

**SELECTED GRANT-FUNDED
HEALTH INFORMATION TECHNOLOGY PROJECTS
IN NEW YORK STATE**

**Prepared for the
New York State Department of Health**

by

One River Grants, Inc.

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**ONE RIVER
GRANTS**

Introduction

Information technology can help healthcare organizations improve the quality of care that they provide, improve patient safety, improve cost-effectiveness, accelerate the translation of research findings into practice, improve care for the medically underserved, increase consumer involvement, improve accuracy and privacy, and increase their ability to monitor health nationally.

New York State recently committed \$52.875 million to support healthcare organizations in their efforts to implement interoperable information technology projects. Proposals for funding are being solicited through the recently released request for proposals for HEAL NY, Phase I: Health Information Technology Grants. The New York State Department of Health, in conjunction with the Dormitory Authority of the State of New York, is responsible for managing the solicitation of proposals, selecting candidates and distributing grant funds, and monitoring health information technology progress in New York State that results from this program. The department is enthusiastic about this opportunity and intends to lead the national information technology initiative by implementing health information technology programs throughout New York State as successfully, quickly, and efficiently as possible.

The implementation of interoperable health information technology throughout New York State and the nation will depend a great deal on public/private partnerships. To help the Department of Health encourage these partnerships, One River Grants has prepared this listing of selected grant-supported health information technology projects in New York State. These representative grant-funded projects are listed within this document to demonstrate 4 key points:

- 1) Health Information Technology is central to the projects listed in this publication. Many other projects throughout the State employ health information technology as a means to an end. This listing is not an attempt to capture the depth and breadth of HIT-related projects but rather focuses on health information technology itself.
- 2) This list is intended to reflect the grants marketplace by illustrating both the public and private agencies that support health information technology projects. Not coincidentally, the listing also reflects the distribution of grant funds: the overwhelming majority of funding comes from federal sources while smaller amounts are contributed by private foundations, corporations, and other funding sources.
- 3) This list also is intended to demonstrate the range of funded projects, from large, multi-partner, multi-phase projects to smaller, one-site projects.
- 4) Finally, this list was selected to demonstrate the range of organizations which have received funding for health information technology projects, from rural providers, to small-town libraries linked to health care clinics, to the largest urban health care networks in the state.

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Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Transforming Healthcare Quality Through Information Technology Grants (THQIT) -- PLANNING GRANT
Grant Title	Planning Implementation of an EMR in a Rural Area
Recipient Organization	Adirondack Medical Center, Saranac Lake, New York
Principal Investigator	Jay Federaman
Abstract	<p>Researches the implementation of an EMR in the medical community and the use of electronic ordering; identifies a system that will allow for the seamless exchange of clinical information throughout the medical community. From the clinical perspective, the organizations are looking to improve the quality of care through better documentation and care management; improve care with fewer errors through the use of electronic ordering, including decision support, automatic routing of orders to pharmacies and labs, and better tracking of test orders and results; and identify a system that will allow for the seamless exchange of clinical information throughout the medical community. From the administrative perspective, the organizations are looking to increase timesaving and office efficiency from improved viewing, chart availability, organization and legibility; realize cost savings associated with reduced staff and transcription costs; assure compliance with federal, state, and local mandates, including HIPAA; and achieve the financial and timesaving benefits of having an integrated EMR and billing software program. This venture involves the partnership of three community provider organizations dedicated to the delivery of high-quality, cost-effective healthcare. The goal is to encourage community-wide data exchange, and foster the adoption of an Electronic Medical Record.</p>
Funding	\$96,100
Year(s)	9/29/04 – 9/ 29/05
Collaborators	Trudeau Health Systems, High Peaks Hospice

Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Transforming Healthcare Quality Through Information Technology Grants (THQIT) -- IMPLEMENTATION GRANT
Grant Title	Taconic Health Information Network and Community
Recipient Organization	Taconic IPA, Fishkill NY
Principal Investigator	John Blair III
Abstract	The Taconic IPA, is a 2,500 physician independent practice association located in Fishkill, NY. Over the past three years, the organization has worked with area hospitals and laboratories to create a community wide electronic data exchange. Currently, Taconic IPA physicians electronically manage the data through a clinical messaging system as part of their daily workflow, the first step in adoption of an electronic medical record (EMR). The Taconic IPA plans to add a healthcare portal to the existing communitywide electronic data exchange which will allow for use of the current electronic messaging system along with migration to a full EMR. The IPA is one of the first to attempt deployment of a standard EMR with a community wide electronic data exchange among a large group of independently practicing physicians as has been done in staff model settings. The project will evaluate: physician office efficiency improvement and cost reduction, payer return on investment, safety improvement, and quality improvement.
Funding	Year 1 Funding: \$500,000 ; Estimated Total Funding: \$1.5 million
Year(s)	9/30/04 – 9/29/07
Collaborators	None listed

Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Transforming Healthcare Quality Through Information Technology Grants (THQIT) -- IMPLEMENTATION GRANT
Grant Title	Creating an Evidence Base for Vision Rehabilitation
Recipient Organization	Lighthouse International, New York, New York
Principal Investigator	Betty Bird
Abstract	The project will involve the installation and implementation of the newly developed Electronic Vision Rehabilitation Record (EVRR) at Lighthouse International and its collaborators. The lead agency on this project, Lighthouse International, built this software and the model upon which it is based. The implementation of EVRR and its tools will assure that patients receive consistent, high-quality, standardized care thereby delaying the functional decline that has been associated with increased utilization of health services. Over a relatively short period of time, the system will create a large outcome-measures database by which to evaluate the effectiveness of current best practice and help refine practice as the evidence indicates.
Funding	Year 1 Funding: \$497,068; Estimated Total Funding: \$1,442,113
Year(s)	9/1/04 - 8/31/07
Collaborators	The Iris Network in Maine, the Central Association for the Blind and Visually Impaired in Utica, New York. The project will also involve the installation of EVRR modules at three offices of the New York State Commission for the Blind and Visually Handicapped and three ophthalmologists' private offices or primary eye-care services within hospitals.

Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Transforming Healthcare Quality Through Information Technology Grants (THQIT) -- VALUE GRANT
Grant Title	Valuation of Primary Care-Integrated Telehealth
Recipient Organization	University of Rochester, Rochester, New York
Principal Investigator	Kenneth McConnochie
Abstract	This program assesses the impact of a telehealth program on primary care utilization and cost for remote assessment and treatment of ill children in childcare and school sites. Acute illness in pre-school and school-age children remains a major morbidity and economic burden across the socioeconomic spectrum. Using commercially-available technology that enables clinicians to evaluate and treat ill children at a distant childcare or school site, Health-e-Access (HeA) has operated in 8 inner-city childcare centers. Evidence supports high acceptance and satisfaction by parents and child programs. Reduction in child absence due to illness has been dramatic. Keys to optimization, sustainability and expansion of HeA are integration into primary care practice, physician acceptance, and insurance reimbursement.
Funding Amount	Year 1 Funding: \$500,000; Estimated Total Funding: \$1,464,778
Year(s)	9/30/04 – 9/29/07
Collaborators	None listed

NOTE: This project has also received funding from the **Robert Wood Johnson Foundation** and numerous local private foundations. See below, Private Foundations for information on the Robert Wood Johnson grant and additional foundation support for this program.

Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Clinical Informatics to Promote Patient Safety (CLIPS)
Grant Title	Identifying and Reducing Errors with Surgical Simulation
Recipient Organization	Montefiore Medical Center, New York, New York
Principal Investigator	Marvin P. Fried
Abstract	The objective of this research is to examine the role of virtual reality surgical simulation for educational training and evaluation purposes. In this study, physicians will be trained on the simulators to do a type of surgery that carries a high risk of severe complications such as vision loss; the researchers believe this will identify potential errors and avoid complications without risk to patients. In an analogy to flight simulation, "near miss" detection is where potential errors are found and complications prevented Using a number of otolaryngology residencies, a controlled training curriculum will be developed based on complimentary simulation tools [the endoscopic sinus surgery simulator (ES3), minimally invasive surgical trainer - virtual reality (MIST VR), perceptual and 3- dimensional testing] with objective metrics used for assessment of trainees. Technical errors will be identified, quantified and used to train and monitor surgical performance and for outcomes analysis to improve patient safety.
Funding Amount	First Year Funding: \$486,805; Total Estimated Funding: \$1,322,306
Year(s)	09/27/01 - 08/31/04
Collaborators	None listed

Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Clinical Informatics to Promote Patient Safety (CLIPS)
Grant Title	Mining Complex Clinical Data for Patient Safety Research
Recipient Organization	Columbia University, New York, New York
Principal Investigator	George Hripcsak
Abstract	The objective of this research is to use advanced medical language processing to help uncover medical errors from clinicians' narrative notes. The researchers will develop a system that uses automated surveillance to analyze narrative medical records from a wide variety of notes.
Funding Amount	First Year Funding: \$356,099; Total Estimated Funding: \$1,085,608
Year(s)	09/27/01 - 08/31/04
Collaborators	None listed

