

# Qualified Entity (QE) Minimum Technical Requirements

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**AS DEVELOPED THROUGH THE STATEWIDE HEALTH INFORMATION  
NETWORK OF NEW YORK (SHIN-NY) POLICY STANDARDS**

# Table of Contents

<b>INTRODUCTION.....</b>	<b>3</b>
<b>MINIMUM TECHNICAL STANDARDS .....</b>	<b>4</b>
<b>1. PATIENT RECORD LOOKUP .....</b>	<b>6</b>
1.1 <i>USER REQUIREMENTS .....</i>	6
1.2 <i>QE CAPABILITIES .....</i>	6
1.3 <i>SHIN-NY SERVICE LEVELS.....</i>	7
<b>2. SECURE MESSAGING.....</b>	<b>8</b>
2.1 <i>USER REQUIREMENTS .....</i>	8
2.2 <i>QE CAPABILITIES .....</i>	8
2.3 <i>SHIN-NY SERVICE LEVELS.....</i>	9
<b>3. CONSENT MANAGEMENT.....</b>	<b>10</b>
3.1 <i>USER REQUIREMENTS .....</i>	10
3.2 <i>QE CAPABILITIES .....</i>	10
3.3 <i>SHIN-NY SERVICE LEVELS.....</i>	10
<b>4. NOTIFICATIONS (ALERTS).....</b>	<b>12</b>
4.1 <i>USER REQUIREMENTS .....</i>	12
4.2 <i>QE CAPABILITIES .....</i>	12
4.3 <i>SHIN-NY SERVICE LEVELS.....</i>	12
<b>5. IDENTITY MANAGEMENT AND SECURITY .....</b>	<b>14</b>
5.1 <i>USER REQUIREMENTS .....</i>	14
5.2 <i>QE CAPABILITIES .....</i>	14
5.3 <i>SHIN-NY SERVICE LEVELS.....</i>	14
<b>6. PROVIDER AND PUBLIC HEALTH CLINICAL VIEWER .....</b>	<b>15</b>
6.1 <i>USER REQUIREMENTS .....</i>	15
6.2 <i>QE CAPABILITIES .....</i>	15
6.3 <i>SHIN-NY SERVICE LEVELS.....</i>	15

**7. PUBLIC HEALTH INTEGRATION ..... 16**

7.1 *USER REQUIREMENTS* ..... 16

7.2 *QE CAPABILITIES* ..... 16

7.3 *SHIN-NY SERVICE LEVELS*..... 16

**8. RESULTS DELIVERY ..... 17**

8.1 *USER REQUIREMENTS* ..... 17

8.2 *QE CAPABILITIES* ..... 17

8.3 *SHIN-NY SERVICE LEVELS*..... 17

## Introduction

This document was developed through the SHIN-NY Policy Standards (SPS), to document baseline minimum technical requirements that organizations must fulfill to be considered New York State Qualified Entities (QEs). The requirements will be evaluated as part of the Certification Process by the Certification Body (as such terms are defined in the *Qualified Entity (QE) Organizational Characteristics Requirements* (as amended from time-to-time, the “Organizational Characteristics”) that will be under contract with State’s Designated Entity, under agreement and in conjunction with the New York State Department of Health (NYS DOH). All capitalized terms used and not defined herein shall have the respective meanings given to such terms in the *Privacy and Security Policies and Procedures for QEs and their Participants in New York State* (as amended from time-to-time, the “Policies and Procedures”).

**Minimum Technical Requirements** are the essential capabilities described herein that each Qualified Entity must be capable of providing in an acceptably common format by a given date, as certified by the Certification Body. The minimum technical requirements are defined according to how a user at a provider, payer or public health authority organization would experience the minimum technical requirements as provided by a QE.

