Fact Sheet

Introduction

Southern Tier HealthLink NY (STHL) was established with leadership and support from United Health Services, Lourdes Hospital and other stakeholders in 2005. STHL is a non-profit organization which brings together healthcare providers and consumers in Central New York with technology that will improve health care quality, access and safety while reducing costs. STHL now offers a Patient Portal, allowing healthcare consumers to access, manage, and monitor their health information through the internet.

Overview

STHL is a Regional Health Information Organization (RHIO) comprised of a diverse group of health care organizations including hospitals, physician practices, long term care agencies, government and health plans. Across the country, RHIOs are actively promoting information exchange using state-of-the-art health information technology to affect the safety, quality and efficiency of medical care. STHL's current activities center around building a regional Health Information Exchange (HIE), providing information exchange services to healthcare organizations, and supporting the meaningful use of electronic health record adoption in our community. STHL launched its Health Information Exchange in the first quarter of 2010 and continues to add new providers and clinical information to its data repository.

A Health Information Exchange is technology that allows healthcare information to pass electronically across organizations within a particular region or community. STHL works with healthcare organizations within the region to access their patient-based medical information and make it available to the regional healthcare community and, through Personal Healthcare Records (PHRs), to individual consumers through the Health Information Exchange. In the future, the STHL HIE will connect to the Statewide Health Information Network of New York (SHIN-NY) to allow healthcare information to be shared throughout the state.

STHL has been working with its stakeholders to build a Health Information Exchange that protects patient privacy and information security while accurately delivering medical care encounter information, medication history, allergies, lab results, radiology images and reports in a standardized, protected electronic format to its member organizations. The purpose is to allow member organizations to share medical information more efficiently at the point of care for the benefit of patients. The many benefits of a health information exchange include available information in an emergency, fewer repeated tests, and a reduced risk of mistakes. Once a patient agrees to participate in the STHL Health Information Exchange, their providers would have access to the patient's information. This becomes especially important in emergency situations where the patient may not be able to provide necessary health information to the treating physicians.

STHL's service area includes five counties in the region (Broome, Chenango, Delaware, Otsego and Tioga), with approximately 470,000 residents, 5 hospitals, and over 800 physicians. STHL's current members include two regional hospital systems which represent five hospitals, ranging from large 300-bed hospitals to rural and critical access hospitals that serve New York's Southern Tier. Member hospital systems represent 100 medical practices with 400 providers. In addition, a number of independent practices are among STHL's stakeholders. In the future, STHL will continue to add members and data as electronic interfaces are established and more providers move to electronic health records.

There are over 1305 providers and other clinicians using STHL's interoperable EHR and another 350+ using the STHL web portal. STHL's future activities include continuing to integrate healthcare organizations into the Health Information Exchange by building interfaces that allow for bi-directional exchange of patient information. STHL will continue to build these interfaces to integrate hospitals record systems, as well as medical practice electronic health record systems. The ultimate goal of this is to make the Health Information Exchange as robust as possible. In addition, STHL will continue to broaden the information services it provides to its member organizations. An EHR to EHR referral test between two leading Southern Tier practices was successfully completed in June, 2011, and expansion of these services are underway. In the future, these services will include medication management, disease management and preventive medicine management. Finally, STHL will continue to support electronic records adoption and meaningful use among community medical practices.

Funding

Southern Tier HealthLink was jointly awarded the Healthcare Efficiency and Affordability Law for New York 1 (HEAL 1) with United Health Services, Inc. in 2006 to support electronic medical records adoption and create the Health Information Exchange. This $3.5 million dollar project brought together several competing healthcare organizations in its region for a truly collaborative goal. In April 2008, STHL was awarded $7.8 million by the New York State HEAL 5 program. This grant was one of 19, totaling $105 million that the state awarded to various health information technology projects to build an infrastructure for sharing patient information. In addition to capital grant programs, STHL is also supported by the financial investments of its member organizations. STHL has the financial support of local health care payers, including Excellus Blue Cross Blue Shield, as well as support from our member hospitals. STHL's sustainability plan will ensure ongoing funding from stakeholders and providers into the future.

STHL System Capabilities

- Continuity of Care Record/Continuity of Care Document exchange
- New York Medicaid data (when made available through New York state)
- Patient demographic and allergy information
- Medication history through STHL member systems
- Radiology images and reports
- Lab results
- Transcribed reports

- Procedures
- Immunizations
- Discharge summaries
- Referral Management Services
- Enterprise Master Patient Index management
- Patient consent management
- Consumer records access via STHL Patient Portal

STHL Board of Directors

STHL is governed by a 13 member Board of Directors which includes local physicians, healthcare information experts, health care administrators, a consumer advocate, insurance payer, and representation from long-term care and public health.

