



# The Office of the National Coordinator for Health Information Technology

## New Jersey Health Information Technology Strategic and Operational Plan Profile

### Overview

The State of New Jersey is committed to building on existing health information technology (HIT) and exchange investments to develop a strategy for state providers to meet the Electronic Health Record (EHR) Incentive Program Meaningful Use requirements. New Jersey has developed a strategy for health information exchange (HIE) that first strengthens exchange in local nodes and then creates a “network-of-networks” to link four Regional Health Information Organizations (RHIOs) and create statewide coverage.


### Model and Services

The New Jersey plan focuses on building the capacity of local and regional exchange efforts. The state will use a large portion of the ONC funds to support four local RHIOs in increasing data liquidity and supporting providers in achieving meaningful use. The work to strengthen the capacity of local exchange will be paired with strategic policy and operational interventions to increase lab data liquidity and e-prescribing participation statewide. For instance, New Jersey plans to:

- Enable lab results delivery from Quest Diagnostics using the NwHIN Direct specifications.
- Implement regulations requiring commercial and private laboratories to make electronically interfaced laboratory result transactions available to physician EHRs and regional HIEs at no extra cost to physicians.
- Implement a statewide education program on e-prescribing that targets the 15% of pharmacies not currently enabled for this functionality. This includes identification and monitoring of the targeted pharmacies.

In a later phase, New Jersey will support node-to-node exchange and other services. These planned statewide services will include:

- Statewide broker/backbone that will connect HIEs
  - Record locator services (RLS) to locate patient records across the state
  - Patient health record services
- State-provided data from key registries (Immunization, Lead, Public Health, etc.)
- State-provided data on Medicaid Medication History
- State-provided Master Patient Index (MPI)/Master Client Index (MCI)
- New Jersey Health Information Network (NJHIN) stored “master” Record Locator Service (RLS) for Standalone EHRs and out-of-state provider access



**State:** New Jersey

**HIT Coordinator:**  
Colleen Woods

**Award Amount:**  
\$11,408,594

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**Website:**  
<http://www.nj.gov/njhit/>

**Other Related ONC funding in New Jersey:**  
Regional Extension Center (REC):  
New Jersey Health Information Technology Extension Center (NJ-HITEC): \$23,048,351



## Highlights

- **Supporting Innovation:** New Jersey has a special focus on incentivizing creative innovation within the state. They have established the HIT Innovation Center, a partnership between the St. Barnabus healthcare system and the New Jersey Institute of Technology (NJIT). Also under development is a program that will use NJIT students to create and develop HIT applications. The HIT Coordinator Office, the NJ-HITEC, and the Innovation Center are also sponsoring an Innovation Summit in 2011. This Summit will feature pilot projects already in place as well as special projects for future consideration.

New Jersey continues to emphasize and support a number of innovative projects currently in place across the state, including:

- Meridian Home Health Pilot
  - Bergen Regional Center Behavioral Health Pilot
  - Virtua – Personal Health Records
  - St Joe’s – Telemedicine
- **Advancing Multi-State Collaboration:** New Jersey has expressed an interest in leading new multi-state coordination activities for the mid-Atlantic region. All of the multi-state HIE coordination initiatives that New Jersey is exploring will be in accordance with NwHIN standards for communication and interaction. Proposed collaborations include:
    - Hosting a multi-state collaboration event. New Jersey plans to host its own multi-state collaboration event with surrounding states to focus on plan sharing and establishing an interstate approach for secure HIE.
    - Developing a project management focus on multi-state pilots. New Jersey plans to assign full-time project management support to oversee and coordinate several interstate secure HIE pilot initiatives.
  - **Consumer Engagement:** The state of New Jersey has engaged in several consumer outreach efforts. One effort has regional New Jersey HIEs going into their local communities in order to communicate with patients about EHRs and HIE. Communicating with consumers has been a priority during the initial stages of implementation and the state has found that churches have been very effective venues for community meetings. The New Jersey consumer education committee is also developing information regarding consumer messaging and education, and the state is using their summer intern resources to research social media opportunities to engage college-age patients about the use of EHRs and HIEs.



# Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<ul style="list-style-type: none"><li>• As of the end of 2009, there were 1,609 community active pharmacies capable of filling e-prescriptions. This figure excludes hospital pharmacies, but includes both chain and independent facilities (both retail and closed). There is also a 15% e-prescribing adoption rate for physicians in New Jersey.</li><li>• As of 2011, 214 pharmacies (9.5% of all pharmacies in New Jersey) are not actively e-prescribing on the Surescripts network. 172 of these 214 (80.4%) are independent pharmacies.</li></ul>	<p>The State HIT Coordinator's office, working with the NJ-HITEC, the NJ Department of Health and Senior Services, and state associations, is planning to develop a new program tentatively titled "ePrescribing New Jersey" to target pharmacists, clinicians, and consumers. The state has conducted a detailed analysis of e-prescribing usage among pharmacies and prescribers by matching Surescripts' list of e-prescribing pharmacies against the NJ Board of Pharmacy's list of all licensed pharmacies in the state.</p> <p>The Coordinator's office, working with the Department of Health and Board of Pharmacy, is also developing information on e-prescribing in the form of a course, handouts, and Web pages (part of the state HIT Coordinator's Web site). The state and NJ-HITEC are coordinating the start of a series of educational sessions with the HIEs to target non-eRx pharmacies, consumers, and clinicians.</p>