# Minimum Technical Requirements

While it is envisioned that Qualified Entities will be certified based on their ability to deliver or cause to be delivered the minimum technical requirements described in this document, it is important to distinguish which minimum technical requirements will be enabled cross-community, statewide or even nationwide, and which will be enabled to serve only local QE Participants. Minimum technical requirements are also distinguished by how they are anticipated to be enabled by a QE (e.g., QE-provided tools, through integration with third-party software applications such as EMRs or EHRs) and by the potential level of integration required with SHIN-NY defined or potential future capabilities. It is acknowledged that Qualified Entities may cause to be delivered the minimum technical requirements identified below as “Cross-Community” by executing a Qualified Entity Participation Agreement with state designated entity pursuant to which the state designated entity shall provide such minimum technical requirements identified below as “Cross-Community.” The following table summarizes these distinctions in an attempt to provide context for the lists of service-specific requirements that follow.

Service	Local / Cross-Community	QE Implementation Method(s) / Requirements	Potential SHIN-NY Component	Notes
Patient Record Lookup	Cross-Community	<ul style="list-style-type: none"> <li>Local MPI</li> <li>Clinical Viewer</li> <li>Interfaces to 3<sup>rd</sup> Party Software (incl. EMR/EHR)</li> </ul>	SHIN-NY MPI Functionalities Forthcoming	<ul style="list-style-type: none"> <li>Opportunity for access to data from more sources with statewide MPI</li> </ul>
Secure Messaging	Cross-Community	<ul style="list-style-type: none"> <li>Provider Directory / Master Clinician Index</li> <li>Clinical Viewer</li> <li>Interfaces to 3<sup>rd</sup> Party Software</li> <li>Email (Direct)</li> </ul>	Statewide Provider Directory / Master Clinician Index	<ul style="list-style-type: none"> <li>Direct Project standards and protocols</li> <li>Opportunity for greater efficiencies with statewide Provider Index / Master Clinician Index</li> </ul>
Consent Management	Local	<ul style="list-style-type: none"> <li>Support service and / or online tool provided by QE</li> <li>Interfaces to 3<sup>rd</sup> Party Software</li> </ul>	Managed to allow access to patient records across the state	<ul style="list-style-type: none"> <li>Statewide policy</li> <li>Local implementation details left to QE</li> <li>“Break the glass” events reported cross-community as part of Patient Record Lookup service</li> </ul>
Notifications (Alerts)	Local	Support service and / or online tool provided by QE	May evolve to statewide; in the meantime, QEs must allow users of other QEs to subscribe to events occurring in the local QE on the same terms and under the same processes as users of the local QE, including executing any agreements required by the local QE	<ul style="list-style-type: none"> <li>QEs communicate requests for cross-community notifications to other QEs (for border providers, patients travelling for treatment, etc.)</li> <li>Local QE follows its standard local processes to accept a subscription from the user of another QE</li> </ul>
Identity Management & Security	Local	Self-service and administrative / help desk support	Two Factor Authentication services available statewide for use by any QE	<ul style="list-style-type: none"> <li>Statewide policy</li> <li>Opportunity for cost-sharing with statewide or shared services for Two Factor Authentication</li> </ul>
Provider and Public Health Clinical Viewer	Local	Local implementation details and features left to QE		<ul style="list-style-type: none"> <li>Minimum capabilities specified statewide</li> </ul>
Public Health Integration	Local (Statewide standards)	Local implementation details and features left to QE	In conformance with public health use cases (TBD)	<ul style="list-style-type: none"> <li>Statewide policy and standards</li> </ul>

Results Delivery	Local	<ul style="list-style-type: none"><li>• Presentation in Clinical Viewer</li><li>• Interfaces to 3<sup>rd</sup> Party Software at QE's discretion</li><li>• Email (Direct)</li></ul>		<ul style="list-style-type: none"><li>• Lab and radiology at minimum</li><li>• Delivery to ordering provider, at a minimum</li></ul>
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# 1. Patient Record Lookup

Patient record lookup provides Authorized Users with the ability to search for existing patient records within the local QE, across all other QEs statewide and eventually, across a broader nationwide network when available and connected to the SHIN-NY. This service will enable the matching of patient records at a local level using patient specific demographic information or local facility medical record numbers (MRNs). A local master person index (MPI) will be managed by the QE to associate records within the QE and to match patient records available from other QEs statewide using the SHIN-NY supported statewide MPI. This service will provide information to providers accessing the SHIN-NY via third party software, QE-provided clinical viewers and patient portals, public health applications or other validated end-points connected to a QE.