Rajesh Dave, MD (President)
Christina Boyd, (Vice President)
Mark McManus (Treasurer)
Michael Rusnak (Secretary)
Keith Chadwick, Long Term Care
Dan De Lucia, Insurance Payer
Claudia Edwards, Public Health
Tom Ellerson, Hospital
Hermant Gupta MD MSc, Hospital
Merwyn Jones, Consumer
Afzal ur Rehman, MD, Hospital
John C. (Jack) Salo, Rural Health
Duncan Sze-Tu, MD, Physician Group

Note: Specific Board of Directors member profiles appear later in the Press Kit

STHL Stakeholders

Hospitals

Our Lady of Lourdes Hospital*
UHS Chenango Memorial Hospital*
UHS Delaware Valley Hospital*
UHS Binghamton General Hospital*
UHS Wilson Medical Center*

Provider Groups

Lourdes Primary Care Network*
Southern Tier Imaging*

UHS Medical Group*
UHS Primary Care*

Long-Term Care
UHS Senior Living at Ideal
United Methodist Homes

Home Care

Lourdes at Home and Lourdes Hospice
Rural Health Network
UHS Home Care

Government

Broome County Health Department
Tioga County Department of Health

*indicates founding stakeholder partners

Data Sources

These organizations are currently <u>providing</u> patient records to the STHL HIE:

- **Binghamton Gastroenterology Associates**
- **Cardiology Associates**
- **Diabetic Care Associates**
- **Endwell Family Physicians**
- **Karen Banks-Lindner**
- **Keith A Nichols MD PLLC**
- **Our Lady of Lourdes Memorial Hospital***, including:

  Lourdes Hospital
  Lourdes at Home and Lourdes Hospice
  Lourdes Primary Care Centers

- **UHS***, including the following legal entities:

  UHS Binghamton General Hospital
  UHS Wilson Medical Center
  UHS Chenango Memorial Hospital
  UHS Delaware Valley Hospital
  UHS Primary Care
  UHS Medical Group
  UHS Senior Living at Ideal
  UHS Home Care

- **Southern Tier Imaging***
- **Southern Tier Medical**
- **United Methodist Homes**

Current list of data available in the HIE

Data Users

These organizations are currently <u>accessing</u> patient records from STHL:

- **Allergy & Asthma Consultants PC**
- **Binghamton Gastroenterology Associates**
- **Broome County Health Department**
- **Broome Urological Associates**
- **Cardiology Associates**
- **Chase Memorial Nursing Home**
- **Diabetic Care Associates**
- **Endwell Family Physicians**
- **Greater Binghamton Health Center**
- **Greater Binghamton Obstetrics & Gynecology**
- **North Endicott Chiropractic PC**
- **Norwich Rehabilitation & Nursing Center**

- **Our Lady of Lourdes Memorial Hospital***, including:

  Lourdes Hospital
  Lourdes at Home and Lourdes Hospice
  Lourdes Primary Care Centers

- **Regional Rheumatology Associates LLP**
- **Rural Health Network of South Central NY Inc.**
- **Southern New York NeuroSurgical Group, P.C.**
- **Southern Tier Imaging***
- **Southern Tier Medical**
- **Tier Orthopedic Associates PC**
- **Tioga County Health Department**
- **United Methodist Homes**
- **UHS***, including the following legal entities:

  UHS Binghamton General Hospital
  UHS Wilson Medical Center
  UHS Chenango Memorial Hospital
  UHS Delaware Valley Hospital
  UHS Primary Care
  UHS Medical Group
  UHS Senior Living at Ideal
  UHS Home Care

- **Vestal Eye Care Associates**

Individual Physician Practices, including:

- **Karen Banks-Lindner**
- **Martin D Brazinski DC**
- **Asha Gupta MD**
- **Linda E. Fort**
- **Donna Husmann**
- **F. Keith Kennedy, P.C.**
- **Keith A Nichols MD PLLC**
- **Azmat Saeed MD**
- **Anthony Sanzone DPM**
- **Marina L Wasylyshyn MD**
- **Greg V Wixsom DPM**

*indicates founding stakeholder partners

Other RHIOs

Southern Tier HealthLink provides authorized users access to patient health information from healthcare providers participating in other RHIOs. For a list of healthcare providers participating in these RHIOs, click the links below.

Syracuse Region: **HealtheConnections**
Rochester Region: **Rochester RHIO**

Other Stakeholders

Broome County Health Department
Chenango County Health Department
Delaware County Health Department
Excellus BlueCross BlueShield in Broome, Tioga, Cayuga
Tioga County Health Department
Mohawk Valley Plan (MVP)

Data Available in the HIE

Patient Information Type	UHS Hospitals: BGH, WMH, CMH	Lourdes Hospital	UHS Primary Care and Medical Group	Southern Tier Imaging	Delaware Valley Hospital	United Methodist Homes
Admission/Discharge/ Transfer Information	11/1/2002	6/1/2008	5/13/2010	7/27/2010	9/8/2010	7/12/2011
Allergies	12/17/2009	6/1/2008	5/13/2010			7/12/2011
Medication		1/13/2010	5/13/2010			
Problem List		1/13/2010	5/13/2010			7/14/2011
Admitting Diagnosis	6/10/2009	6/1/2008	5/13/2010			7/12/2011
Procedures		7/10/2012	5/13/2010			
Immunizations		7/10/2012	5/13/2010			
Vitals		7/10/2012	5/13/2010			
Lab Results	9/17/2010	4/21/2010	5/13/2010		2/9/2011	
Radiology Images	3/19/2009	4/1/2009		7/27/2010	7/19/2011	
Radiology Reports	9/17/2010	4/21/2010		7/27/2010	2/9/2011	
Discharge Summaries	6/20/2011	4/21/2010			3/28/2011	
Transcription	6/20/2011	4/21/2010			3/28/2011	
CCD		1/13/2010				
CCR			5/13/2010			