Funding Agency	Agency for Healthcare Research and Quality (AHRQ)
Grant Program	Clinical Informatics to Promote Patient Safety (CLIPS)
Grant Title	Using Prospective MDS Data to Enhance Resident Safety
Recipient Organization	Foundation for Long Term Care, Albany, New York
Principal Investigator	Christie L. Teigland
Abstract	The goal of the proposed research is to determine whether preventable adverse outcomes for the frail elderly population in long term care settings can be reduced by providing prospective computerized information alerting nursing and other staff to the likelihood of the problem occurring, and further providing resident-specific risk factors likely to cause the adverse outcome so that preventive actions can be taken. Through the use of prospective clinical data, the project intends to shift the focus from using Minimum Data Set assessment data for investigating adverse outcomes after they occur, to one centering on the safety of individual residents before an adverse event occurs.
Funding Amount	First Year Funding: \$419,328; Total Estimated Funding: \$1,302,129
Year(s)	09/30/01 - 03/31/05
Collaborators	None listed

Funding Agency	Centers for Medicare and Medicaid Services (CMS)
Grant Program	Medicare Health Support Programs
Grant Title	None listed
Recipient Organization	Visiting Nurse Service of New York/Evercare, Brooklyn and Queens, New York
Principal Investigator	Paul Roth
Abstract	<p>This project supports the management of high-risk participants who require extensive in-home management through the use of:</p> <ul style="list-style-type: none"> • Telephonic outreach and health risk assessments • SmartCards to use at physician visits and hospital admissions to track service use and convey embedded information to providers • Physician web access to clinical information • 24-hour nurse line
Funding Amount	Not available
Year(s)	2005-2008
Collaborators	Program includes “active involvement of other community agencies”

Funding Agency	Centers for Medicare and Medicaid Services (CMS)
Grant Program	Informatics, Telemedicine, and Education Demonstration Project
Grant Title	Informatics for Diabetes Education and Telemedicine (IDEATel) Project
Recipient Organization	Columbia University
Principal Investigator	Not available
Abstract	The Columbia University Informatics for Diabetes Education and Telemedicine (IDEATel) Project is a four-year demonstration project funded by the Centers for Medicare and Medicaid Services with the overall goals of evaluating the feasibility, acceptability, effectiveness, and cost-effectiveness of telemedicine in the management of older patients with diabetes. The demonstration project seeks to break through barriers to health care and provide patients with diabetes the services they need and deserve. The units in patients' homes will allow video conferencing, access to information and medical data inter-change. Computerized devices will check blood pressure, read blood sugar levels, take pictures of skin and feet for signs of infection and screen for other factors that affect diabetes management. The Clinical Information System will provide storage or clinical data to be used in the development and application of patient care guidelines and clinical standards. The agreement also establishes requirements to ensure the protection of medical records confidentiality and patient privacy.
Funding Amount	\$28 million for 4 years; in 2003 the project was awarded an additional \$30 million and extended 4 more years
Year(s)	Grant awarded in 2000
Collaborators	New York Presbyterian Hospital, the Joslin Diabetes Center of SUNY Upstate Medical University, the American Diabetes Association (ADA), Harlem Hospital Center, the Harlem Renaissance Network, Arnot Ogden Hospital in Elmira, Olean General Hospital in Olean, Samaritan Medical Center in Watertown, the Hebrew Home for the Aged at Riverdale.

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Daemen College TeleHealth Education Network
Recipient Organization	Daemen College, Amherst, New York
Principal Investigator	Keith Taylor, Ph.D., PT
Abstract	To provide and coordinate health education resources in partner communities, Daemen College provides video-conference and web-based experiences (credit courses and continuing education) for health professionals and students in allied health professional programs, credit and noncredit courses on health topics and health careers for the general public, and health professional student supervision in rural settings via video conferencing. The service area includes Genesee, Livingston, Orleans, Wyoming, Steuben, Monroe and Erie Counties in Western New York State serving nine HPSAs (three mental, three primary care, three dental), 41 MUAs.
Funding Amount	Not available
Year(s)	Not available
Collaborators	Medina Memorial Hospital, Medina, NY MercyCare Residential Health Care Facility, North Hornell, NY Wyoming County Community Health System, Warsaw, NY Charles May Vocational Center (Genesee Valley BOCES), Mt. Morris, NY

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Develop a Computerized Referral and Recording System
Recipient Organization	HealthReach NY, Inc., Forest Hills, NY
Principal Investigator	Patricia A. Gallegos
Abstract	HealthReach NY is a not-for-profit organization that provides access to free medical care for the uninsured and economically disadvantaged adult population of Queens, NY. HealthReach NY meets the needs of the ethnically diverse and uninsured population of Queens through a network of health care providers who provide free medical care in private offices and institutions, through collaboration with community organizations and through the provision of community health education. The computer network allows tracking and recording of data on patients from each of the satellite community sites. This information will serve to determine which diseases are prevalent in each community, and enable the project to do targeted screenings and health education.
Funding Amount	Not available
Year(s)	Not available
Collaborators	YWCA – Flushing branch, HANAC, Northern Queens Health Coalition, Jewish Board of Family and Children’s Services, NYANA. Hospitals- New York Hospital of Queens, Mt. Sinai Medical Center - Queens Campus.

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Informatics Telehealth Project (EMR)
Recipient Organization	Institute for Urban Family Health, New York, New York
Principal Investigator	Susanne Callahan
Abstract	To increase access to health care and health information for underserved communities in New York City (six zip code areas in Manhattan and the Bronx), this telemedicine project developed and implemented an electronic medical record (EMR) called EpicCare . at twelve of the Institute's practices. It also developed systems and guidelines in the EMR to improve patient care; trained more than 100 staff members in use of the system; provided primary care to 2,500 uninsured patients, roughly half of whom were new patients who were screened for insurance eligibility and assisted with insurance enrollment.
Funding Amount	Not available
Year(s)	9/2002 – 8/2003
Collaborators	Continuum Health Partners, ABC Health Plan, Care for the Homeless, and the Bronx REACH 2010 Coalition

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth (OAT)
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Electronic Medical Records Expansion
Recipient Organization	Montefiore Medical Center & The Children's Hospital at Montefiore, Bronx, New York
Principal Investigator	Jack Wolf
Abstract	The program is intended to link group practice sites and the entire integrated delivery network into a single electronic medical record.
Funding Amount	Not available
Year(s)	Not available
Collaborators	None

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Electronic Linkage
Recipient Organization	New York - Presbyterian Hospital, New York, New York
Principal Investigator	Karen Colón
Abstract	This project will create a proof-of-concept to demonstrate that the exchange of clinical data (laboratory results, pharmacy results, etc.) between academic medical centers and a community hospital can serve as an early warning system for large-scale incidents and improve point-of- service care at all hospitals. As a result of this project, community hospitals will have the full resources of an academic medical center in the event of infectious disease or possible terrorist incident. In addition, public health is facilitated through the capture of clinical data at the community hospital site. This data is immediately available to the academic health centers and subsequently to public health authorities.
Funding Amount	Not available
Year(s)	Not available
Collaborators	None: the project will link Emergency Departments at New York- Presbyterian Hospital in three locations in Manhattan

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Patient Health Monitor (Vigilens)
Recipient Organization	New York Presbyterian Hospital Department of Medical Informatics , New York, New York
Principal Investigator	Yves A. Lussier (Co-PI)
Abstract	The goal of the proposed research is to examine ways in which telemedicine can favorably influence healthcare through the use of a decision support server. The project will demonstrate that the development of a modular, multi-institution decision support server is technically feasible by, (i) Allowing easy swapping of different controlled vocabularies. (ii) Facilitating easy substitution of data repositories and, (iii) Augmenting data capture capability to facilitate intelligent alarms. The estimated number of daily events that the event monitor must track at the New York Presbyterian Hospital are the following: 30,000 laboratory results; 17,000 admission-discharge-transfer events; 4,000 inpatient pharmacy prescriptions and 3,000 radiology events.
Funding Amount	Not available
Year(s)	Not available
Collaborators	None listed

Funding Agency	Health Resources and Services Administration (HRSA), Office for the Advancement of Telehealth
Grant Program	OAT Telehealth Network Grant Program
Grant Title	Telehealth New York
Recipient Organization	Research Foundation, State University of New York (SUNY) at Buffalo
Principal Investigator	David Ellis, MD
Abstract	This project builds on a successful, state-wide correctional emergency telemedicine network (Y2003, > 3000 patients, with 41 percent ER trip avoidance) to develop clinical services, distance learning (Grand Rounds), and informatics through rural and tertiary care hospital ER linkages. The project will improve health outcomes for victims of rural trauma (tele-trauma) through rural EMS telehealth coordination and a virtual-onsite trauma care partnership.
Funding Amount	Not available
Year(s)	Not available
Collaborators	The TLC Healthcare Network with clinics in Chautauqua and Cattaraugus Counties. Wyoming County Community Health System Erie County Medical Center

Funding Agency	National Institutes of Health
Grant Program	National Eye Institute
Grant Title	Telemedical Diagnosis of Retinopathy of Prematurity
Recipient Organization	Columbia University, New York, New York
Principal Investigator	Michael F. Chiang
Abstract	This proposal will support the candidate's career development through a two-phase training program. In the first phase, intensive didactic instruction through the Columbia University Department of Medical Informatics will provide background in medical informatics, computer science, biostatistics, and clinical research. The second phase will involve the design, implementation, and evaluation of a telemedical network for the remote diagnosis of Retinopathy of Prematurity (ROP) in low birth weight infants. Studies will be conducted to test an underlying hypothesis: that telemedical detection of ROP will prove to be safe, accurate, and efficient, and will provide important advantages over existing diagnostic methods with respect to speed, outcome, cost, and satisfaction.
Funding Amount	Not available
Year(s)	9/30/03 - 7/31/08
Collaborators	None listed