## 1.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to:

- 1.1.1 Search by patient demographics or using a known patient identifier for a patient statewide across all QEs known to the QE from which the search originates
  - 1.1.1.1 Patient demographics search must at minimum support entry and search by name, date of birth and gender; not all data elements are necessarily required, and additional data elements can be accepted, at the discretion of the originating QE
  - 1.1.1.2 Known patient identifier search must support entry and search using a facility name medical record number (or equivalent, i.e., member number for a payer Participant) pair
- 1.1.2 Search across all SHIN-NY connections without knowledge of where data may exist, including but not limited to all connected New York State QEs and any other connected national or regional networks such as the nationwide HealthWay
  - 1.1.2.1 At its option, the originating QE can search and return its own data before passing the query to the SHIN-NY for resolution against the consolidated statewide MPI, but the Authorized User cannot be required to enter a second search or take another action in order to search against the consolidated statewide MPI; even if the search is performed in two steps, the statewide search must be conducted without further Authorized User interaction, except at the Authorized User's option, as described below
  - 1.1.2.2 At its option, the originating QE may offer a local search option controlled by the Authorized User (e.g., through separate search buttons or a drop down box with separate options for local or statewide/national search), as long as either or multiple forms of query can be launched with one click / action (and not force the Authorized User to search locally before executing the broader search)
- 1.1.3 Search from within a QE's clinical viewer
- 1.1.4 Search from within third party software supported by the QE providing that all of the following conditions are met:
  - 1.1.4.1 The third party software interface meets the standards and requirements of the QE and SHIN-NY for patient lookup; proprietary interfaces are supported at the QE's discretion
  - 1.1.4.2 QE Authorized Users request testing and supporting a query from the third party software, and testing and supporting the query interface is economically feasible and sustainable for the QE; there is no requirement to support "all comers;" third party software interfaces are supported at the QE's discretion
- 1.1.5 After selecting a patient, retrieve records from all desired data sources known to the local QE
- 1.1.6 Indicate that a patient lookup request is a request to "break the glass" due to an emergency condition as defined in 1.2.3 of SHIN-NY Policies and Procedures, in order to gain access to records for which consent to access has not previously been given by the patient

## 1.2 QE Capabilities

QE service capabilities must:

- 1.2.1 Service queries by Authorized Users as described above

- 1.2.2 Be capable of receiving a query from the SHIN-NY for a specific MPI and service it by returning a CCD or other information to the SHIN-NY, as defined and approved pursuant to the Statewide Collaboration Process
- 1.2.3 Be capable of notifying querying QE that no match was found; at its discretion, querying QE can display, log or dismiss such “no match” responses
- 1.2.4 Be made available to all validated Authorized Users connected to a QE via clinical viewer, third party software or patient portal
- 1.2.5 Conform to standards and specifications established by the SCP.
- 1.2.6 Support SHIN-NY access control specifications and identity management requirements established pursuant to the Statewide Collaboration Process and by New York State regulation
- 1.2.7 Be subject to patient consent to access data cross-community, such that the originating QE confirms that the patient has given consent for the querying provider to access the patient’s data
  - 1.2.7.1 Provide an exception to ordinary consent restrictions when the querying provider requests to “break the glass” due to an emergency condition
  - 1.2.7.2 Provide an exception to ordinary consent restrictions when the querying Authorized User is a public health user accessing a patient’s data under applicable Public Health uses as defined by SHIN-NY Policies and Procedures and state law.
- 1.2.8 Log all patient record lookup requests sent and received as required by New York State regulation and the SHIN-NY Policy Standards, with audit data specified pursuant to the Statewide Collaboration Process
  - 1.2.8.1 Including separately identifying requests to “break the glass” on patient consent restrictions in the case of an emergency condition

### **1.3 SHIN-NY Service Levels**

The end-to-end service experience must include:

- 1.3.1 Responding QEs must be able to send a response within a set length of time from receiving a query for a set percentage of the transactions received, as defined and approved pursuant to the Statewide Collaboration Process
- 1.3.2 Records are returned to the originating QE within a set length of time from an Authorized User request, or at the end of a tunable timeout period set by the originating QE, as defined and approved pursuant to the Statewide Collaboration Process
- 1.3.3 Conformance to service levels for reliability and availability established by the SCP.