Medent Practices

Patient Information Type	Endwell Family Physicians	Cardiology Associates	Southern Tier Medical	Karen R Banks - Lindner DO	Binghamton Gastroenterology Associates	Keith A Nichols MD	Diabetic Care Associates
Admission/Discharge/ Transfer Information	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Allergies	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Medication	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Problem List	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Admitting Diagnosis							
Procedures	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Immunizations	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Vitals	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Lab Results	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
Radiology Images							
Radiology Reports							
Discharge Summaries							
Transcription							
CCD	8/15/11	8/15/11	1/12/12	1/27/12	2/1/12	2/2/12	2/15/12
CCR							

STHL Coverage Area

The STHL service area includes counties in the Southern Tier: Broome, Chenango, Delaware, Otsego and Tioga counties.

BACKGROUNDER: Health Information Exchange Environment

- A major policy priority of the American Recovery and Reinvestment Act of 2009 (stimulus act) is the adoption of health information technology by physicians and hospitals. According to the Congressional Budget Office, the bill included nearly $20 billion to encourage the adoption of electronic healthcare records (EHRs) and health information exchanges among providers.

- Currently, 90 percent of health care data is shared manually via telephone, fax and mail, and a recent study found that pertinent patient data were unavailable in 81 percent of patient visits to an outpatient clinic. In addition, only about 20 percent of physicians use electronic healthcare records.

- Physicians often rely on patients or family members to provide information. According to the Center for Information Technology Leadership, the treating physician does not know one in four prescriptions taken by a patient. Just one omission can lead to dangerous drug interaction.

- According to a *Wall Street Journal Online/Harris Interactive Poll* (December 2007), a majority of Americans believe electronic medical records can reduce health care costs while improving care. In addition, more adults (60 percent) feel that the benefits outweigh the privacy risks and the majority agrees that electronic healthcare records could reduce health care costs (55 percent), decrease medical errors (63 percent), and reduce redundant tests (67 percent). The number of health information exchanges in advanced stages of development in the United States is now 85 operational exchanges, up from 73 in 2010. There are now nearly 255 known active health

information exchange initiatives (source: *2011 Report on Health information Exchange* conducted by eHealth Initiative, July2011)

- According to the *Sixth Annual Survey of Health Information Exchange at the State and Local Levels* conducted by eHealth Initiative (July 2009):

  o Health information exchange can help reduce costs for a variety of stakeholders, but hospitals and physician practices could see the greatest return on investment (ROI).

  o The primary areas where cost savings are being realized are:
    o Reduced staff time handling lab and radiology results
    o Reduced staff time on administration and filing
    o Reduced redundant tests
    o Decreased cost of care for patients with chronic conditions
    o Reduced medication errors

  o Health information exchange has had a positive impact on physician practices allowing them to become more efficient by providing:
    o Improved access to test results
    o Improved quality of practice life (i.e. less hassles looking for information)
    o Reduced staff time on administration and handling lab and radiology results

Health Information Exchange for Employers

Employers play a significant role in health care for both employees and retirees. They have a great deal to gain from increased quality and more efficient delivery of care, which will result in savings for the employer and a healthier working population.

Underlying Principles

- According to the National Coalition on Health Care, health insurance expenses are the fastest growing cost component for employers. Since 2000, employment-based health insurance premiums have increased 100 percent.

- Employers, and in particular self-insured employers and their employees who bear 100% of health care costs, can realize measurable benefits with every cost reduction, such as fewer repeated tests, duplicate prescriptions, medical errors, adverse drug interactions, and office visits.

- Private sector companies know the value of investing in information technology to increase productivity and cut costs in their businesses. These same principles apply in using IT to improve the delivery and quality of health care while controlling costs, which will benefit employers.

- Employers and employees already proactively managing health care delivery may be using personal health records (PHRs) made available by Dossia, Google Health or Microsoft Health Vault. STHL has integrated its STHL Patient Portal with Microsoft HealthVault, allowing healthcare consumers to access their records safely and securely via the internet. STHL plans to integrate with other commercially available PHRs, making it easier and more efficient to access comprehensive patient

information and deliver quality health care, as well as preserve any investments employers may have made in PHRs.

- Employers are recognizing the importance of RHIOs and their initiatives. The California Public Employees' Retirement System (CalPERS) has endorsed the health information exchange system being developed by California Regional Health Information Organization (CalRHIO). CalPERS is the third largest purchaser of health benefits after the federal government and General Motors. (Calpers.ca.gov)

- For employers, membership in a RHIO gives them "a seat at the table" enabling them to help shape initiatives important to them, such as facilitating the registration process and implementing e-visits to reduce time out of the office for employees.

Health Information Exchange in Hospital Emergency Departments

STHL has made its health information exchange available to hospital emergency departments (EDs) via a secure web portal.

