



February 1, 2007

New Haven lands grant to link healthcare data

By Patty Enrado

New Haven has received a \$3 million grant from Misys Healthcare Systems to help the city create a community-wide electronic health record network.

The network will touch 22 counties and approximately 800,000 patients in the greater New Haven area.

Cornerstones of the network will be the area's two major hospitals – Yale-New Haven Hospital and the Hospital of Saint Raphael, which will host Misys Connect, the technology that will facilitate data sharing among the medical organizations.

Raleigh, N.C. -based Misys Healthcare Systems launched The Center for Community Health Leadership six months ago to drive development of health information exchanges by connecting one community at a time. New Haven was the first selected to receive a grant.

Connecticut's 31 hospitals serve 3 million people. The majority of its physician groups are small and independent. The approximately 30 to 40 small practices, comprising some 200 community-based physicians, do not have electronic health records, according to Gary Davidson, CIO of the Hospital of Saint Raphael. Less than 10 percent of healthcare delivery organizations in the community have a true electronic medical record system, he said,

Interest in changing that, coupled with the community's reputation for healthcare excellence, is what helped New Haven become the first to receive a Misys grant.

“We demonstrated interest and willingness to tangibly move forward,” said John Drury, MD, practicing cardiology and chief medical information officer at the Hospital of Saint Raphael. Physicians are motivated, he said, because they see the value in how they provide better care through healthcare information technology.

New Haven was chosen from more than 60 applicants. The rest will be considered for the second and third grants from the center.

“It's invigorating to see the interest in EHR adoption and community connectivity mature,” said Dallas Olson Jr., executive director of the Center for Community Health Leadership.

“Healthcare professionals are moving past the talk and beginning to act, and our grant program seems to be viewed as a means of achieving their long-term goals much sooner.”

Olson said he is pleased to see a “new level of communication” occurring among local healthcare organizations. “Physician practices, home care agencies and hospitals now know that they must communicate quickly and regularly to be able to provide the best and most efficient

patient care possible,” he said. “Along those lines, the discussion about interoperability seems to be moving from ‘why’ to ‘how and when.’”

The center is looking to work with communities that have no resources as well as those that are technologically advanced. He sees

New Haven as being a mix of the two. “Both are going to face different challenges in implementing software on this scale and across multiple organizations, and we see our role as helping both groups succeed in reaching their goals,” he said.

While the center was the result of private market action to impact healthcare IT adoption, Olson said every effort should be lauded. “Right now, the center has a fairly unique ability to impact the environment by acting as instigators – leveraging our resources, domain knowledge and partnerships to help the selected communities develop world-class healthcare delivery networks and processes,” he said.

“In the end, our desire is to help the communities organize themselves so they can better communicate between healthcare environments, while establishing a truly interoperable model,” said Olson. “All the other work taking place in the industry – at the federal and local government level and by other vendors in the marketplace – can only help us all reach our common goal of an improved healthcare delivery system.”

That common goal and the announcement of the grant are expanding interest among providers and community members, said Drury. In addition to hospitals, physician groups and multi-specialty practices, New Haven is tapping into long-term care facilities. The Hospital of Saint Raphael owns VNA Services, Inc. , a homecare agency that has agreed to be a part of the connected community. Given that more than one third of the hospital’s discharges receive visiting nursing services, it is important to include such healthcare organizations as the community-based nursing homes. “Clearly, momentum is building,” he said. “This will allow us to accomplish our first objective – to get some representation across the spectrum of domain of care, and then grow from there.”

While New Haven is in the early stages of sign-ups, and the focus is obviously local, state-level initiatives and the national agenda are in the community’s view.

The nonprofit eHealth-Connecticut was formed last year to facilitate the development of a secure, statewide health IT system. Davidson considers their efforts as a community pilot for the larger efforts. “What we do here is supportive of those processes,” he said.