## 2. Secure Messaging

Secure messaging services provide Authorized Users with the ability to send peer-to-peer messages between two trusted providers. At this time, the Direct Project (<http://directproject.org/>) provides the de facto standard and state of the art practice and protocol for such messaging, which it describes as “the push of health information from a sender to a known receiver, similar to a how an email or fax is pushed from one endpoint to another.”

Requirements for this service are described in the Direct Project context, and Direct Project standards and protocols provide the minimum and required method for cross-community messaging at this time. The standard for secure messaging is subject to change in the future as other protocols or methods emerge to overtake Direct.

### 2.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to:

- 2.1.1 Generate messages and/or documents to be sent as message attachments from within supported third party software or QE clinical viewer
- 2.1.2 Send messages, with or without attached documents, directly and securely to an Authorized User or list of users
- 2.1.3 Look up intended recipients in a Provider Directory / Master Clinician Index provided by the SHIN-NY or approved for use pursuant to the Statewide Collaboration Process
  - 2.1.3.1 For electronic addressing
  - 2.1.3.2 Enabling the Authorized User to select one or more recipient to automatically embed routing information in a message
- 2.1.4 Specify an electronic address for receiving messages, including a SHIN-NY Direct inbox hosted by a third party
- 2.1.5 Request and receive messages and/or documents from other QEs for delivery to an electronic address provided in the request that can be authenticated by the sender in a Provider Directory / Master Clinician Index or through another method approved pursuant to the Statewide Collaboration Process
  - 2.1.5.1 Responding QE must be able to determine that the address provided is valid and securely associated with the requesting provider
- 2.1.6 Receive notifications of undeliverable messages, as defined and approved pursuant to the Statewide Collaboration Process
- 2.1.7 Receive and decrypt messages to the provider from any secure communication source supported by the Direct Project standards.

### 2.2 QE Capabilities

QE service capabilities must:

- 2.2.1 Make available a system to send secure messages for those providers who do not have access to secure messaging through other applications (such as an EMR/EHR)
- 2.2.2 Conform to standards and specifications established by the SCP (minimally, Direct Project protocols at this time)
- 2.2.3 Encrypt / decrypt messages according to standards defined by the SCP
- 2.2.4 Deliver messages without examining content
- 2.2.5 Verify that incoming messages are properly signed by an appropriate certificate authority
- 2.2.6 Generate a return receipt or other form of acknowledgement if requested by the sender in an automated fashion (e.g., as a feature of commercial email software, rather than in the text of a message)
- 2.2.7 Log all messages sent and received as required by New York State regulation and the SHIN-NY Policy Standards, with audit data specified pursuant to the SCP

## **2.3 SHIN-NY Service Levels**

The end-to-end service experience must include:

- 2.3.1 Receiving QE must notify the sender of a failure to deliver a message within a set length of time from receipt of the message at the QE for a set percentage of failures, as defined and approved pursuant to the Statewide Collaboration Process
- 2.3.2 Conformance to service levels for reliability and availability established by the SCP

## 3 Consent Management

Consent management services provide the ability to track patient consent according to New York State law and other requirements defined pursuant to the Statewide Collaboration Process for the SHIN-NY. New York and SHIN-NY consent policy is defined as “consent to access” patient records. Access must be explicitly granted to providers in writing by patients “opting in” to data access at the entity level (hospital, provider practice, individual practitioner, etc.). Written consent is collected by each provider and communicated to one or more QEs. QEs maintain a local cross reference of patient/provider consent that can be checked before releasing any information, including information that identifies which providers have generated patient records to a provider or another QE. QEs are not responsible for verifying consent authorization for information sent via 1:1 exchange including when acting solely as delivery and routing agent for Direct messages. The Authorized User is responsible for ensuring 1:1 exchange messages are appropriate under implied or written consent as required by law.

