### Rochester RHIO (Regional Health Information Organization)

**Description:** A community-wide health information technology effort focused on improving the quality of patient care and realizing health system efficiencies by facilitating the movement of clinical information with patients as they move through the health care system. The Rochester RHIO was founded in 2006, and is now a fully operational health information exchange, supported by grant funding, regional healthcare organizations and $685,000 in start-up funding from the Rochester Business Alliance Health Care Initiative partners.

**Current Status:** The Rochester RHIO provides health information exchange services to physicians, hospitals, labs, radiology practices, home care, long term care, eldercare and EMS services across a thirteen county area in New York. Currently, the RHIO provides services to 3,000 users across more than 550 organizations. Over one million patients have given permission for their care providers to view their clinical information through the RHIO. The RHIO delivers over 500,000 clinical reports to physicians each month. The RHIO continues to provide expanded health information services to a growing proportion of the healthcare community. A study published in *Applied Clinical Informatics* (2014) by Weill Cornell Medical College researchers determined that hospital admissions were 30 percent less likely when emergency department doctors consulted RHIO records, enabling more effective and efficient patient care. The RHIO saves the community more than $4,000,000 annually.

### Increase Utilization of Generics

**Description:** Collaborative effort between Employers, Providers and Insurers to increase the use of generic drugs. The average cost of a brand-name medication is approximately 9 times the cost of a generic medication.

**Current Status:** During the focused initiative, generic fill rate increased 4.8%, for a total estimated savings of $76 million. Since that time, many of the initiative partners continue to focus on generic prescriptions as a priority. Partially due to their efforts, the generic fill rate in the Rochester community continues to rise, increasing from 63.8% in 2006 to 84.8% today (above national benchmarks), saving our community hundreds of millions of dollars each year in health care costs.

### Lean Six Sigma in the Hospitals

**Description:** Applied Lean Six Sigma (continuous improvement) principles and practices within the three major hospital systems in the Rochester area in order to make our community a national leader in the delivery of highly efficient health care within five years.

**Current Status:** All three hospital systems have Lean Six Sigma efforts underway. Overall hospital system financial benefits totaled more than $24 million for 2008-2010.

### Physician Compensation

**Description:** In early 2007, URMC and Excellus reported problems recruiting and retaining physicians due to low reimbursement levels. If not addressed, this issue would ultimately lead to serious shortages in physician supply.

**Current Status:** Rochester Business Alliance’s Health Care Planning Team agreed to support the proposed $20 million physician reimbursement increase with the understanding that the cost would be shared by the hospital systems and Excellus. Work continues with initial “offset” savings of over $120 million reported as the result of hospital infection control measures, a reduction in URMFG administrative costs, and a reduced Excellus operating margin.

### Eat Well Live Well

**Description:** Originally piloted in 2006, Rochester Business Alliance partnered with Wegmans to offer the *Eat Well, Live Well* Challenge to local employers with the goal of improving the health of the local workforce. The eight-week, competitive challenge encourages individuals to increase their physical activity and the amounts of fruits and vegetables consumed, learn how to “make their calories count,” and to track their blood pressure. The program has received national recognition, including an article in *BusinessWeek* magazine and a Certificate of Recognition for Outstanding Prevention Efforts from the U.S. Department of Health and Human Services in 2007.

**Current Status:** In total, more than 200,000 employees from 447 local organizations have participated in at least one challenge over the past eight years. During this time, the community walked nearly 80 billion steps and consumed more than 31 million cups of fruits and vegetables. To our knowledge, this is the largest community-wide wellness program in the world.

### Health Care Initiative Partners

- **Rochester RHIO (Regional Health Information Organization)**
- **Eat Well Live Well**
- **Lean Six Sigma in the Hospitals**
- **Physician Compensation**
- **Increase Utilization of Generics**
Over 200 individuals from more than 60 organizations have come together to support this initiative, which is a unique, multi-faceted coalition of broad-based community stakeholders. The collaborative has raised close to $3 million in community and state funds to date to support its efforts.

Work teams, comprised of community representatives, are actively engaged in developing and implementing strategies in these areas:

- **Clinical Best Practice**: Working with national experts, the team has developed a practice improvement consulting model that utilizes trained local clinicians to identify actionable systems strategies to address clinical variation across practices.
- **Communication**: The team is partnering with Wegmans and the Rochester Business Alliance to expand brand recognition of the highly successful Eat Well, Live Well program to function as a community wellness resource and a set of tools that encourage and support personal health action.
- **Community Engagement**: Numerous blood pressure screening events continue to take place across the community. The work group is partnering with local nursing schools to enable students to perform community service while providing a ready and trained resource to complete blood pressure screenings. Blood pressure kiosks have been placed in organizations in neighborhoods that previously did not have this resource. A program funded in part by the Centers for Disease Control has trained and deployed nearly 200 High Blood Pressure Ambassadors through a variety of community organizations.
- **Metrics and Measures**: This team established local performance baselines on heart attack, heart disease, stroke and kidney failure and has established long-term improvement targets and calculated the potential return on investment for the community.
- **Healthy Worksite**: Demonstration projects in area companies and organizations trained peer counselors to engage coworkers in strategies, goal setting and tracking of success. Additional demonstrations in new locations are underway in 2012.
- **Financial Development**: The team has developed a financial sustainability plan in partnership with local insurers and Rochester hospitals to be implemented in 2013. This plan will enable the collaborative to continue its strategic plan and add new components in the future.