Underlying Principles
- Embedding health information exchange and e-prescribing in the ED will result in benefits to patients and other members of STHL.

- There is a critical need for information about the patient in this care setting. Frequently this information is not readily available.

- ED utilization is a remarkable contributor to rising health care costs. Utilization trends are consistently rising.

- Health Information Exchanges provide the medication history needed to enable accurate medication reconciliation in the ED, thus contributing to safer, better care.

- The ED presents a clinical-economic intersection opportunity. For example, by filling in the information gap with missing medications and laboratory tests, EDs can improve safety and quality, and decrease redundant or unnecessary tests.

- Avoiding unnecessary hospital admissions will result in significant savings to the health care system.

- Primary care physicians will have timely access to information about their patients and their ED visit. This will promote better follow-up and improved continuity of care.

- Health plans will have improved connectivity with physicians and hospitals.

- Potentially, triggers or flags on patients with ED visits could be set and accessed by those involved in care management activities.

Electronic Healthcare Records Adoption Incentives for Physicians

The American Recovery and Reinvestment Act (ARRA) of 2009 (stimulus act) provided nearly $20 billion for health IT projects. While it is too early to tell how much of those funds will be available to the community STHL serves, the funds and federal government's commitment to advancing health IT will likely have an impact on STHL and its members.

A specific area of focus for the 2009 legislation was provider and health care institution adoption of Electronic Healthcare Records (EHRs) as a means to improve quality of care and reduce costs in the healthcare system. To facilitate adoption of EHRs, funding is available through Medicare and Medicaid to offset provider costs.

In order to achieve federal incentives, providers must achieve Meaningful Use of their EHR systems.

To help providers navigate the complexities of EHRs and Meaningful Use, support organizations have been created at the state level. In New York the lead agency is the New York eHealth Collaborative (NYeC), which acts as a focal point for a network of Regional Extension Centers (RECs) that work with providers to explain laws, EHR alternatives and funding options.

The ARRA is administered by the Center for Medicare and Medicaid Services (CMS) as a part of the US Department of Health and Human Services.

As a Regional Healthcare Information Organization (RHIO), STHL is well positioned to help providers interested in EHRs understand the basic criteria and qualification rules. STHL can also direct interested parties to appropriate regional and state resources to formally assist them in achieving Meaningful Use and related incentives.

Meaningful Use Qualification and Incentives

Medicare defines an "eligible professional" as:

- Doctors of Medicine/Osteopathy
- Doctors of Dental Surgery/Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid defines an "eligible professional" as:

- Physicians
- Dentists
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants in a FQHC or RCH (that is led by a Physician Assistant)

The ARRA EHR incentive program will provide incentive payments to eligible professionals (EPs) that become Meaningful Users of certified EHRs.

- Medicare: Physicians are eligible for payments equal to 75 percent of what they bill to Medicare, up to $44,000 over five years, with payments starting in 2011.
- Medicaid: Office-based physicians whose patient mix includes at least 30 percent Medicaid beneficiaries (either managed care or fee-for-service) are eligible for up to $63,750. For pediatricians, the threshold is lowered to 20%.
- Providers may receive either Medicare or Medicaid Meaningful EHR Use payments, but not both.

Medicare Meaningful Use Incentive Payment Schedule for Eligible Professionals

Calendar Year	First Year in Which the EP Receives an Incentive Payment				
	2011	2012	2013	2014	2015 and Beyond
2011	$ 18,000				
2012	$ 12,000	$ 18,000			
2013	$ 8,000	$ 12,000	$ 15,000		
2014	$ 4,000	$ 8,000	$ 12,000	$ 12,000	
2015	$ 2,000	$ 4,000	$ 8,000	$ 8,000	$ -
2016		$ 2,000	$ 4,000	$ 4,000	$ -
Total	$ 44,000	$ 44,000	$ 39,000	$ 24,000	$ -

- As outlined in the table above, the Medicare incentive program is designed to promote early adoption and ongoing utilization of a qualified EHR. There are also significant penalties for delaying adoption. Missing out on the ARRA incentive payments is one thing, but physicians who have not achieved Meaningful EHR use by 2015 will see their Medicare fee schedule amount reduced by 1% in 2015, by 2% in 2016, by 3% for 2017 and by between 3-5% in subsequent years if less than75% of providers have not yet adopted EHRs.

Medicaid Meaningful Use Incentive Payment Schedule for Eligible Professionals

Calendar Year	First Year in Which the EP Receives an Incentive Payment					
	2011	2012	2013	2014	2015	2016
2011	$ 21,250					
2012	$ 8,500	$ 21,250				
2013	$ 8,500	$ 8,500	$ 21,250			
2014	$ 8,500	$ 8,500	$ 8,500	$ 21,250		
2015	$ 8,500	$ 8,500	$ 8,500	$ 8,500	$ 21,250	
2016	$ 8,500	$ 8,500	$ 8,500	$ 8,500	$ 8,500	$ 21,250
2017		$ 8,500	$ 8,500	$ 8,500	$ 8,500	$ 8,500
2018			$ 8,500	$ 8,500	$ 8,500	$ 8,500
2019				$ 8,500	$ 8,500	$ 8,500
2020					$ 8,500	$ 8,500
2021						$ 8,500
Total	$ 63,750	$ 63,750	$ 63,750	$ 63,750	$ 63,750	$ 63,750

- As with the Medicare incentives, the Medicaid incentive program is designed to promote rapid adoption of EHRs. The payments of $21,250 are designed to cover the cost of procuring or

upgrading an EHR & related hardware. Subsequent $8,500 payments are contingent on achieving and maintaining meaningful use. Federal funds may not be used for Medicaid incentive payments for the purchase of EHR technology after 2016 or for the maintenance of EMRs after 2021. Unlike Medicare, the Medicaid EHR adoption program does not have payment penalties after the incentive payment period end.