### 3.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to:

- 3.1.1 Record consent to access patient data, as explicitly authorized by a patient
- 3.1.2 Record denial of consent
- 3.1.3 Record consent to access on an emergency basis only (“break the glass”)
- 3.1.4 Review and modify consent status on behalf of a patient using an online interface provided by the QE
- 3.1.5 Manage consent permissions and restrictions from within third party software with consent management capabilities, with an interface supported by the QE, providing that all of the following conditions are met:
  - 3.1.5.1 The third party software interface meets the standards and requirements of the QE and SHIN-NY for consent management; proprietary interfaces are supported at the QE’s discretion
  - 3.1.5.2 QE Authorized Users request testing and supporting a consent management interface from the third party software, and testing and supporting the query interface is economically feasible and sustainable for the QE; there is no requirement to support “all comers;” third party software interfaces are supported at the QE’s discretion
- 3.1.6 Make consent inquiries to verify the consent status for a given patient for that provider organization using the same search criteria enabled by the Patient Record Lookup service
  - 3.1.6.1 For current consents
  - 3.1.6.2 At a point in time, by providing a date and time in addition to other search criteria
- 3.1.7 Gain access without patient affirmative consent by “breaking the glass” in emergency condition situations as defined by SHIN-NY Policies and Procedures
  - 3.1.7.1 Specifically for Public Health Users, gain access without patient affirmative consent for applicable Public Health uses as defined in SHN-NY Policies and Procedures and state law.

### 3.2 QE Capabilities

QE service capabilities must:

- 3.2.1 Maintain a system for adding, modifying and reviewing the status of an individual patient consent
  - 3.2.1.1 Timestamp and maintain a history of all changes to consents, including initial creation, updates and revocations
  - 3.2.1.2 Consent records must not be deleted; consent history must be maintained in order to establish consent in place at a given point in time
- 3.2.2 System must conform to all SHIN-NY Policy Standards regarding consent management
- 3.2.3 Adequately log and communicate “break the glass” events in patient record lookup requests, via notification messages or through other methods as defined in the SPG
- 3.2.4 QE must provide a method for an Authorized User to verify the consent status of a patient

### **3.3 SHIN-NY Service Levels**

The end-to-end service experience must include:

- 3.4.1 Conformance to service levels for reliability and availability established by the SCP

## 4 Notifications (Alerts)

Notification services allow Authorized Users to establish subscriptions to pre-defined events and receive notifications when those events occur. These services are subject to consent requirements established pursuant to the Statewide Collaboration Process.

### 4.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to:

- 4.1.1 Subscribe to notification feeds related to the following events
  - 4.1.1.1 ER admit
  - 4.1.1.2 Inpatient admit
  - 4.1.1.3 Inpatient discharge
- 4.1.2 Receive notifications related to patients for which the Authorized User has subscribed at an electronic address and in a format (provided at the time of subscription), including at minimum, as either:
  - 4.1.2.1 Secure messaging
  - 4.1.2.2 HL7 formatted documents and data
- 4.1.3 Review all active subscriptions
- 4.1.4 Unsubscribe from notification feeds

### 4.2 QE Capabilities

QE service capabilities must:

- 4.2.1 Provide a mechanism for entering and maintaining subscriptions to notifications for a pre-set list of notifiable events such as admissions and discharges
  - 4.2.1.1 Mechanisms may include self-service data entry using an electronic process provided by the QE or an administrative service whereby QE staff enters subscriptions on behalf of subscribing providers (subscribers)
- 4.2.2 “Listen for” and detect notifiable events from within HL7, PIX or other standard message types specified by the SCP
- 4.2.3 Deliver notifications to subscribers when data required to detect a notifiable event is transmitted to the QE by a data provider
- 4.2.4 Facilitate subscription requests received from a provider from another community when the provider wishes to subscribe to notifications from provider organizations served by the local QE (subject to the subscription policies and processes of the local QE)
- 4.2.5 Report notifications that are unable to be sent to subscriber (subscriber not found) to a monitored exception queue at the QE
- 4.2.6 Log all notifications sent to and received from the SHIN-NY subscription listener or directly from / to another QE with audit data specified pursuant to the SCP
- 4.2.7 Conform to standards and specifications established by the SCP
- 4.2.8 Deliver notifications in accordance with all consent requirements of the SHIN-NY Policy Standards
- 4.2.9 Log all notifications sent and received as result of a subscription as required by New York State regulation and the SHIN-NY Policy Standards, with audit data to be specified pursuant to the SCP

