

Health Information Technology Initiatives Move Forward in New Jersey

- Alma L. Saravia, Esq.

In recent testimony before the Assembly Health and Senior Services Committee and the Senate Health, Human Services and Senior Citizens Committee, the new Commissioner of the Department of Health and Senior Services (DHSS), Poonam Alaigh, M.D., stated that Health Information Technology (HIT) is one of DHSS' top priorities. Dr. Alaigh testified that "nothing will truly change until healthcare professionals have real-time electronic data available at their fingertips." She went on to state that **"[o]ne of my top priorities is to champion the adoption of health information technology in our state that will result in the improvement of clinical outcomes."**

In 1999, New Jersey became the first state to mandate the use of electronic medical records when a bill co-sponsored by Assemblyman Hebert Conaway, M.D. was signed into law. That bill was followed in 2008 by the New Jersey Health Information Technology Promotion Act (ACT) which was designed to enhance the quality of healthcare delivered to New Jersey residents through an HIT system.

The Act established the State's first electronic medical records infrastructure and created a Health Information Technology Commission (Commission) in the DHSS to oversee the development, implementation and oversight of the Act and the Office for e-HIT in the Department of Banking and Insurance (DOBI).

The Office of e-HIT was created because health insurance policy plays a key role in the development of HIT. The Commission and the Office of e-HIT must collaborate to develop a plan for electronic medical records and Health Information Exchanges (HIE).

By improving access to health records for patients and medical practitioners, Assemblyman Conaway stated that he aimed to ensure that every patient receives the best care each and every time he seeks medical attention. He went on to say that by replacing paper records with electronic medical records, the possibilities for efficiency, thoroughness, and affordability in providing healthcare are endless.

The HIT Commission oversees the creation and functions of the state-wide HIT Plan. The Commission, which is made up of physicians and representatives from government, healthcare organizations, and hospitals, is also charged with promoting the use of national standards for the State's HIT system including security, privacy, data content, format, vocabulary and information transfer standards.

The HIT Plan provides for a mechanism designed to support

See page 11 for contact information

the establishment of a secure, integrated, interoperable, and statewide electronic health information infrastructure for the sharing of electronic health information and electronic health records. The HIT Plan also provides for the designation of a custodian for all protected health information that meets federal and State privacy and security laws and is accredited by a national standard setting organization recognized by DOBI. In addition, the State has four regional HIEs which will "share information such as lab results and medication histories among health care providers around the state." Ultimately the system will be connected to the National Health Information Network.

One of the four regional HIEs is the Camden Health Information Exchange (Exchange) which was spearheaded by Jeff Brenner, M.D., who is the medical director of the Camden Coalition of Healthcare Providers. It has built a citywide health database with claims data from Cooper University Hospital, Virtua Health and Our Lady of Lourdes Health System, used to target "high utilizers" of those Camden hospitals. The goal of the Exchange is to "manage patients with diabetes and other chronic diseases much better" according to former DHSS Commissioner Heather Howard.

On October 15, 2009 former Governor Corzine submitted the State's HIT Plan and an application for HIE grants to the federal Department of Health and Human Services. The report on the HIT Plan notes that implementation involves **"more than just installing electronic health records in physicians' practices . . . it will require education, outreach, and summoning the collective will and support of New Jersey's healthcare providers and all residents."**

The DHSS announced in March 2010 that it will receive "\$11.4 million in federal funds over the next four years to fund electronic health records projects that will allow hospitals, doctors and health insurance companies to share electronic records in real time over secure networks." This funding will move "the state closer to the national goal of achieving interoperable electronic health records transfer capability by the year 2014."

Commissioner Alaigh stated that HIT **"will help us realize true health reform by improving clinical outcomes, increasing transparency, facilitating care coordination and reducing redundancy and waste."**

"The real-time exchange of clinical data among health-care providers represents a central pillar of health-care reform," according to Commissioner Alaigh.

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