Stage 1 "Meaningful Use" criteria, beginning in 2011, are focused upon the electronic capture of medical information in a fully-coded format and the use of that information to track clinical conditions and for the purpose of assisting with care coordination. Stage 1 also proposes the use of clinical decision support applications to facilitate disease and medication management and requires the reporting of clinical quality metrics and public health information.

For 2011, CMS has outlined 25 specific Meaningful Use objectives and associated performance measures for eligible physicians. In 2012, CMS will also require the direct electronic submission of clinical quality measures to CMS via certified EHR technology.

The Final Rule includes 25 objectives and measures for Stage 1 Meaningful Use. 20 of the objectives must be completed to satisfy Meaningful Use and quality for the incentive payments - all 15 from the Core Set and 5 out of 10 from the Menu Set. Click Here for a full list of the Meaningful Use measures. Some of the required Core Set components include:

- Document patient information electronically.
- Use evidence-based order sets.
- Implement at least one 1 clinical decision rule.
- Report key quality measures to the Center for Medicaid and Medicare Services.
- Offer patients electronic copies of their records.
- Prescribe medications electronically.

This remains a very dynamic environment and providers are encouraged to seek out the expertise of qualified individuals in helping them determine their need for EHR software, help with the installation and implementation, and the securing of appropriate funding.

STHL Patient Portal

Southern Tier HealthLink (STHL) now offers a Patient Portal for healthcare consumers that allows them to:

- Manage Their Consent & Share Data with Their Doctors
- Access Their Providers & Their Health Information
- Monitor Who is Accessing Their Information

In announcing the launch of the **STHL Patient Portal** in June, 2011, Southern Tier HealthLink began making important aspects of personal healthcare available to consumers. Consumers can:

Set consent for their providers to access their records. While providers will continue to take consent on site during registration, consumers can make your consent choices conveniently now by signing up for the **STHL Patient Portal**. Once registered, they simply click on the Manage My Consent tab.

See which medical providers have accessed their records. Consumers can see which providers have accessed their records by signing up for the STHL Patient Portal. Once registered, they simply click on the Access My Reports tab.

Review their records through Microsoft HealthVault, a trusted place for people to organize, store, and share health information online.

The STHL Patient Portal

- Allows consumers to manage health-related information for themselves.
- Consolidates information stored in the record systems of the doctors' offices and hospitals consumers visit (list of participating providers found elsewhere in this Fact Sheet).
- Available records include allergies, conditions, encounters, procedures, medications and insurance information.
- Valuable in the case of an emergency.

STHL Board of Directors

Top Row: Dr. Rajesh Davé, Merwyn Jones, Former Board member - Dr. Robert Taylor III, Dr. Afzal ur Rehman

Bottom Row: Claudia Edwards, Keith Chadwick, Mark McManus

Not shown: Christina Boyd, Dan De Lucia, Tom Ellerson, Dr.Hemant Gupta, Michael Rusnak, John C. (Jack) Salo,
Dr. Duncan Sze-Tu

STHL Board of Directors Profiles

Christina Boyd is Vice President for Marketing and Community Relations for United Health Services.   In this role, she oversees public relations, marketing and patient and community education initiatives for the organization. Christina received a bachelor's degree in French and Art History from Wichita State University and an M.B.A. from Dartmouth College. She served for five years as a Vice President with New York City-based Ogilvy & Mather, one of the world's leading advertising agencies, and later held similar positions with Riger Advertising in Binghamton and Ericson Marketing & Communications in Nashville, TN.

Christina is also very engaged in community service work, serving on the board of The Family & Children's Society and is the current President of the Board of Advisors for the American Cancer Society.

Keith Chadwick retired from the United Methodist Homes in December of 2012, after spending 36 years at the Homes; 32 years as its President and CEO. The Homes is a not for profit 501 C3 and operates senior retirement communities in NY and PA.

Keith is currently the President of KDC Consulting Group, Inc, advising clients in areas such as board education, succession planning, strategic planning and employee coaching. He currently maintains licensure as a Nursing Home Administrator in both NY and PA. He obtained both a bachelor's and master degree from Binghamton University.

Currently, Keith serves as Chairman of the Community Foundation of South Central NY; is a board member of The Binghamton Advisory Board, a board member of E.L. Rose Conservancy Board, based in Montrose, PA; and a board member of STHL.