Funding Agency	National Institutes of Health
Grant Program	National Institute Of Nursing Research
Grant Title	Center for Evidence-Based Practice in the Underserved (CEBP)
Recipient Organization	Columbia University, New York, New York
Principal Investigator	Suzanne Bakken
Abstract	<p>Within the overarching framework of informatics-enabled, evidence-based approaches in underserved populations, the aims and sub-aims of the Center for Evidence-based Practice in the Underserved (CEBP) relate specifically to three areas of scientific opportunity at NINR: cultural and ethnic considerations in health and illness; quality of life and quality of care including economic aspects; and telehealth and other emerging technologies to promote patient education and treatment. Research will focus on four target areas: health disparities, health literacy, patient safety, and public safety. Specific aims include: 1) implement and maintain informatics-based approaches that enable data aggregation, secondary data use, and building of clinical and economic evidence across CEBP studies; 2) develop and maintain resources of relevance to improving health literacy in underserved populations; 3) enhance the expertise of CEBP investigators in informatics-based approaches for research focused on targeting and tailoring interventions for underserved populations in a culturally- and ethnically-appropriate manner; 4) develop the expertise of CEBP investigators in the measurement of health literacy and design of informatics-based interventions at appropriate levels of health literacy; and 5) develop the expertise of CEBP investigators in the use of telehealth and other emerging communication and information technologies.</p>
Funding Amount	Not available
Year(s)	8/1/01 – 4/30/07
Collaborators	None listed

Funding Agency	National Institutes of Health
Grant Program	National Heart, Lung, And Blood Institute
Grant Title	A Stepped Intervention For Meds Adherence & Blood Pressure Control
Recipient Organization	Columbia University
Principal Investigator	William Gerin
Abstract	The investigators will conduct a randomized controlled trial in a multicultural population of uncontrolled, hypertensive patients to test the effectiveness of a stepped-care intervention involving 2 stages: (1) Self-Telemonitoring of blood pressure (BP) which uses a telephone transmission system by which an easy-to-use modem, contained in the BP monitor, sends the BP measurements to a commercial service (Lifelink Monitoring) who then sends the measurements to the patient's health care provider; and (2) Telephone-Based Nurse Case Management, provided by a commercially available service (U-Med). The focus is on an intervention strategy which readily transfers to a variety of usual health care situations. Both interventions are commercially available, and therefore are accessible to a wide range of health care providers, including smaller community-based clinics.
Funding Amount	Not available
Year(s)	9/17/01 – 8/31/06
Collaborators	None listed

Funding Agency	National Library of Medicine
Grant Program	Knowledge Management And Applied Informatics
Grant Title	Enabling Psychiatrists' Access to Knowledge Resources
Recipient Organization	New York State Psychiatric Institute, New York, New York
Principal Investigator	Vimla L. Patel
Abstract	This project will provide web-based on-line information and knowledge resources to mental health professionals at the point of care. These resources include electronic documents and texts, databases, search engines, guidelines and any reference materials that are relevant to the decision-making process in patient care. It also will integrate Infobuttons manager technology, a resource delivery system, with an existing electronic medical record system. Specific aims are: (1) Provide mental health professionals with access to guidelines and other resources in real time at point of care. (2) Adapt the Infobuttons information resource delivery system to the field of mental health with an initial focus in the specific area of pharmacology. (3) Employ Infobuttons Manager application in concert with the newly implemented electronic medical record system, Mental Health Automatic Retrieval System (MHARs)
Funding Amount	Not available
Year(s)	2/17/03 – 2/16/06
Collaborators	Information not provided other than “4 representative institutions served by the Office of Mental Health”

Funding Agency	National Library of Medicine
Grant Program	Knowledge Management And Applied Informatics
Grant Title	Peristats Expansion Training and Dissemination Project
Recipient Organization	March Of Dimes Birth Defects Foundation, White Plains, New York
Principal Investigator	Joann R. Petrini
Abstract	The Perinatal Data Center (PDC) of the National March of Dimes is applying for a two-year information system grant to conduct the "PeriStats Expansion, Training and Dissemination Project". Through PeriStats, a database driven web site that was launched in 2001, the PDC provides interactive, timely, highly informative national, state and county perinatal data, as well as facilitative resources and technical support to use this information free of charge. However, as with many digital information resources, there is a need for targeted training, evaluation and enhancements to increase awareness, utilization and usability. This project will target health professionals and medical librarians with two overall goals: a) to increase access to and utilization of county, state and national perinatal data, and relevant Healthy People 2010 Objectives through the PeriStats web site; and b) to increase utility and utilization of PeriStats by integrating access to perinatal data and relevant biomedical literature for professional audiences in maternal and infant health.
Funding Amount	Not available
Year(s)	3/1/04—3/31-06
Collaborators	None listed

Funding Agency	National Library of Medicine
Grant Program	Knowledge Management And Applied Informatics
Grant Title	Health Information Outreach to Rural Providers and Consumers
Recipient Organization	Sidney Memorial Public Library, Sidney, New York
Principal Investigator	Mary G. Flaherty
Abstract	In order to provide increased access to quality health-related information, the Sidney Memorial Public Library and its collaborators will provide health information outreach to rural health care providers and consumers in Delaware County in upstate New York. The project will include installation of computer workstations in patient waiting areas and doctors' lounges at four Delaware County hospitals and four family health centers. Library staff, after attending training at the National Library of Medicine, will train health care providers, staff, end-users, and interested public librarians in the effective utilization of the NLM's databases. On-site training will be offered at the library and its two branches, the health care facilities, and at rural providers' offices. In order to assure access to materials, document delivery services will be available to program participants.
Funding Amount	Not available
Year(s)	5/15/04 - 4/14/06
Collaborators	Rural Health Network of South Central New York, Rural Health Education Network, George Miner Mackenzie Medical Library

Funding Agency	National Library of Medicine
Grant Program	Knowledge Management And Applied Informatics
Grant Title	Increasing Inner-City Access to Health Information
Recipient Organization	New York Academy Of Medicine, New York, New York
Principal Investigator	Maxine L. Rockoff
Abstract	<p>The project will add a low-cost and sustainable health information outreach component to existing social services programs in CBOs. The specific aims of the project are to: 1. Develop a bilingual train-the-trainer health information outreach program and tailor it to senior centers and Head Start programs. 2. Create a web site and list-serve to enable Head Start and senior center program participants, staff and volunteers to contribute to the continuing development and enhancement of the health information outreach program. 3. Characterize patterns of health-information seeking behavior of participating seniors and Head Start parents before and after the health information outreach program using a combination of quantitative and qualitative techniques. Train the- trainer classes will be based on NYAM's "Health Information on the Internet" course with a focus on bilingual consumer health resources available from the National Library of Medicine and NOAH - New York Online Access to Health.</p>
Funding Amount	Not available
Year(s)	9/15/04 - 9/14/06
Collaborators	Department of Biomedical Informatics of Columbia University and a "consortium of community-based organizations"

Funding Agency	National Library of Medicine
Grant Program	Knowledge Management And Applied Informatics
Grant Title	North Shore Long Island Jewish Health System Unified Electronic Medical Library
Recipient Organization	North Shore-Long Island Jewish Research Institute, Manhasset, New York
Principal Investigator	Debra C. Rand
Abstract	The North Shore - Long Island Jewish Health System seeks to create and evaluate an electronic medical library that is universally accessible to staff everywhere throughout its 18 owned, sponsored and affiliated hospitals via both on-site and remote access. Together at a centralized access point with free web-based electronic educational resources (including those provided by the National Library of Medicine), these proprietary resources will be the inception of a Unified Electronic Medical Library for clinicians. The following are project objectives: 1) To create a collectivized, "virtual library" of web based resources; 2) To foster evidence-based healthcare; 3) To track resource utilization by two groups across the Health System, in comparison with baseline information yielded by a comprehensive needs assessment: a) Clinicians with close physical proximity to a larger medical library, and b) Clinicians without such close proximity. 4) To determine whether, how and to what extent utilization will increase for group b), which previously had limited access to the greater resources available at a tertiary-care hospital.
Funding Amount	Not available
Year(s)	2/1/04 - 1/31-07
Collaborators	In addition to NS-LIJ's 14 owned hospital, collaborators include its 4 affiliates: Peninsula Hospital Center, Southampton Hospital, Central Suffolk Hospital, and Eastern Long Island Hospital

Funding Agency	National Library of Medicine
Grant Program	Integrated Advanced Information Management Systems (IAIMS)
Grant Title	Integrated Health Information For Western New York
Recipient Organization	State University Of New York At Buffalo, Health Sciences Library, Buffalo, New York
Principal Investigator	Gary D. Byrd
Abstract	The University at Buffalo health professions schools and Health Sciences Library, in collaboration with all the affiliated healthcare organizations in the eight counties of Western New York, will engage in a strategic planning project to bring together into an integrated online electronic environment the educational, research, patient care, and administrative information resources and services needed to comprehensively support faculty, students, staff, and administrators in this dispersed, multi-institutional health sciences center. This planning process will also provide opportunities to extend greater access to appropriate health information resources for patients, their families and the general public of Western New York.
Funding Amount	Not available
Year(s)	3/1/99 - 12/31/01
Collaborators	"Affiliated healthcare organizations in the eight counties of Western New York"