**High Blood Pressure Patient Registry**: Patient data is being received every six months from the three major health systems in addition to a growing number of independent community primary care practices. During the next phase of registry analysis, additional private practices are being added. As of December 2014, the registry included BP data for over 121,000 individuals. The BP control rate in participating practices has increased from 62.7% in 2010 to 71.8% at the end of 2014. In 2015, the Collaborative will be changing the standards for defining control to be more consistent with national approaches.

**Blood Pressure Advocates Program**: Leveraging funds received from the New York State Economic Development Council, a community health worker-like model is being implemented with several primary care practices to work directly with patients to help improve success in achieving blood pressure control. Advocates are from the same communities as the patients they are serving and are familiar with the multitude of community resources available that can help them achieve their goals.

**COLLABORATIVE PARTNERS**

AIDS Care Rochester
American Diabetes Association
American Heart Association
Anthony Jordan Health Center
Antioch Church
Bausch + Lomb
City of Rochester
Eastman Kodak
Everest
Excelsior BlueCross BlueShield
Finger Lakes Health Systems Agency
Golisano Children's Hospital at Strong
Greater Rochester Health Foundation
Greater Rochester Individual Practice Assoc.
HCR
Interfaith Alliance
Laborers Local 43S
LiDestri Foods, Inc.
Local 1199 SEIU
Monroe Ambulance
Monroe County College
Monroe County Dept. of Human Services
Monroe County Medical Society
Monroe Plan for Medical Care
MVP Health Care
National Kidney Foundation
Nazareth College
New York Blood Pressure
PennFx, Inc.
Perinatal Network
Roberts Communications
Roberts Wesleyan College
Rochester Business Alliance
Rochester City Council
Rochester City School District
Rochester Clinical Research
Rochester General Medical Group
Rochester Institute of Technology
Rochester Primary Care Network
Rochester Regional Health Information Org.
Rochester Regional Health System
RochesterHealth.com
Senator Charles Schumer
Senator Kirsten Gillibrand
Southwest Area Neighborhood Association
St. John Fisher College
SUNY Brockport
The Community Place
United Way of Greater Rochester
University of Rochester
URMC
URMC Center for Community Health
URMC Clinical & Social Psychology Dept.
Wegmans Food Markets
Worksite Health Alliance of Greater Rochester
Xerox Corporation
YMCA of Greater Rochester
<table>
<thead>
<tr>
<th>Type</th>
<th>Program</th>
<th>Reach</th>
<th>Deliverables/Outcomes</th>
</tr>
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<tbody>
<tr>
<td>Measurement</td>
<td>High Blood Pressure Registry</td>
<td>199,082 patients representing 66% of hypertensives in 9 Finger Lakes counties 106 participating medical practices</td>
<td>Tool for measuring community progress: From 2010 to 2015, the control rate improved 12.8% in Monroe County, moving from 62.7 to 70.7%.</td>
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<tr>
<td>Clinical</td>
<td>Blood Pressure Advocates (one-on-one coaches)</td>
<td>634 patients</td>
<td>Reduced risk for heart attack or stroke ranged from 45% for African American women to 21% for non-African American men</td>
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<td>Practice Improvement Consultants</td>
<td>4 consultants work with 17 medical practices with 24,700 hypertensives</td>
<td>After adjusting for race/ethnicity and SES, hypertensive patients were 35% more likely to have controlled blood pressure in PIC practices than in non-PIC practices</td>
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<td>Community</td>
<td>Barbers and stylists trained as community health educators</td>
<td>647 individuals at 21 barber shops/salons and 6 senior housing sites</td>
<td>35% reported changing health behaviors</td>
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<td></td>
<td>Health ministries</td>
<td>241 individuals at 9 congregations</td>
<td>54% taking medication 53% reducing sodium in diet 49% exercising 42% losing weight 39% changing diet</td>
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<tr>
<td></td>
<td>Diabetes Prevention Program</td>
<td>72 participants at 9 congregations</td>
<td>81% lost weight</td>
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<td></td>
<td>Healthy worksite programming</td>
<td>21 worksites participated</td>
<td>18 companies with 7,007 employees added strategies to increase physical activity 6 companies with 2,335 employees developed or adopted food service guides, including sodium intake</td>
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<td>Communications campaign</td>
<td>Med-adherence messaging focused on communities of color in high poverty ZIP codes in English and Spanish</td>
<td>80 bus ads 12 billboards 72 radio spot aired 523 pillboxes distributed 875 posters in &gt;25 sites 9 customized posters</td>
</tr>
</tbody>
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**Link to recent press coverage** - Rochester Business Journal, November 2015