Dr. Rajesh Davé is the Executive Vice President/Chief Medical Officer at United Health Services Hospitals, a 518 bed hospital system in Johnson City, New York. He is accountable to the CEO and Board for the organization and conduct of the medical staff including: medical staff credentials and privilege determination, quality assurance/improvement, clinical resource utilization, medical staff development, laboratories and cardio-pulmonary services. He also manages the medical education programs at UHS Hospitals which includes four residency programs and four affiliate residencies.

Board certified in Pediatrics and Neonatology, Dr. Davé obtained his medical degree from Bombay University, did his residency at Mercy Catholic Medical Center in Pennsylvania, and completed his fellowship at Thomas Jefferson University Hospital in Philadelphia. He obtained his master's degree in business administration from Binghamton University.

Dr. Davé is the Dean for Undergraduate and Graduate Education for Clinical Campus, and a Clinical Professor in Pediatrics at the State University of New York. He served as Director of the Neonatal Intensive Care Unit at UHS Hospitals from 1980-1999.

Dr. Davé is actively involved on various community boards and educational institutes. He is Past President of the South Central Healthy Mothers/Healthy Babies, and of the South Central New York State Perinatal Association.

Dan De Lucia is Network Vice President for Aetnas Upstate New York and Hudson Valley areas. He manages the network team and is responsible for provider relations and network contracting, assuring that Aetna members benefit from a network that delivers quality care at competitive costs. Aetnas Upstate NY operations include Albany, Syracuse, Binghamton, Rochester and the Hudson Valley serving 49 counties. Dan joined Aetna in 1991 and is a current board member of the Rochester RHIO, the East Syracuse-Minoa Education Foundation and the Village of Minoa Planning board and was a previous board member of Rosewood Heights nursing home in Syracuse. Prior to joining Aetna, Dan had experience in both physician practice and hospital administration. Dan holds a BS in hospital administration from Alfred University and an MBA from SUNY Oswego, and resides in Syracuse, NY.

Claudia Edwards is the Public Health Director for the Broome County Health Department in Binghamton, NY. She directs the operations of the Health Department's five divisions; Environmental Health, Clinics, Maternal Child Health, Children with Special Needs, and Administration, including management of 113 staff members, an $18,000,000 operating budget and 37 grants totaling $3,500,000.

Ms. Edwards' responsibilities include proper regulatory control of licensed facilities to prevent foodborne outbreaks, unintentional injuries and contamination of water supplies, and the prevention of the spread of designated infectious and communicable diseases. She supervises the development and quality management of the health department data management infrastructure to ensure accurate community health assessment projects, public health research and reporting. She leads strategic planning with 34 community agencies to provide countywide emergency preparedness planning and response to terrorism events and natural disasters.

Ms. Edwards holds a BA from Queens College and a MS from New York University. In addition to directing clinic services for 5 Broome County public health services, her prior experience includes direction of the Women, Infants and Children's Program. She is a Visiting Lecturer at the New York Medical College School of Public Health and SUNY Binghamton, a Board Member of the American Cancer Society and an Advisory Board Member of the Physician's Free Clinic.

Tom Ellerson has worked in Broome County in the Information Technology (IT) field and the health care profession of the past 32 years. Tom has been working for Ascension Health Information Services at Lourdes Hospital for 25 years, where he is currently the Director of IT and interim CIO. Tom has an Associate in Applied Science Degree in Physical Education from Herkimer County Community College, and has expanded his knowledge of IT with programming courses from BCC and RIT.

Since the fall of 2005, Tom has been the co-lead with the responsibility for the implementation of clinical systems (Cerner) at Lourdes Hospital - transforming health care at Lourdes from paper to electronic health record. Tom's strong passion for helping those in need and giving back to the community makes him very committed to the mission and goals of the Southern Health Link (STHL) organization and to being a member of the STHL Board of Directors.

Hemant Gupta, MD MSc, has been the CMIO (Chief Medical Informatics Officer) of Lourdes Hospital since 2011. He grew up in Massachusetts completing his medical school at UMASS in 2003 and his residency in Internal Medicine at Rush University Medical Center Chicago in 2006. He is a board certified Internal Medicine physician. He has five years of combined experience as a community hospitalist, a primary care physician, and an academic hospitalist. He has been in medical informatics for over a decade and has extensive knowledge in clinical decisions support systems and EMRs. Previously he had been an MIO (medical information officer) at Holyoke Medical Center 2009, Holyoke, MA where he coordinated and completed the rollout of CPOE (computerized provider order entry) and physician documentation for the hospital. Recently 2012, he has been published on clinical decision support in the HIMSS official journal, Healthcare IT News and Becker Hospital Review through close participation with Zynx Corp. He is a voting member of Ascension Health's national Clinical Leadership Informatics Council, and has been elected to Ascension's Mobility Governance Committee. He was also selected to complete Ascension's Executive Leadership Formation program and is a member of the (ACPE) American College of Physician Executives, where he is completing their MBA program. He serves on Cerner's national Inpatient Physician Council where he is guiding them on refining the EMR for inpatient care. He has helped Lourdes Hospital successfully achieve Meaningful Use Stage I in 2012.