Funding Agency	National Library of Medicine
Grant Program	Research Grants In Biomedical Informatics And Bioinformatics
Grant Title	Infobuttons to Improve Information Access in Order Entry
Recipient Organization	Columbia University, New York, New York
Principal Investigator	James J. Cimino
Abstract	When using a clinician order entry system (COES), nurses and physicians encounter specific information needs that can be predicted based on the information they are reviewing. By automatically providing links to on-line resources designed to resolve those needs, this project seeks to decrease the rate at which information seeking is deferred. This should, in turn, increase the rate at which information seeking is successful, leading to better-informed ordering. The project will study this problem using programs, called "infobuttons" that use context-specific information to anticipate information needs and automate retrieval from appropriate resources. For example, an infobutton placed next to patient data in a COES display can use the patient data itself to facilitate information retrieval.
Funding Amount	Not available
Year(s)	9/1/02 - 1/16/08
Collaborators	New York Presbyterian Hospital LDS Hospital Regenstrief Institute

Funding Agency	National Library of Medicine
Grant Program	Research Grants In Biomedical Informatics And Bioinformatics
Grant Title	Managing Large Complex Data Streams/Outpatient Practice
Recipient Organization	Columbia University, New York, New York
Principal Investigator	Justin B. Starren
Abstract	<p>Advances in portable medical devices and in electronic communications are enabling the remote monitoring of patients with many chronic conditions, including diabetes, hypertension, asthma, heart failure and chronic anticoagulation. As a result, clinicians will soon be inundated by hundreds of electronics results and messages every day. The clinician will no longer function in an assembly-line fashion, but will become more like a dispatcher or air-traffic controller, electronically monitoring many processes simultaneously. Clinicians will no longer ask simply, "How is Mrs. X?" They will also ask the computer "Among my 2000 patients, which ones need my attention today?" Neither clinicians, nor electronic medical records (EMR) systems, are prepared for this change. The goal of this project is to derive a set of design principles, demonstrated and evaluated in the context of specific systems, that helps future system developers (including ourselves) to construct tools for the management of large and complex data streams in a way that assure accurate, efficient, and timely detection of clinically relevant patterns, and that has a mode of use that is cognitively manageable. The accomplishment of specific project activities based on the Informatics for Diabetes Education and Telemedicine (IDEATel) project will represent the initial steps with respect to the constructing and evaluating of prototype software to mediate between large complex data streams and health care providers.</p>
Funding Amount	Not available
Year(s)	1/1/05 - 12/31/07
Collaborators	None listed

Funding Agency	Rural Utilities Service, US Dept. of Agriculture
Grant Program	Distance Learning and Telemedicine Grants
Grant Title	None listed
Recipient Organization	Moses-Ludington Hospital; Ticonderoga, NY
Principal Investigator	Mark R. Kubricky
Abstract	Moses-Ludington Hospital will utilize RUS grant funds in a telemedicine project to install a remote telemedicine diagnostic and physician order system. This system will provide remote connection to physician access and on-line medical records and will serve approximately 17,000 residents in the service area: Essex, Warren, and Washington Counties
Funding Amount	\$499,800
Year(s)	Grant awarded in 2003; other information not available
Collaborators	Mineville Health Center Mountain Family Practice

Funding Agency	Rural Utilities Service, US Dept. of Agriculture
Grant Program	Distance Learning and Telemedicine Grants
Grant Title	None listed
Recipient Organization	Moses-Ludington Hospital; Ticonderoga, NY
Principal Investigator	Mark R. Kubricky
Abstract	The Moses-Ludington Hospital will use RUS grant funds to develop a coordinated teleradiology and telemedicine system that will provide upgraded technology allowing connectivity between remote practitioners and clinics, and more sophisticated medical service providers. The project will improve patient and provider access to life saving medical services and overcome, in an efficient and cost efficient manner, the challenges of geographic isolation, severe weather conditions and a lack of public transportation options. It will also provide opportunities for local medical personnel to keep abreast of current technologies through a distance learning and continuing education component of the system. The grantee will utilize the existing Adirondack Area Network to operate cost-effective frame relay technology. The project will serve the resident regional population of 15,000 in addition to the summer resident population of 30,000 and an estimated tourist pass-through population of 250,000.
Funding Amount	\$499,800
Year(s)	Grant awarded in 2002; other information not available
Collaborators	None listed

Funding Agency	Rural Utilities Service, US Dept. of Agriculture
Grant Program	Distance Learning and Telemedicine Grants
Grant Title	None listed
Recipient Organization	New York State Office of Children & Family Services; Rensselaer, New York
Principal Investigator	Thomas M. Thorpe
Abstract	The New York State Office of Children & Families Services (OCFS) will use RUS grant funds to improve access to telepsychiatry, telemedicine and distance learning for juvenile delinquents placed by family court in rural institutions for children. Telemedicine will permit consultations with off site health service specialists without the high transportation costs in dollars and staff time. The project proposes an incremental approach to establish telepsychiatry which will provide much needed support in the areas of clinical case conferencing, mental health in-service, with the potential for direct care of approximately 600 youth residing at the Tryon Residential Center. Distance learning will enable approximately 400 staff to receive professional training from clinical experts to care for the at-risk youth population that otherwise is currently unavailable. This recently developed education wide area network employs state-of-the-art technology to connect thirty-four (34) OCFS school locations throughout the state to each other and back to OCFS' Central office location in Rensselaer, New York.
Funding Amount	\$335,000
Year(s)	Grant awarded in 2002; other information not available
Collaborators	Tryon Boys Residential Center and Tryon Girls Residential Center in Perth Parker Training Academy telecommunications hub in Red Hook

Funding Agency	Rural Utilities Service, US Dept. of Agriculture
Grant Program	Distance Learning and Telemedicine Grants
Grant Title	None listed
Recipient Organization	Hoosick Falls Health Center, Inc., Hoosick Falls, New York
Principal Investigator	Joyce N. Davis
Abstract	This is a telecommunications project for a skilled nursing facility to provide open communication with its two support hospitals. It includes the installation of a phone system with voice mail, telemedicine, distance learning, Internet connectivity and IP TV. This project will make it possible for residents to communicate with their families, through videoconferencing, no matter where they are located around the world as well as use telemedicine services across state lines.
Funding Amount	\$205,393
Year(s)	Grant awarded in 2001; other information not available
Collaborators	None listed. Project serves Rensselaer and Washington Counties, NY, and Bennington County, Vermont

Funding Agency	Rural Utilities Service, US Dept. of Agriculture
Grant Program	Distance Learning and Telemedicine Grants
Grant Title	None listed
Recipient Organization	Westchester County Health Care Corporation; Valhalla, New York
Principal Investigator	Linda F. Seligson
Abstract	This project will provide telemedicine services to electronically link medical professionals so they may exchange health care information for the purpose of providing improved healthcare services primarily to residents of rural areas in New York. There is a shortage of health care providers and limited access to routine medical care due to lack of public transportation and geographic isolation. This project will allow physicians to use state-of-the-art diagnostic services, and minimize the need for their patients to be sent to large tertiary or academic centers just for these diagnostic support services.
Funding Amount	\$455,303
Year(s)	Grant awarded in 2001; other information not available
Collaborators	Westchester Medical Center Ellenville Regional Hospital Mid-Hudson Family Health Institute Family Practice Center

Funding Agency	Rural Utilities Service, US Dept. of Agriculture
Grant Program	Distance Learning and Telemedicine Grants
Grant Title	None listed
Recipient Organization	Research Foundation For Mental Hygiene, Inc., New York, New York
Principal Investigator	Dr. William Tucker
Abstract	This project will provide psychiatric consultation to rural practitioners (nonpsychiatric physicians, non-medical mental health clinicians, and the few available adult psychiatrists) by linking them through real-time, frequent, and regularly scheduled consultations to a panel of approximately 40 nationally-known clinicians-researchers, based at the New York State Psychiatric Institute. Between 32 and 64 hours per month of expert psychiatric consultation will be provided to rural practitioners. Each of these consultations will involve the consultant, the rural practitioner (or team), and the patient. Such a format provides for rapport between consultant and patient, so as to ensure accurate diagnosis, response to questions, and acceptance of treatment recommendations; and for rapport between consultant and rural practitioner, so as to ensure completeness of medical history, accounting for possible interaction with other medications prescribed to the patient, and sufficiency of information about the prescribing of possibly unfamiliar medications.
Funding Amount	\$111,014
Year(s)	Grant awarded in 2000; other information not available
Collaborators	None listed. Area to be served includes Chenango, Jefferson, Lewis, St. Lawrence, and Wyoming Counties