### 4.3 SHIN-NY Service Levels

The end-to-end service experience must include:

- 4.3.1 Ability to send messages within a set length of time from receiving messages from a source system, as defined and approved pursuant to the Statewide Collaboration Process

- 4.3.1.1 QEs can modify this service level for a specific Participant via custom contractual agreement
- 4.3.2 Conformance to service levels for reliability and availability established by the SCP
- 4.3.3 Ability to queue or otherwise store messages in the event of an outage
- 4.3.4 Ability to notify the SHIN-NY and / or other QEs in the event of an outage
- 4.3.5 Service subscription requests received from providers in another QE as if they were served by or customers / Authorized Users in the local QE

## **5 Identity Management and Security**

Identity management and security services provide for secure access and ensure patient privacy through the authentication of all requests by individuals and organizations to view protected health information accessible through the QE.

### **5.1 User Requirements**

Through usage of services available from the QE, an Authorized User must be able to:

- 5.1.1 Acquire credentials to use QE and SHIN-NY functions appropriate to the Authorized User's authority
- 5.1.2 Set and change a password securely through a self-service capability without sharing an existing password in an unsecured manner
- 5.1.3 Receive assistance with authentication and access issues through a help desk or other attended services provided by the QE
- 5.1.4 Authenticate themselves once per session interacting with the QE through a standard approach
- 5.1.5 Re-authenticate themselves within the workflow of any functions requiring authentication more frequently than once per session, as defined in SHIN-NY Policies and Procedures (e.g., re-authentication on a per prescription basis for controlled substances)

### **5.2 QE Capabilities**

QE service capabilities must:

- 5.2.1 Support multiple roles with configurable levels of access to SHIN-NY data, including access to limited document sets by role as developed by the SCP and defined in SHIN-NY Policies and Procedures
- 5.2.2 Allow authorized QE administrative Authorized Users the ability to add or delete roles on behalf of clinical Authorized Users
- 5.2.3 Allow authorized QE administrative Authorized Users the ability to modify access permissions for existing roles
- 5.2.4 Provide registration authority functions, including proving/verifying an Authorized User's identity (identity proofing) prior to issuing credentials to use QE services and assigning unique addresses / Authorized User IDs for accounts, according to SHIN-NY Policies and Procedures
- 5.2.5 Meet authentication requirements as specified under 3.2.1 of the SHIN-NY Policies and Procedures
- 5.2.6 Pass and receive Security Assertion Markup Language (SAML) assertions cross-community as required once an Authorized User has been authenticated
- 5.2.7 Timeout Authorized User sessions and require re-authentication based on a maximum session duration according to standards established pursuant to the Statewide Collaboration Process
- 5.2.8 Include the ability to specify credential lifetime and revoke credentials at the expiration of their lifetime
- 5.2.9 Include the ability to immediately revoke credentials for any reason (e.g., loss, theft, voluntary or involuntary de-activation of Authorized User account, etc.) according to SHIN-NY Policies and Procedures
- 5.2.10 Log all successful and unsuccessful authentication attempts as required by SHIN-NY Policies and Procedures, with audit data specified pursuant to the Statewide Collaboration Process

### **5.3 SHIN-NY Service Levels**

The end-to-end service experience must include:

- 5.3.1 Responding to requests for assistance with authentication and access issues within a reasonable timeframe established in the SHIN-NY Policies and Procedures
- 5.3.2 Immediately notifying and escalating known or suspected breaches of security according to the SHIN-NY Policy Standards.