Merwyn Jones, Director of the Binghamton University Linux Technology Center (LTC), is responsible for leading the LTC to become a nationally recognized leader in Linux and Open Computing. He has done this by assisting businesses, government and academia in their adoption of Open Computing

technologies and products. Mr. Jones has been on an IBM Fellowship Assignment from IBM to Binghamton University since 2006 to support this role.

Prior to the Binghamton University appointment, Mr. Jones was program Director for IBM eSystems Development at Endicott, NY, with responsibility to develop the Hardware Systems Management (HSM) subsystem of IBM's largest enterprise servers, the zSeries and the pSeries. In 2004-05, Mr. Jones directed the transition of 8.5MLOC of HSM applications to new, open standards technologies, which include Linux, Java, XML, Browser Based UI and TCP/IP. The eSystems Hardware Systems Management microcode provides the primary hardware interface for Operators and System programmers in an Object Oriented Workplace.

Mr. Jones started his career at IBM in 1977 after receiving a BS in Electrical and Computer Engineering from Clarkson College of Technology. In 1979, he received his Masters in Computer Engineering from Syracuse University. Mr. Jones spent the early part of his career in IBM's System Serviceability Engineering Department. In 1995, he took a chair assignment reporting to the Endicott Programming Lab Director to lead the development of three new internet technologies. In 1996, he was named 2nd Line Manager for z/OS (MVS) distributed computing, and in 2000 he was appointed Program Director for eServer Development in Endicott, an organization of 380 people.

Mark McManus is Vice President of Finance for United Health Services Hospitals (UHSH), a 518 bed hospital system. UHSH has annual revenues of approximately $450 million. He has been at UHSH since 1991. Prior to his time at UHSH, Mark was Director of Finance at Worcester Memorial Hospital in Massachusetts, a senior healthcare consultant at Coopers & Lybrand (now PricewaterhouseCoopers), Controller at St. Anne's Hospital in Fall River, Massachusetts, an auditor at Peat, Marwick, Mitchell (now KPMG) in Chicago and an accountant at Children's Hospital in Boston.

Mark is a Certified Public Accountant, holds a Masters of Science in Business (Healthcare Finance) from the University of Wisconsin – Madison and obtained a Bachelor of Science in Business (Accounting) from Northeastern University. While at the University of Wisconsin, he also taught three semesters of Introductory Accounting.

Mark is an advanced member of the Healthcare Financial Management Association (HFMA) and Fullmer Award Winner, member of VHA CFOs Affinity Group, HANYS Committee on Finance and Reimbursement, Iroquois Healthcare Alliance CFOs Workgroup, a Board Member of Serving the Elderly through Project Planning (SEPP) and a former Board Chairman of Catholic Social Services.

Dr. Afzal ur Rehman is Vice President of Informatics & CMIO at United Health Services. He also serves as the Director of Medical Informatics at UHS Hospitals, Vice President of UHS Medical Staff and Chair of Quality Assurance at United Health Services. He is a past president of Broome County Medical Society.

Dr. Rehman is Board Certified in Internal Medicine, Cardiology, Interventional Cardiology and Clinical Cardiac Electrophysiology and maintains an active cardiology practice. He is a graduate of King Edward Medical College, Pakistan and has a PhD from University of London, Kings College School of Medicine, where his research focused on cardiac ultrasound and echocardiography. In 2006 he obtained the degree of Master in Healthcare Management from Harvard University, School of Public Health.

Dr. Rehman brings a unique combination of in-depth knowledge and more than 20 years of experience in both practice of Medicine and Information Technology. He has developed many successful software packages and is proficient in many computer languages. His group Cardiology Associates, PC

implemented an Electronic Healthcare Record (EHR) seven years ago and has successfully participated in all Medicare quality initiatives using the EHR.

Michael Rusnak is the Director of Information System at United Health Services Hospital where he is responsible for UHS' overall Information Management strategy and it's Information Technology planning and development. He is a member of the Volunteer Hospital Association (VHA) Upstate NY CIO Consortium and the VHA Senior IT Executive Affinity Group. Mike is a graduate of SUNY Binghamton and has worked at UHS for over 30 years.

John C. (Jack) Salo is the Executive Director of the Rural Health Network of South Central New York. He is a rural advocate and non-profit executive who has worked in the Southern Tier of New York State for the past 25 years. Jack's experience includes leading health, human service and youth development organizations.

As a rural health advocate, he works with a wide range of partners to address the root causes of health issues and health disparities in the South Central NY. Central to this effort has been his support for the continued development of regional food systems, and linking the health care and health education sectors to this effort. Mr. Salo is also committed to developing national and community service capacity in rural NYS, and has provided leadership to establish the Rural Health Service Corps and the Headwaters Youth Conservation Corps.

Mr. Salo received his BA degree in 1979, and his MS degree in 1984 from SUNY Oneonta. Current community service roles include serving as a board member for the Southern Tier Independence Center, and Treasurer for Central NY Resource Conservation & Development. Mr. Salo is a resident of Greene, NY.

Dr. Duncan Sze-Tu is a graduate of Massachusetts Institute of Technology and the State University of New York at Buffalo School of Medicine. He completed his Residency and Teaching Fellowship at Wilson Memorial Hospital in Johnson City and is certified by the American Board of Family Medicine. Dr. Sze-Tu is a partner in and has an active practice at Endwell Family Physicians/The Walk-In in Endwell, New York.