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## Landscape

## Strategy

### Structured Lab Results

New Jersey has 5,703 Clinical Laboratory Improvement Amendment (CLIA)-recognized laboratories with various certifications. Of these, there are 85 CLIA-accredited independent clinical laboratories, 4,079 recognized physician office laboratories, and 134 CLIA-accredited hospital-based clinical laboratories in the State. Electronic sharing of laboratory orders and results within hospitals is already a generally accepted practice for all hospitals in New Jersey.

National laboratories have a large presence in New Jersey. These laboratory companies provide connectivity solutions to many state hospitals and healthcare providers for the exchange of electronic lab orders and results. Three of the largest independent clinical laboratories in New Jersey (Quest Diagnostics Inc., Laboratory Corporation of America, and Bio-Reference Laboratories) are able to directly interface with numerous EHR systems. These interfaces allow EHR systems to send lab orders electronically and receive results that can be downloaded directly into the EHR. Other connectivity solutions offered by laboratory companies in the State include proprietary portals for requesting lab orders and receiving results.

While the capability to exchange lab orders and results exists within the State, healthcare providers and RHIOs have had varying levels of success incorporating laboratory data from commercial laboratory companies into their HIE environments. Hospitals and health information exchange organizations that want to exchange lab data with independent laboratories are required to build custom interfaces to support these integration points and to incur ongoing transaction costs. The resulting drain on monetary and human resources for these point-to-point interfaces for electronic laboratory data exchange continues to be an adoption-limiting factor in the State.

New Jersey will approach the adoption of electronic transmission of lab results by leveraging the NJHINT law S323 and the regulations already in place for the electronic reporting of medical data to the NJ Department of Health and Senior Services.

The Office of the Statewide HIT Coordinator is pursuing statutory and regulatory avenues that will require commercial and private laboratories to make electronically interfaced laboratory result transactions available to physician EHRs and regional HIEs at no extra cost to physicians (replacing traditional means such as faxing results).



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## Landscape

## Strategy

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### Patient Care Summary

There is minimal current activity in the State related to the sharing of patient care summaries.

New Jersey is taking several approaches to enable this requirement:

- The primary mechanism is to pursue certification processes and participation agreements with the HIEs. These agreements will require HIE entities to support the exchange of Patient Care Summaries (PCS) with Physician EHRs and other HIEs in order to be eligible for state-sponsored funding and related state benefits.
  - The state is also participating in a multi-state EHR-HIE Interoperability workgroup, developed to help define Continuity of Care Document (CCD) and transmission standards.
  - New Jersey is also working to identify possible regulatory enhancements to the current Universal Transform Form (UTF) to support patient care summary exchange.
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# HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	<b>X</b>
Nationwide Health Information Network CONNECT	<b>X</b>	Quality Reporting	<b>X</b>
Nationwide Health Information Network DIRECT	<b>X</b>	Behavioral Health Information Exchange	<b>X</b>
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications			
<b>Public Health</b>		<b>Lab Strategy</b>	
Electronic lab reporting of notifiable conditions	<b>X</b>	Translation services	
Syndromic surveillance	<b>X</b>	EHR interface	<b>X</b>
Immunization data to an immunization registry	<b>X</b>	Policy strategy	<b>X</b>
<b>Patient Engagement</b>		Order Compendium	
Patient Access/PHR	<b>X</b>	Bi-Directional	<b>X</b>
Blue Button		Alignment with CLIA	
Patient Outreach	<b>X</b>	<b>E-Prescribing</b>	
<b>Privacy and Security</b>		Medication History	<b>X</b>
Privacy and Security Framework based on FIPS	<b>X</b>	Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	<b>Opt out</b>	Plan for controlled substance	
Authentication Services	<b>X</b>	Set goal for 100% participation	<b>X</b>
Audit Log	<b>X</b>	Controlled substance strategy	
<b>Administrative Simplification</b>			
Electronic eligibility verification	<b>X</b>	<b>Care Summaries</b>	
Electronic claims transactions	<b>X</b>	Translation services	
<b>Vendor</b>		CCD/CCR Repository	
Planning		<b>Directories</b>	
Core Services		Provider Directory	<b>X</b>
<b>Plan Model</b>		Master Patient Index	<b>X</b>
Identified model(s)	<b>Capacity</b>	Record Locator Services	<b>X</b>
	<b>Builder</b>	Health Plan Directory	
		Directory of licensed clinical laboratories	<b>X</b>

*Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: <http://statehieresources.org/>*



Office of the National Coordinator for Health Information Technology  
 State Health Information Exchange Cooperative Agreement Program  
<http://www.healthit.hhs.gov>  
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