Funding Agency	US Dept. of Commerce
Grant Program	Technology Opportunities Program (TOP)
Grant Title	Broadband Education and Empowerment for People with Medicare (BEEP'M)
Recipient Organization	Medicare Rights Center, New York, New York
Principal Investigator	Diane Archer
Abstract	<p>The project will create a Medicare counseling and assistance system to give New Yorkers access to vital Medicare benefits and health care services. Medicare counselors serving low-income seniors at 24 sites throughout the City will be linked to BEEP'M via a virtual private network. Counselors will access BEEP'M from touch screen kiosks at the 24 centers or the World Wide Web. BEEP'M will provide counselors access to an interactive client screening and intake tools that will walk them through the information and services that can help their clients. A case management database will track activities and outcomes of each client's case. BEEP'M will also provide on-demand training videos and an electronic bulletin board so that counselors can provide technical assistance to one another. Counselors at each of the 24 BEEP'M sites will enter client encounter and outcome information into a shared system, which can be used to improve services, recognize trends, and develop better client services. The BEEP'M network will make a significant impact on the training level of service providers with online training modules that can be accessed any time, from any location. In addition, the shared client database, enhanced counselor-to-counselor communication, and the searchable online database of resources will improve the ability of counselors to serve their clients. The Medicare Rights Center is the nation's leading Medicare consumer service organization.</p>
Funding Amount	\$712,248
Year(s)	10/1/01 - 9/30/04
Collaborators	Nine community-based organizations in New York City (names not provided)

Funding Agency	US Dept. of Commerce
Grant Program	Technology Opportunities Program (TOP)
Grant Title	Telemedicine Daycare Project
Recipient Organization	University of Rochester School of Medicine, Rochester, New York
Principal Investigator	Donna Galloway
Abstract	The University of Rochester School of Medicine will use telemedicine in inner-city daycare centers to address the challenging problem of infectious disease in the daycare setting. The project's goals are to reduce the time children are excluded from daycare because of illness; the conflict between parents, daycare providers, and employers regarding illness in children; the time parents miss work; and the frequency with which parents bring their children to physicians' offices or emergency departments. The telemedicine daycare project (TDC) will put high quality, real-time video and audio telemedicine units in three urban daycare centers. The units will be equipped with peripheral devices that provide examination tools basic to routine pediatric practice, such as an Ear, Nose, and Throat exam for infections and a stethoscope for heart, lung, and abdominal exams. Telemedicine consultations will be conducted by pediatricians from the Children's Hospital. The record of a consultation will then be faxed or emailed to the child's primary care physician.
Funding Amount	\$330,000
Year(s)	10/1/00 – 9/30/03
Collaborators	The partners in implementing the TDC Project will include three inner-city daycare centers, the University of Rochester's Department of Pediatrics and School of Nursing, the University of Rochester Medical Center, four inner-city health providers, a suburban pediatric practice, and the Monroe County Department of Social Services. Frontier Communications will donate DSL access to connect the daycare centers to the hospital.

Funding Agency	US Dept. of Commerce
Grant Program	Technology Opportunities Program (TOP)
Grant Title	None listed
Recipient Organization	North General Hospital, New York, New York
Principal Investigator	Lisa Alvarenga
Abstract	<p>This project will build a telemedicine link between North General Hospital and the Visiting Nurses Service of New York to provide better pain management and control to patients suffering from advanced cancer, congestive heart failure, chronic obstructive pulmonary disease, end stage renal disease, and AIDS. A new telecommunications technology, the Caduceus System, will be placed into the homes of 30 patients, allowing patients to have direct, real-time interaction with their physicians and other caregivers via a box connected to a television set and a phone line. It includes equipment, such as a real-time digital camera and blood pressure, temperature, weight and heart rate monitors that allow caregivers to have instant access to the patient's current medical condition as well as access to a database of his or her medical history. Most significant, the system will allow patients to be involved in real-time dialogue between visiting nurses and doctors regarding management of their pain. The system will have a database of pharmacies and patients' pain medication inventories, updated daily in order to ensure that patients always have adequate supplies of pain control medicines. The project will provide a prototype for creative, technology-driven health care for the homebound and recently discharged hospital patient.</p>
Funding Amount	\$523,343
Year(s)	10/1/00 – 9/30/03
Collaborators	Memorial Sloan Kettering Cancer Center, the Visiting Nurses Service of Metropolitan New York, the Upper Manhattan Empowerment Zone Development Corporation, and the Center for Technology Commercialization

Funding Agency	The Commonwealth Foundation
Grant Program	Not available
Grant Title	Creating Web-Based Information on Health Insurance and Policy Initiatives
Recipient Organization	Actors' Fund of America, New York, New York
Principal Investigator	Jim Brown
Abstract	In 2000, The Commonwealth Fund supported the redesign of the Actors' Fund of America's health insurance website to make it more complete and more useful to all people-not just entertainment professionals-seeking insurance information. About 700 visitors use the site each day. Information is currently most comprehensive in the two markets where the majority of entertainment professionals live, New York and California. Detailed information needs to be provided for the other 48 states, however, where workers without health insurance face many of the same barriers as these professionals do. This project will enable the Actors' Fund to engage six graduate students and their mentors, each based at a different U.S. university, to compile information on private and public health insurance options for eight states in their respective geographic regions.
Funding Amount	\$208,201
Year(s)	8/1/03 – 7/31/04
Collaborators	None listed

Funding Agency	The Commonwealth Foundation
Grant Program	Not available
Grant Title	Increasing Access to Health Coverage and Care for New York City Students
Recipient Organization	Mayor's Fund to Advance New York, New York, New York
Principal Investigator	Marjorie A. Cadogan, J.D.
Abstract	In 2001, about 246,000 children in New York City were eligible for, but not enrolled in, one of the public insurance programs offered by New York State. The Mayor's Office of Health Insurance Access and the Office of School Health will conduct a demonstration project in 23 schools to develop systems for covering uninsured children and connecting those most in need with a medical home. These schools, located in the city's poorest neighborhoods, are the sites for implementation of a new automated school health record that will allow the city to track information about student's insurance and overall health status. The project has three parts: 1) creating systems to track children's insurance and health status; 2) conducting outreach activities, enrolling children in coverage, connecting children with a medical home, and following up to see that needs are met; and 3) evaluating findings for possible citywide rollout. If successful, these new systems could improve the health of underserved schoolchildren in New York City.
Funding Amount	\$231,338
Year(s)	1/1/04 – 12/31/04
Collaborators	23 schools in New York City

Funding Agency	The Commonwealth Foundation
Grant Program	Not available
Grant Title	Improving Asthma Management for Children in New York City: Evaluation of the Asthma Buddy Program
Recipient Organization	MetroPlus Health Plan
Principal Investigator	Arnold Saperstein, M.D.
Abstract	<p>With evidence showing that improved patient self-management is critical to better health outcomes, experts have devised a handheld computer that prompts patients to answer a series of questions and then reports this information to the doctor who helps manage their care. This new 'Asthma Buddy' technology was used recently to reduce emergency visits and hospitalizations for a small group of children with asthma seen at Coney Island Hospital. For this project, the Asthma Buddy will be tested more widely for a sample of children seen in five hospitals run by the city's Health and Hospitals Corporation (HHC). MetroPlus Health Plan, HHC's managed care plan that primarily serves publicly insured New Yorkers, will conduct a scientific study to measure changes in health care use, asthma knowledge, symptoms, and quality of life, as well as the intervention's cost-effectiveness. These findings will help determine if system-wide implementation is warranted.</p>
Funding Amount	\$166,682
Year(s)	11/15/03 – 11/14/04
Collaborators	Coney Island Hospital

Funding Agency	The Commonwealth Foundation
Grant Program	Health Services Improvement Fund
Grant Title	Developing an Electronic Application for New York's Public Insurance Programs
Recipient Organization	The Lewin Group, Inc.
Principal Investigator	Lisa Chimento
Abstract	<p>Many New Yorkers are deterred from applying for state public health insurance because of the lengthy and tedious enrollment processes. Programs in states such as California and Georgia, on the other hand, have managed to attract many uninsured residents through the use of simpler, faster computerized enrollment. The New York State Department of Health, with support from the Robert Wood Johnson Foundation, is developing an electronic application for children and adults that would simplify, speed, and expand enrollment in Medicaid, Child Health Plus, and Family Health Plus. Under this Health Services Improvement Fund contract, the Lewin Group will: 1) provide technical assistance to those involved in this effort; 2) identify aspects of the New York electronic application that need improvement; and 3) recommend ways to achieve expected efficiency and enrollment gains and diffuse this technological breakthrough statewide.</p>
Funding Amount	\$149,820
Year(s)	5/1/02 – 4/1/03
Collaborators	The New York State Department of Health

Funding Agency	The Commonwealth Fund
Grant Program	Not available
Grant Title	Evaluation of Remote Simultaneous Medical Interpreting, Phase One and Phase Two
Recipient Organization	New York University
Principal Investigator	Francesca Gany, M.D., M.S.
Abstract	Culturally and linguistically appropriate health care services are critical to the provision of quality care to the millions of foreign-born U.S. residents who do not speak English or have limited English proficiency. In Phase 1 of this project, the investigators initiated a trial to determine the comparative effectiveness and cost of remote simultaneous medical interpreting (RSMI), which allows doctors and their patients to communicate through wireless headsets. Preliminary results indicate that use of RSMI reduced interpreting errors by at least one-half compared with interpreting provided by family members, nurses, or office staff; its use also substantially reduced the length of physician visits. In Phase 2, the project team will compare the medical outcomes of patients provided with RSMI services to patients who relied on customary interpreting practices. The team will also complete a cost analysis of RSMI. Findings will be disseminated through the New York City Health and Hospitals Corporation. The California Endowment will provide co-funding.
Funding Amount	\$299,977 for Phase 1; \$235,089 for Phase 2
Year(s)	12/1/01 – 6/30/04 for Phase 1; 7/1/04 – 12/30/05
Collaborators	None listed

