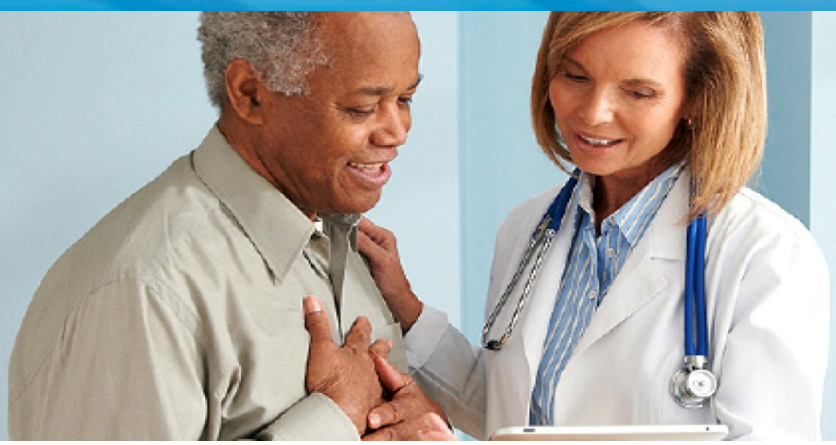
The Office of the National Coordinator for Health Information Technology



Western New York Beacon Community (Buffalo, NY)

Overview and Goals

The Western New York (WNY) Beacon Community is one of 17 Beacon Communities building and strengthening local health IT infrastructure and testing innovative approaches to make measurable improvements in health, care, and cost. Meaningful Use of electronic health records (EHR) is the foundation of the exciting work in each community. Funded by the Office of the National Coordinator for Health Information Technology, the WNY Beacon Community's efforts focus on improving clinical outcomes and patient safety through the use of health IT and health information exchange (HIE) in diabetes care management. It is also one of only 13 sites participating in the Virtual Lifetime Electronic Record (VLER) Health Communities Program through the U.S. Department of Veterans Affairs (VA). The WNY Beacon is using technology to achieve itsgoals which include:

- Improving the care of patients with diabetes in primary care practices and demonstrating progress toward meaningful use requirements through the use of registries, electronic diabetes guidelines (EHR prompts and alerts), and medication histories
- Reducing emergency department visits, hospitalizations for ambulatory care sensitive conditions, and 30-day readmissions rates for individuals with diabetes, and for a subset of diabetics with co-morbid congestive heart failure
- Strengthening HEALTHeLINK by adding new data sources and expanding the number of data sources contributing to the HIE.

Partners

The WNY Beacon's main partners include: Catholic Medical Partners, P^2 Collaborative of Western New York, University at Buffalo, and more than 40 health care organizations.

Western New York Beacon Community Background	
Total grant award	$ 16,092,485 over 3 years
Lead grantee	HEALTHeLINK
Geography	8 counties including Erie (Buffalo) and Niagara (Niagara Falls)
# of lives affected by Beacon interventions	Over 140,000
# of providers involved in Beacon interventions	336
# of hospital partners	19
# of insurance partners	3
# of FQHCs and community health clinics	3

"WNY Beacon is moving the needle in a positive direction for diabetes care management by taking a preventative health care focus through early intervention and better care coordination. In addition to improved patient engagement, the technologies we are implementing will lead toward continuous monitoring of patients' health conditions before they require hospitalization, resulting in healthier patients and decreased health costs in the future."

- Daniel E. Porreca, executive director, HEALTHeLINK

Strategies and Achievements

Building and Strengthening Health IT Infrastructure

Approach: HEALTHeLINK delivers patient demographic and clinical information from hospitals, independent radiology centers, independent laboratories, home health agencies, and long term care facilities to participating HEALTHeLINK users. More than 90% of lab reports and over 80% of radiology reports generated in the Buffalo region are available in HEALTHeLINK for direct delivery into the EHRs of over a thousand providers. The Beacon project is strengthening this platform by connecting additional partners and data sources, and developing new functionality to increase HEALTHeLINK's value to users. A key initiative focused on medication history will notify primary care providers when their diabetic patients have been seen in the emergency department or discharged from a hospital or long-term-care facility, share updated prescriptions, and provide recommendations from dedicated pharmacists around medication reconciliation.

