- ❖ Pay-for-Performance
- ❖ Technology
  - e-Results
- ❖ Outcome Measures

# Matrix of Clinical IT Incentives

PHYSICIAN: JANE R. DOE, MD					
Incentive Sponsor	Maximum Incentive Amount	Expected Annual Increase in Generic Rx %	# Eligible Patients	# Months of PCP Eligibility	Maximum Annual Payment
<b><u>eRx &amp; Generic Rx</u></b>					
MVP eRx Adoption	\$ .40 pmpm	n/a	200	12	\$ 960
MVP Generic Rx	\$ .25 pmpm	5	200	12	\$ 600
IBM eRx Adoption	\$ .25 pmpm	n/a	100	12	\$ 300
IBM Generic Rx	\$ .25 pmpm	5	100	12	\$ 60
CH Energy eRx Adoption	TBD	n/a			TBD
Hudson Health Plan	TBD	n/a			TBD
Bridges to Excellence POL Only OR	\$ 40.00 pmpy	n/a	20	n/a	\$ 800
Bridges to Excellence POL & DPRP/CCRP	\$50.00 pmpy	n/a	20	n/a	\$ 1,000
<b>TOTAL (POL only)</b>			320		\$ 2,720

# Taconic IPA Research & Evaluation

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- ❖ Patient safety: Medication Errors
- ❖ Quality of Care: Health plan HEDIS measures
- ❖ Financial Evaluation
- ❖ Provider Perceptions and Satisfaction
- ❖ Patient Perceptions and Satisfaction
- ❖ Research Team: investigator's from Brigham and Women's and Cornell, including Dr. David Bates and Dr. Rainu Kaushal



# THINC:

## Factors That Facilitate Success

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- ❖ A thoughtful, incremental game plan
- ❖ Clear physician leadership and a core set of champions
- ❖ Strong public sector validation and support
- ❖ Employer and plan interest in IT ... and a business case
- ❖ Well-developed evaluation plan in place thru AHRQ
- ❖ The power of “the right thing”

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**Thanks for your time!**

**A. John Blair, III, MD**  
**President and Chief Executive Officer**  
**Taconic IPA**  
**MedAllies**