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Implementing the EMR into the Pediatric Subspecialty areas of the Ambulatory Health Network
Recipient Organization	Maimonides Medical Center, Brooklyn, New York
Principal Investigator	Joan Evanzia, MIS Department
Abstract	The Health Information Exchange (HIE) at Maimonides is a project that started with the Adult Ambulatory record; now the Electronic Medical Record (EMR) will be expanded to include the Pediatric Subspecialty Clinics and Physician Practice Offices The Electronic Medical Record will provide a common patient record that is accessible to the physician at any of the multiple Pediatric Specialty sites. The EMR provides the physician with complete documentation of all of the patient's visits including findings, treatments and medications, as well as a continuous problem list which can be accessed at any time.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	None listed

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Western New York Emergency Department Triage Surveillance Project (WNYEDTSP)
Recipient Organization	University at Buffalo (SUNY) / Erie County Medical Center Healthcare Network, Buffalo, New York
Principal Investigator	David G. Ellis
Abstract	The WNYEDTSP is designed as an emergency department health surveillance system focusing on infectious diseases, bioterrorist events, traumatic injuries from motor vehicles and pedestrians, and cardiovascular and cerebrovascular illness and acute events. As a component of the WNYHealthNet and the NYS DOH Health Alert Network, it will also function to provide public health information for health care providers in addition to the eligibility, benefits and claims management currently provided.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	WNY Rural Communities Telehealth Network Kaleida Health, Healthcare Informatics St. Joseph's Hospital, Mercy Hospital, Kenmore Mercy Hospital, Niagara Falls Memorial, St. Mary's Hospital, Lockport Hospital, Intercommunity Health Center of Newfane, Medina Memorial Hospital, Genesee Memorial Medical Center, Wyoming County Community Hospital, Jones Memorial Hospital, Cuba Memorial Hospital, Olean General Hospital, WCA Hospital of Jamestown, NY, Brooks Memorial Hospital, Tri-County Lakeshore Community Hospital Network, WNY HealthNet, Erie County Department of Health, Western New York Public Health Alliance, NYS HIN/HAN New York State Department of Health, Regional Center of Excellence for Biodefense and Emerging Infectious Diseases Research (RCE) Independent Health - Blue Cross/Blue Shield of WNY

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Taconic Health Information Network and Community (THINC)
Recipient Organization	Taconic IPA, Fishkill, New York
Principal Investigator	A. John Blair, III, MD, CEO / THINC Project Director
Abstract	Taconic IPA, a not-for-profit organization founded in 1989, is a health care delivery network serving over 500 physician practices. The proposed enhancement of an existing Health Information Exchange (HIE), known as THINC, with over three years of service experience, would support efficient communication between an expanded number of practices, hospitals, labs and payers and include the development of: standardized electronic health records; e-mail access to physicians, staff and patients; e-prescribing capability; and related technical support services.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	MVP Healthcare The Kingston Hospital Laboratory Corporation of America Vassar Brothers Medical Center St. Francis Hospital

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	AMI Online Network (AMION)
Recipient Organization	Adirondack Medicine Inc., Glens Falls, New York
Principal Investigator	Patricia L. Hale, Ph.D., M.D., F.A.C.P
Abstract	The Health Information Exchange will provide rapid, secure exchange of information among multiple health care entities. It will allow for rapid access to medical information by various providers who will also have access to expanded educational opportunities using teleconferencing. The network is designed to be flexible and expandable to allow access for patients, employers and other entities in the future and for connections to other regional networks and expanded public health systems as they become available. The network will serve the seven counties of the Northeastern Adirondack region of New York State (Warren, Washington, Saratoga, Hamilton, Franklin, Clinton and Essex).
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	Glens Falls Hospital Article 28 Health Centers in Granville, Whitehall, Cambridge, Greenwich, Hoosick Falls, Salem, and Evergreen (Corinth) Adirondack Radiology - 3 locations, Saratoga, Glens Falls and Glens Falls Hospital Saratoga Hospital Moses Ludington Hospital Aetna Adirondack Area Network Area Health Education Center Adirondack Rural Health Network Fidelis Care NY Hudson Headwaters Health Network Article 28 Health Centers in Warrensburg, Chester, Bolton , North Creek, Indian Lake, Schroon Lake, and Ticonderoga, as well as Stafford Community Medical Care, Health Center on Broad Street, Queensbury Family Health and Moreau Family Health Blue Shield of Northeastern NY

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Continuum Health Partners - MedMined Virtual Surveillance Project
Recipient Organization	Continuum Health Partners/Beth Israel Medical Center, New York, New York
Principal Investigator	Beth Raucher, MD
Abstract	Continuum Health Partners, a not-for-profit healthcare network in NYC and Westchester, and MedMined, Inc. are establishing an health information exchange consortium using a combination of advanced computer technologies and clinical expertise. The result of this collaboration is a collection of technologies, clinical support, quality improvement structure, and outcomes measurement that together act to effect significant improvement by reducing Hospital Acquired Infections (HAI's) and providing an early warning system for agents of BT (Bioterrorism).
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	Continuum Health Partners, Inc. (CHP) is a partnership between four hospitals and other associated inpatient and outpatient facilities. The four hospitals are: Beth Israel Medical Center St Luke's - Roosevelt Hospital Center Long Island College Hospital NY Eye and Ear Infirm. MedMined, Inc. Phillips Ambulatory Care Center DOCS Continuum Medical Group Robert Mapplethorpe Residential Treatment Facility

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	NYC Syndromic Surveillance
Recipient Organization	New York City Department of Health and Mental Hygiene, New York, New York
Principal Investigator	Farzad Mostashari
Abstract	New York City is one of several national model systems for syndromic surveillance. In the weeks after 9/11, NYCDOH rapidly installed reporting from EDs and were able to do so by accepting a wide variety of file formats and transport mechanisms, including delimited text files, printer files, and excel spreadsheets. NYCDOH has achieved a high level of health information exchange from hospitals, EMS (ambulance dispatch), a large pharmacy chain, and a large municipal employer for the purpose of disease surveillance and outbreak detection. Data files are currently transmitted to the Health Department seven days per week, either as attachments to electronic mail messages or via direct file transfer protocol to a server maintained by an outside contractor. One of our priorities now is to transition to a more standards-based and secure infrastructure, including automated, encrypted data transmission. We also aim to extend the coverage of the system to Emergency Departments not currently in our system, outpatient settings, and laboratory requests.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	Greater NY Hospital Association Quest Diagnostics, Incorporated

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Anti-Coagulation Lab results through Open standards Technology (ACLOT)
Recipient Organization	New York-Presbyterian Hospital, New York, New York
Principal Investigator	David Liss, Vice President, Government Relations& Strategic Initiatives
Abstract	Anti-Coagulation Lab results through Open standards Technology (ACLOT) will use hospitals, ambulatory areas, and ancillary laboratories in the network to demonstrate a model for sharing clinical data with patients and with clinicians across institutions. Furthermore, the model provides an infrastructure for broader sharing, such as with public health agencies. The design has the following essential features: each institution is responsible for providing and maintaining its own data, and it retains control of its database. Patients have access to their data across multiple institutions without requiring a national health identifier. Patients may share their record with providers external to the source institution in a manner similar to requesting a photocopy of their chart, except that auditing is maintained. Patients and providers will access the electronic record via a browser application that will integrate data from different institutions.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	Children's Hospital of NY & the Allen Pavilion Columbia-Presbyterian Medical Center Columbia University Department of Medical Informatics Columbia University Department of Pathology and Laboratory Medicine Mailman School of Public Health at Columbia University NY Weill-Cornell Medical Center New York-Presbyterian Hospital NYPH ACN, comprised of 14 ambulatory care centers.