Dr. Sze-Tu is also a Sub investigator for Regional Clinical Research and a member of the American Academy of Family Physicians, the NY State Academy of Family Physicians, the American Medical Association, the NY State Medical Society and the Broome County Medical Society.

Dr. Sze-Tu is a Clinical Associate Professor of Family Medicine at SUNY Upstate University. He has professional interests in Family Practice, Adult and Pediatric Care, Geriatric Care, Electro-Therapeutic Point Stimulation, Colposcopy, Gynecological Care, Endometrial Biopsy, Minor Office Surgery and Clinical Research.

Endwell Family Physicians, L.L.P. is a primary care group practice composed of doctors, nurse practitioners, physician assistants and other trained health care personnel committed to providing healthcare consumers with the best possible care. They are strive to allow their patients to see "their Provider" whenever possible. An important advantage of the Endwell Family Physician group practice is that patients have medical coverage 24 hours a day, even though their specific health care provider may not be available. EFP also offers a full array of online services via their Patient Portal.

STHL Leadership

Christina Galanis has been Executive Director of Southern Tier HealthLink since 2006. Ms Galanis oversees the activities of the STHL regional health information organization (RHIO), managing financial, regulatory and legal aspects of the operation and developing strategic initiatives for its expansion and presence in the HIE landscape. She has a particular expertise on consumer/patient participation in electronic health records and privacy and governance issues related to electronic exchange of community-wide health information.

Ms. Galanis is actively involved in the Policy and Operations Council of the New York eHealth Collaborative (NYeC) and a frequent contributor on issues relating to health information technology and transformation.

Previously, Ms Galanis served over ten years in web based marketing and communications systems, most recently in the healthcare industry. She continues to champion a patient-centered healthcare delivery system in her current work as the Executive Director of Southern Tier HealthLink, the Regional Healthcare Information Organization for central New York.

Paul Almy is STHL's Deputy Director of Technical Operations focusing on hospital integration. Paul is an experienced project manager in the information technology field, with many years at IBM. He received his Project Management Professional (PMP) certification in 2001 and has a Master's Degree in Computer Science from the National Technological University (NTU) in Fort Collins, Colorado.

Patricia Blackman is STHL's Administrative Secretary. Patricia holds an AAS Degree in Secretarial Science from Broome Community College. She held many positions during her long career with the IBM Corporation. Most recently she was part of the Information Technology team providing Contractor Management support for commercial accounts across the United States. "I am very excited and honored to embark on a new and different phase of my career working in the healthcare community." Patricia was born and raised in Endicott, NY and currently lives in Silver Lake, PA.

Marie Santare-Shaver is a STHL Project Coordinator. Marie's focus will be to provide technical support for the planning and coordination of the STHL clinical information system project. Her job responsibilities include gathering requirements and planning for system design, testing, implementation, integration, training, and support and/or maintenance of assigned projects. Marie holds a Bachelor of Science degree from Le Moyne College. She started with IBM in Burlington Vermont, and relocated to Endicott. While at IBM, her career evolved from computer programming mainframe applications, to System Analysis providing programming requirements. Additionally, Marie also provided programming requirements while working as Process Developer at BAE Systems.

Kirsten Griffin is STHL's Project Coordinator focusing on maintaining the patient and provider databases, provider outreach, and consent management. Kirsten earned her AAS in Health Information Technology from Broome Community College and holds the Registered Health Information Technician (RHIT) credential. She has a strong background in customer service and provider enrollment for Medicare Part B.

Staci Molyneaux is a Project Coordinator working with STHL's end users to enhance STHL's Health Information Exchange Services. She will be working with providers, staff and technical liaisons from STHL to find ways to better display information for ease of use, workflow, functionality and simple access.   Staci will also be coordinating web portal training for new users and will help coordinate new Provider offices through consent collection, setup, user agreements and training.

Staci graduated from SUNY Morrisville and has held many different positions at United Health Services (UHS). Her first assignment was in Community Relations where she gained a great knowledge of UHS site locations and staff. Staci also worked on a nursing unit for several years and has an in-depth understanding of healthcare practice.   She transferred to STHL from the UHS Clinical Systems Department where she was an integral part of building and maintaining many of UHS's current systems, including NextGen and the new Soarian project.

Michelle Cleveland is the Administrative Officer STHL. She has prior experience at Lockheed Martin Owego, where she worked as a Financial Analyst. She earned a Master's Degree in Accounting from Binghamton University.

Crystal Felker is STHL's Database Coordinator, working to consolidate records within the EMPI and the HIE. Crystal holds the Registered Health Information Technician (RHIT) credential and is a recent graduate from Broome Community College with an AAS in Health Information Technology, as well as an AS in Business Administration. She is currently enrolled at SUNYIT in Utica/Rome working towards her BPS in Health Information Management.

Christina Anastos is the Help Desk Support Specialist for STHL. Her work includes data support for the health information exchange as well as technical support for the HIE users and STHL staff. Christina has prior work experience with EFX Internet where she worked on website development. She graduated from the Networking and Technical Support program at Ridley Lowell in 2002.