Improving Health and Health Care Using Information Technology:
An Update on the Healthcare Information Xchange of New York (HIXNY)

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The Healthcare Information Xchange of New York (HIXNY) manages the exchange of health care information across all stakeholders to ensure standards, data accuracy, privacy, and security for the greater Capital Region and northern New York. Member organizations include health plans, major regional hospitals, large physician groups, health care associations, local business groups, a consumer advocacy group, and government.

Information is managed through a secure, electronic service that allows for a more comprehensive view of the patient's health information, clinicians to securely communicate with each other, and electronic prescribing. HIXNY leaders will present a region-specific update of the status, successes, and future directions of the organization. We will also hear from a provider on how they put HIXNY's services in practice to improve care.

**Wednesday, April 27, 2011**

7:30 a.m.   Networking and continental breakfast
8:00 - 9:30 a.m.   Presentation and discussion

University at Albany East Campus
George Education Center
Rensselaer, NY

For directions, visit [www.albany.edu/sph/coned/breakfastprograms.htm](http://www.albany.edu/sph/coned/breakfastprograms.htm)

Registration Fee: $15

*Registration and payment information on reverse.
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To register by mail or to make payment, please send the registration form to:
Kate Pacelli
University at Albany School of Public Health
GEC 100
One University Place
Rensselaer, NY  12144

Or by fax to 518-402-0329

The cost to attend this program is $15. Advanced registration is required by Friday, April 22, 2011.

***Please note we are unable to accept cash.

___  REGISTRATION AND PAYMENT ENCLOSED
___  PAYMENT ONLY (REGISTERED ON-LINE)

Name: ____________________________________________________________

Organization: ______________________________________________________

Friend*: Yes___  No___

Phone Number: _____________

E-mail Address: ________________________________

Payment Type (Please check one):

___  Check (enclosed)  [payable to University at Albany]

___  Credit Card:  ____ MasterCard  ____ VISA

  Charge Amount: $________

  Card Number: ________________________________

  Exp. Date: _________

  Card Signature: ________________________________