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Advancing Therapeutics in Parkinson's (APT)
Recipient Organization	Parkinson's Disease Foundation, New York, New York
Principal Investigator	Lucy Sargent
Abstract	The community to be served by the APT initiative includes Parkinson's disease patients, their caregivers and families, clinicians, and clinical trial sponsors (including government and industry). This APT will promote a multi-faceted Disease Management program aimed at decreasing overall utilization rates and facilitating innovative communication structures. To support this effort, the Cisco Learning Institute (CLI) has offered the use of its distance-learning and data collection suite. CLI software and architecture supports the world's largest e-learning network. Through this, the APT will build a comprehensive controlled vocabulary for PD informatics and information management. The resulting product, Vocabulary of Parkinson's Disease (VoPD), will enable the PD community to share data and leverage existing knowledge-based assets. The APT will also build a centralized delivery and repository cradle for the distribution of content and the acquisition of data.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	Parkinson's Study Group Cisco Learning Institute Kinetics Foundation

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Rochester HealthNet
Recipient Organization	Rochester Health Commission, Rochester, New York
Principal Investigator	Albert Charbonneau
Abstract	<p>The web-based Rochester Health Commission (RCH) registry is an interactive population-tracking and quality improvement tool for small and large group practices with evidence-based, point-of-care decision support, and visit planning, follow-up reminder, and outreach functions.</p> <p>The RHC registry allows MD offices to enroll an individual patient in the registry system and then manage all of the patient's conditions and preventive care needs. It includes an interface which allows transfer of demographic and lab information to automatically populate the registry. The RHC registry provides a computer generated patient hand-out which explains visit, lab and medication results, and patient follow-up action items in patient terms. With each patient encounter, the physician office or clinic can generate a Patient Visit Planner which lists patient conditions, associated guideline measures, and gives the patient a list of action items for patient follow up. With Visit Planner, the physician practice will know immediately what care is needed for a patient during any encounter, whatever the reason for the visit - planned or symptom driven.</p>
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	<p>University of Rochester Medical Center/Strong Memorial Hospital Unity Health System Via Health System Rochester Individual Practice Association (RIPA) Greater Rochester Independent Practice Association (GRIPA) Rochester Community Individual Practice Association (RCIPA) Monroe Plan for Medical Care – (physician group that contracts for Medicaid Managed Care services) Monroe County Medical Society Monroe County Department of Health Excellus BlueCross BlueShield, Rochester Preferred Care Aetna, Kodak, Xerox, Paychex, Wegmans</p>

Funding Agency	Foundation for eHealth Initiative
Grant Program	Connecting Communities for Better Health
Grant Title	Health-e-Access
Recipient Organization	University of Rochester, Rochester, New York
Principal Investigator	Kenneth McConnochie, MD, MPH
Abstract	Care outside the home has become the norm for preschool children in the United States. Illness among children in childcare centers and school-age children commonly challenges all parties involved. Access to resources for dealing with this burden of illness is not readily available to impoverished, inner city families. We have demonstrated the feasibility, acceptability and effectiveness of the Health-e-Access (HeA) model for addressing this problem in large childcare centers. Next steps in elaborating HeA aim to provide service regardless of the child's location. These steps, which pose multiple new organizational and technical challenges, include: (1) extending the model to schools/camps, (2) extending the model to small childcare programs through a mobile telehealth unit using wireless connectivity, and (3) enabling children with medical problems to be seen by their own primary care providers.
Funding Amount	Not available
Year(s)	Grant awarded in 2004; other information not available
Collaborators	Volunteers of America Children's Center Downtown YMCA Child Care Lewis St. YMCA Child Care Austin St ABC Head Start Wilson Commencement Park Child Care Baden St. Settlement House Child Care Ibero Child Care Rochester City School District University of Rochester Medical Center, including: Strong Memorial Hospital, Highland Hospital, Golisano Children's Hospital at Strong, Rochester General Hospital, Rochester General Pediatric Associates Genesee Health Service, Anthony Jordan Health Center, West Main Pediatrics, Lifetime Health - Wilson Health Center, Highland Family Medicine, New York State Medicaid, Monroe Plan, Excellus Blue Cross, Preferred Care, American Academy of Pediatrics, Chapter I (Upstate NY), Rochester Independent Practice Association, Monroe County Health Department, Tel-e-Atrics

Funding Agency	The Robert Wood Johnson Foundation
Grant Program	Vulnerable Populations
Grant Title	Telehealth Care Program for Low-Income, Inner-City Children
Recipient Organization	University of Rochester, Rochester, New York
Principal Investigator	Kenneth McConnochie
Abstract	This program assesses the impact of a telehealth program on primary care utilization and cost for remote assessment and treatment of ill children in childcare and school sites. Acute illness in pre-school and school-age children remains a major morbidity and economic burden across the socioeconomic spectrum. Using commercially-available technology that enables clinicians to evaluate and treat ill children at a distant childcare or school site, Health-e-Access (HeA) has operated in 8 inner-city childcare centers. Evidence supports high acceptance and satisfaction by parents and child programs. Reduction in child absence due to illness has been dramatic. Keys to optimization, sustainability and expansion of HeA are integration into primary care practice, physician acceptance, and insurance reimbursement.
Funding Amount	\$500,000
Year(s)	9/1/02 – 8/31/05
Collaborators	8 inner-city childcare centers

Note: In addition to receiving funding from AHRQ (federal Agency for Healthcare Research and Quality)—see above—this project has received support from the following foundations:

- o Willmott Foundation \$3,500 1/1/03 – 12/31/03
- o Weyerhauser Co. Foundation \$1,950 2/1/03 – 8/31/03
- o Halcyon Hill Foundation \$25,000 9/1/02 – 8/31/03
- o Daisy Marquis Jones Foundation \$100,000 9/1/02 – 8/31/03
- o Rochester Area Community Foundation \$25,000 9/1/02 – 8/31/03
- o Rochester's Child \$10,000 9/1/02 – 8/31/03
- o Gannett Foundation \$5,000 9/1/02 – 8/31/03

Funding Agency	The Robert Wood Johnson Foundation
Grant Program	Not available
Grant Title	Health Information Tool for Empowerment (HITE)
Recipient Organization	Greater New York Hospital Foundation, Inc., New York, New York
Principal Investigator	Kenneth E. Raske, President of GNYHF Tim Johnson, Executive Director
Abstract	Currently being pilot-tested by IOU (Insurance Options for the Uninsured), a Greater New York Hospital Foundation initiative, in partnership with three prominent community-based organizations, HITE is the first online directory of health and social services specifically for uninsured and under-insured New Yorkers. HITE allows professionals to link their low- income clients with a broad array of health and support services—including thousands of government, non-profit, and privately sponsored programs and services—and provides an eligibility calculator that helps uninsured individuals determine if they are eligible for one of New York's public health insurance programs.
Funding Amount	Not available
Year(s)	Not available; the project began in 2003
Collaborators	Greater Southern Brooklyn Health Coalition Church Avenue Merchants Block Association (CAMBA) Northern Manhattan Community Voices Collaborative Mothers and Babies Perinatal Network of South Central New York

Note: In addition to funding provided by the Robert Wood Johnson Foundation, HITE has received support from:

- W.K. Kellogg Foundation (see details below)
- Langeloth Foundation (see details below)
- Aetna Foundation
- Max & Victoria Dreyfus Foundation
- Merck Company Foundation
- HIP Health Plan of New York
- Pfizer, Inc.
- GHI, Inc.
- Verizon Foundation

Funding Agency	The Robert Wood Johnson Foundation
Grant Program	Not available
Grant Title	Public Health Informatics
Recipient Organization	National Library of Medicine
Principal Investigator	Robert Mehnert
Abstract	The Robert Wood Johnson Foundation will provide a grant of \$3.68 million to fund public health informatics programs at four universities, <i>Health Data Management</i> reports. The will oversee the grant program. The four universities are Columbia University in New York (contact: Marilyn Castaldi, Chief Communications Officer), the Johns Hopkins University School of Medicine in Baltimore, the University of Utah in Salt Lake City and the University of Washington in Seattle. Students will be trained in basic information science, public health principles and focused preparation in applying informatics to public health problems. In addition, they will receive on-site training experience with public health agencies, according to a National Library of Medicine release. The grant also will fund program development at the universities, as well as stipends, tuition and other trainee expenses.
Funding Amount	\$3.68 million
Year(s)	Grant awarded in 2005
Collaborators	National Library of Medicine Columbia University Johns Hopkins University School of Medicine University of Washington

Funding Agency	W.K. Kellogg Foundation
Grant Program	Not available
Grant Title	Health Information Tool for Empowerment (HITE)
Recipient Organization	Greater New York Hospital Foundation, Inc., New York, New York
Principal Investigator	Kenneth E. Raske, President of GNYHF Tim Johnson, Executive Director
Abstract	To provide community-based technology solutions to determine eligibility to organizations serving the uninsured to assist clients to access an array of public, private, and community-based health services
Funding Amount	\$97,550
Year(s)	4/1/03 – 3/31/06
Collaborators	Greater Southern Brooklyn Health Coalition Church Avenue Merchants Block Association (CAMBA) Northern Manhattan Community Voices Collaborative Mothers and Babies Perinatal Network of South Central New York

Note: this project has received funding from numerous other sources. For the complete list, see the Robert Wood Johnson Foundation entry, above.

