August 2016

Dear Colleagues:

I hope you’re enjoying the final weeks of summer. I’d like to devote this month’s letter to the Department’s latest efforts to combat antimicrobial resistance and the importance of updating your contact information on the Health Commerce System (HCS).

Antimicrobial Resistance Task Force: In the wake of the discovery of the novel drug resistant gene known as mcr-1, the New York State (NYS) Department of Health (Department) has established the New York State Antimicrobial Resistance Prevention and Control Task Force (NYS-ARTF). We are joined in this effort by the Greater New York Hospital Association (GNYHA) and Healthcare Association of New York State (HANYS). As you have probably heard, the mcr-1 gene was found in a Pennsylvania woman with a urinary tract infection and also in a New York hospital. Although mcr-1 is not an immediate public health threat, we must be prepared to deal with this problem and work with our partners throughout the state’s healthcare system to prevent this from becoming a public health emergency. We also issued a health advisory to all hospitals, nursing homes, diagnostic and treatment facilities, clinical laboratories, and local health departments, requiring them to report any bacteria with the mcr-1 resistance gene, or suspected or confirmed cases of resistance to colistin or polymyxin B, both antibiotics of last resort.

The NYS-ARTF will involve federal, state, and local agencies including the Centers for Disease Control and Prevention, the NYS Department of Agriculture & Markets, the NYS Department of Education, and the NYS Office of Mental Health. In addition, it will engage associations and professional provider organizations such as those representing physicians, pharmacists, nurses, veterinarians, nursing homes, laboratories and academic partners. The task force will create working partnerships to pursue antimicrobial resistance (AR)-related activities across the healthcare spectrum. The Department plans to leverage data technologies including electronic health records, e-prescribing and regional health networks to track the use and prescribing of antibiotics. We will also use the most advanced laboratory technologies, including whole genome sequencing, to better understand this evolving problem. The task force will present its recommendations to the Governor by December 31, 2016. If you want to have input into this important initiative, please don’t hesitate to contact me.

Maintaining Accurate Contact Information on HCS: The Department’s ability to communicate with physicians and other healthcare providers at all times is critical, especially during emergencies. To ensure reliable communications, the Department relies on two tools in the Health Commerce System (HCS): the Integrated Alerting and Notification System (IHANS), and the Communications Directory, which houses the contact information used to send alerts, advisories and informational messages. The effectiveness of these communications depends solely on each provider or their HCS coordinators to maintain complete and accurate contact information in the Directory, which is mandated by state regulations and required for I-STOP and other key, physician-focused HCS applications.
Inaccurate contact information jeopardizes your receipt of crucial correspondence. We ask that you review and update your business and emergency contact information on the HCS. This can be accomplished by logging into the HCS homepage, clicking on “My Content” in the purple menu bar, and then scrolling down to “Change my contact information.” We assure you that the privacy of any personal emergency contact information you provide is maintained and cannot be viewed by the general HCS user community; it can be used only by the electronic alerting tool, or by Department Executive staff for urgent communications. Your timely response to this request is important and appreciated.

Thank you for your time and attention to these matters. Enjoy the rest of your summer.

Sincerely,

Howard Zucker M.D.

Howard A. Zucker, M.D., J.D.