Progress:

- Under Beacon, HEALTHeLINK has added over 40 new data sources. Additional data sources added at hospitals have increased HEALTHeLINK's regional coverage to 19 of 22 hospitals (representing 95% of the beds in the Buffalo region). In addition, HEALTHeLINK has added three independent laboratory practices, five independent radiology practices, three home care agencies and one long-term-care facility, with four additional long-term-care facilities in process.
- HEALTHeLINK participating providers increased their usage of the virtual health record (VHR) for patient record lookup, by 650% from December 2010 to December 2011. This tool allows providers to access patient data via a web portal. 87% of WNY Beacon primary care providers are VHR users.
- A connection to the VA using Nationwide Health Information Network (NwHIN) protocols has been established.

Improving Health, Care and Costs

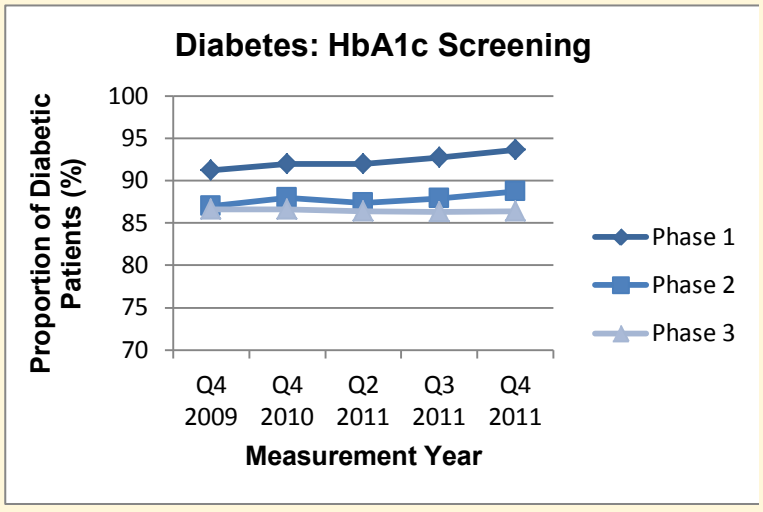
Approach: WNY Beacon is facilitating the effective use of health IT, including clinical reports delivery, clinical decision support tools, EHR interoperability, and patient record look-up in provider practices, to reduce the number of individuals with uncontrolled diabetes. A key intervention is the use of EHRs to generate diabetes registries; practices are using this information to track lab values, vitals, and necessary tests, and to generate reminders and guidance for patients' care.

Progress:

- 336 primary care physicians out of a goal of 350 are participating in WNY Beacon programs to improve care delivery in practices.
- 72 practices, representing approximately 30,000 diabetic patients, have implemented

Early Results: By the Numbers*

Since WNY Beacon interventions began in January 2011, the proportion of patients who have diabetes receiving HbA1c screenings has increased.



Phase 1: Practices with EMRs, already using diabetes registries
Phase 2: Practice with EMRs, not already using diabetes registries
Phase 3: All other practices

*Number of patients included ranges from 7,105 to 14,271.

registries as part of the WNY Beacon program, with another 26 practices scheduled for implementation.

Testing Innovative Approaches

Approach: The WNY Beacon is working with home health and visiting nurse organizations to deploy telemonitoring devices that allow patients at home to regularly submit glucose, blood pressure, and weight readings. In addition to monitoring by dedicated nurses, the WNY Beacon is making this data available to participating patients' primary care providers via the HEALTHeLINK HIE in order to inform primary care.

The WNY Beacon has also invested in Meducation, a web-based tool that generates patient-centered medical instructions that are easy to understand and available in the patient's preferred language.

Progress:

- Participating practices have enthusiastically received the telemonitoring pilot. One community health center participant requested that more of its patients be enrolled in the pilot based on the successes seen to date. After viewing the telemonitoring data, another practice realized it needed to do a better job addressing the nutritional needs of its diabetes patients and hired a nutritionist. Three months after joining the pilot, a 71-year-old patient was able to improve her blood sugar levels significantly enough to be taken off of her diabetes medication by her primary care physician.
- Nine practices and three pharmacies are now using Meducation; 200 medical instructions have been provided to date.

For more information on the Western New York Beacon Community, visit: www.wnyhealthelink.com/beacon.

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