Funding Agency	W.K. Kellogg Foundation
Grant Program	Not available
Grant Title	Not available
Recipient Organization	First Baptist Church of Riverhead, Riverhead (Suffolk County), New York
Principal Investigator	Charles Coverdale
Abstract	This project will serve to increase access to primary and secondary prevention services among underserved community residents by linking existing medical and social services through the strategic and unique use of an evidence-based telehealth info-tech tool.
Funding Amount	\$197,400
Year(s)	2/1/2005 - 1/31/2006
Collaborators	Not listed

Funding Agency	Jacob and Valeria Langeloth Foundation
Grant Program	Other
Grant Title	Health Information Tool for Empowerment (HITE)
Recipient Organization	Greater New York Hospital Foundation, Inc.
Principal Investigator	Kenneth E. Raske, President of GNYHF Tim Johnson, Executive Director
Abstract	Greater New York Hospital Foundation (GNYHF) is collaborating with community-based health care coalitions in New York State on the development and pilot testing of a Web-based tool that will provide a single portal to locally tailored information and resources for the uninsured and under-insured. The Health Information Tool for Empowerment (HITE) has two key features: (1) a comprehensive database of health-related resources available to the uninsured, including pharmaceutical patient assistance programs, provider-subsidized health care services, clinical trials, and local programs sponsored by community-based organizations (searchable by zip code, services provided, medical conditions served, and languages spoken); and (2) a software program that electronically pre-screens prospective applicants for eligibility for public health insurance.
Funding Amount	\$157,103
Year(s)	2004
Collaborators	Greater Southern Brooklyn Health Coalition Church Avenue Merchants Block Association (CAMBA) Northern Manhattan Community Voices Collaborative Mothers and Babies Perinatal Network of South Central New York

Funding Agency	Jacob and Valeria Langeloth Foundation
Grant Program	Cancer
Grant Title	Virtual Community for Immigrants with Cancer
Recipient Organization	New York University School of Medicine, New York, New York
Principal Investigator	Jyotsna Changrani, MD, MPH
Abstract	To address the need for support programs that meet the informational and psychosocial needs of immigrants with cancer through the development and evaluation of an immigrant electronic support group. VCIC will provide specific informational, emotional, and social network support to immigrants with cancer, leveraging computer-enabled communication, including the use of synchronous and asynchronous features over the internet, such as bulletin boards and "chat rooms." VCIC will evaluate the feasibility, acceptance, and effectiveness of electronic support groups within immigrant communities.
Funding Amount	\$331,916
Year(s)	2001 - 2003
Collaborators	None listed

Funding Agency	Hannaford Charitable Foundation
Grant Program	Not available
Grant Title	Community Programs
Recipient Organization	St. Mary's Hospital, Amsterdam, New York
Principal Investigator	Not available
Abstract	Hannaford Charitable Foundation - an arm of the Maine-based supermarket chain - has donated \$25,000 to help St. Mary's Hospital at Amsterdam replace written medication orders with computerized ones. A precursor of the Computer Physician Order Entry System was shown at the hospital Thursday. The hospital also is using a \$200,000 award from the state Health Department to implement the system, which will include bar-coding medications and checking orders against other drugs the patient has received. The project is intended to eliminate the potential for errors. The system should be fully implemented within 18 months.
Funding Amount	\$25,000
Year(s)	2005: 18 month project
Collaborators	None listed

About the funding agencies:

I. Public Grant-funding Agencies

Agency for Healthcare Research and Quality (AHRQ)

AHRQ is the health services research arm of the U.S. Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health, and is the foremost federal agency dedicated to research on health care quality, costs, outcomes, and patient safety. AHRQ's initiative on health information technology is key to the nation's 10-year strategy to bring health care into the 21st century by advancing the use of information technology. The AHRQ initiative includes more than \$166 million in grants and contracts in 41 states to support and stimulate investment in health IT, especially in rural and underserved areas. Through these and other projects, AHRQ and its partners will identify challenges to health IT adoption and use, solutions and best practices for making health IT work, and tools that will help hospitals and clinicians successfully incorporate new IT.

Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare & Medicaid Service, a Federal agency within the U.S. Department of Health and Human Services, administers the Medicare program and works in conjunction with states to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards. It also administers Medicare Health Support Programs (formerly known as Chronic Care Improvement Programs). Section 721 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) adds a new section 1807, "Voluntary Chronic Care Improvement Under Traditional Fee-for-Service (FFS) Medicare" to the Social Security Act. This section requires Medicare to provide for the phased-in development, testing, evaluation, and implementation of chronic care improvement programs (now known as MHSPs) and to proceed with expansion regionally or possibly nationwide if the pilot programs (or program components) are successful.

Health Resources and Services Administration (HRSA)

Office for the Advancement of Telehealth

A federally-funded program, OAT supports programs to help increase access to quality health care services for the underserved by promoting the use of advanced telecommunications and information technologies by health providers across America. In fiscal year 2004, Congress did not appropriate sufficient funds for new grants. As a result, the Office for the Advancement of Telehealth is not soliciting new applications for these programs.

National Institutes of Health

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and

supporting medical research. Composed of 27 Institutes and Centers, the NIH provides leadership and financial support throughout the nation and the world. Its Office of Extramural Research is the focal point for NIH medical and behavioral research grant policies, guidelines, and funding opportunities.

National Library of Medicine

The National Library of Medicine, a program of the National Institutes of Health, is the world's largest medical library. The Library collects materials in all areas of biomedicine and health care, as well as works on biomedical aspects of technology, the humanities, and the physical, life, and social sciences. The Extramural Programs Division provides grants to support research in medical informatics, health information science, and biotechnology information, as well as for research training in these areas. Network planning and development grants support computer and communication systems in health institutions and the study of new opportunities with high-speed computer networks in the health sciences. Health science library resource grants assist in improving information access and services for health professionals.

United States Department of Agriculture (USDA)

Distance Learning and Telemedicine

This program, an initiative of the Rural Utilities Service (RUS) program of the US Department of Agriculture, is charged with “wiring schools and improving health care delivery in rural America.”

United States Department of Commerce

Technology Opportunities Program (TOP)

The Department of Commerce's Technology Opportunities Program (TOP) promotes the widespread availability and use of digital network technologies in the public and non-profit sectors. As part of the Department's National Telecommunications and Information Administration (NTIA), TOP gives grants for model projects demonstrating innovative uses of network technologies. TOP evaluates and actively shares the lessons learned from these projects to ensure the benefits are broadly distributed across the country.

II. Private Foundations

The Commonwealth Fund

The Commonwealth Fund's mission is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

Foundation for eHealth Initiative

- The Foundation for the eHealth Initiative is a not-for-profit 501(c)(3) organization whose mission is to improve the quality, safety, and efficiency of healthcare through information and information technology. In cooperation with the Health Resources and Services Administration Office for the Advancement of Telehealth (OAT), the Foundation for eHealth Initiative launched a multi-million dollar grant program to provide seed funding and support to multi-stakeholder collaboratives within communities (both geographic and non-geographic) who are using health information exchange and other IT tools to drive improvements in healthcare quality, safety and efficiency. The Foundation program, called Connecting Communities for Better Health, provides seed funding to implement health information exchange. The primary goal of the Connecting Communities for Better Health Program is to advance the national health information infrastructure through a set of community demonstration projects and related evaluation and dissemination activities to improve the quality, safety and efficiency of healthcare.

Robert Wood Johnson Foundation

- The nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Robert Wood Johnson Foundation seeks to improve the health and health care of all Americans. To achieve the most impact with our funds, it focuses its grants in four areas:
 - To assure that all Americans have access to quality health care at reasonable cost.
 - To improve the quality of care and support for people with chronic health conditions.
 - To promote healthy communities and lifestyles.
 - To reduce the personal, social and economic harm caused by substance abuse — tobacco, alcohol and illicit drugs.

W.K. Kellogg Foundation

- The W.K. Kellogg Foundation is a nonprofit organization whose mission is to apply knowledge to solve the problems of people. Its founder W.K. Kellogg, the cereal industry pioneer, established the Foundation in 1930. Since its beginning the Foundation has continuously focused on building the capacity of individuals, communities, and institutions to solve their own problems. Grants are made in four areas: Health, Food Systems and Rural Development, Youth and Education, and Philanthropy and Volunteerism.

Jacob and Valeria Langeloth Foundation

- The Foundation's grant-making program is centered on the concepts of health and well-being. The Foundation's purpose is to promote and support effective

and creative programs, practices and policies related to healing from illness, accident, physical, social or emotional trauma and to extend the availability of programs that promote healing to underserved populations.

III. Corporations and Corporate Foundations

Hannaford Charitable Foundation

- The Hannaford Charitable Foundation provides financial support for programs and organizations with a current 501(c)(3) tax exempt status dedicated to improving the communities in the five-state area where we operate stores. Preference for funding is given to organizations or programs that involve Hannaford associates, are located in Hannaford's marketing territory and have the potential of providing ongoing services for a large segment of our customer base.

About One River Grants and egrants.net



ONE RIVER GRANTS

One River Grants

One River Grants is a full-service grants identification, writing, and consulting service, specializing in health care, medicine, and public health. Established in 1994, One River has helped clients fulfill their goals by winning tens of millions of dollars from federal, state, and local governments, foundations, corporations, and associations.

One River Grants understands that effective and successful health care is the result of partnerships among health care organizations, practitioners, government, private philanthropy, and communities. Its staff of project consultants, writers, researchers, and librarians helps health care providers, researchers, professional associations, advocacy organizations, and government agencies maximize participation in grant-funded programs, services, and research in health care and medicine.

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Egrants.net

Egrants.net, a division of One River Grants, is a comprehensive online database of grants, contracts, and fellowships in health care, public health, and medicine. Egrants.net is updated daily and includes a personalized email notification service that informs users of funding opportunities in their selected areas of interest.

Egrants.net features:

- o Personalized entry page
- o Personalized email grant announcements
- o Daily updates of the grants and contracts database
- o Flexible search capacity
- o Email-a-grant announcement to a colleague
- o Direct link to grants announcements and requests for proposals
- o Direct link to funding source website

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