## **6 Provider and Public Health Clinical Viewer**

The QE will make available to qualified providers and public health authorities the ability to securely access individual patient records from all available local, statewide and other data sources accessible by the QE.

### **6.1 User Requirements**

Through usage of services available from the QE, an Authorized User must be able to:

- 6.1.1 Search for records for an individual patient across all data sources (as defined by patient record lookup requirements) based on demographics, MRN or other patient identifying information
- 6.1.2 View a history of demographic and clinical records associated with a patient as provided and made available by participating data sources, including, to the extent QE has such data:
  - 6.1.2.1 Patient contact, demographics and insurance coverage
  - 6.1.2.2 Patient consent from within the local QE community, as required
  - 6.1.2.3 Encounter history and summaries
  - 6.1.2.4 Vital signs, diagnoses, allergies and medications
  - 6.1.2.5 Lab and radiology reports
- 6.1.3 View or gain access to patient records from all non-SHIN-NY sources (e.g., HealtheWay, Veterans Administration, etc.) with which the QE may also contract

### **6.2 QE Capabilities**

QE service capabilities must:

- 6.2.1 Control access using role-based access control
- 6.2.2 Control access for all Authorized Users according to patient consent guidelines, applicable State, local and Federal laws and regulations, as developed pursuant to the Statewide Collaboration Process

### **6.3 SHIN-NY Service Levels**

The end-to-end service experience must include:

- 6.3.1 Records are available within 5 minutes of being received by the QE when they can be auto-matched to the patient's MPI (i.e., using patient identifier or MRN identifier, without requiring manual MPI merging)
- 6.3.2 Conformance to service levels for reliability and availability as established by the SCP



## 7 Public Health Integration

Route required public health reporting information from primary sources to New York State and New York City Public Health Agency (PHA) designated aggregation points and return response messages from the respective PHAs to the originating provider.

### 7.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to:

- 7.1.1 Electronically report to the appropriate reporting entity as designated by the Department of Health for public health measures for which the QE has reporting capability as specified in 7.2.4

### 7.2 QE Capabilities

QE service capabilities must:

- 7.2.1 Send required public health reporting data according to standards, formats, specifications and quality assurance procedures specified by Local, State and Federal public health authorities
- 7.2.2 Enable public health role based queries of individual patient records, as defined and approved pursuant to the Statewide Collaboration Process
- 7.2.3 Log all public health reporting as required by the SHIN-NY Policy Standards, with audit data specified pursuant to the Statewide Collaboration Process
- 7.2.4 QE must provide at least one of the following public health reporting services to Authorized Users:
  - 7.2.4.1 Immunizations – to NYS DOH and the New York City Department of Health and Mental Hygiene (NYC DOHMH)
  - 7.2.4.2 Syndromic surveillance data – to NYS DOH and NYC DOHMH
  - 7.2.4.3 Reportable laboratory results – to NYS DOH and NYC DOHMH
  - 7.2.4.4 Cancer cases – to the NYS DOH Cancer registry (to be defined and approved pursuant to the Statewide Collaboration Process)
  - 7.2.4.5 To support emergency preparedness and response efforts, specified data elements for connected facilities – to NYS DOH and NYC DOHMH, and receive requests and respond to a query related to a specific patient with demographic and location data in the case of an emergency and mass casualty event as defined and approved pursuant to the Statewide Collaboration Process
  - 7.2.4.6 Newborn Bloodspot Screening (NBS) – electronic reporting of demographic and clinically relevant information (associated with newborn bloodspot samples) to NYS DOH and return of acknowledgements and electronic NBS lab results
  - 7.2.4.7 For an authorized public health agency:
    - 7.2.4.7.1 Automate the delivery of data on notifiable diseases/conditions, as developed in conjunction with NYS DOH and/or NYC DOHMH

### 7.3 SHIN-NY Service Levels

The end-to-end service experience must include:

- 7.3.1 Ability to queue or otherwise store reporting messages in the event of an outage for sending when either the sending QE or receiving public health end-point becomes available
- 7.3.2 Ability to pass through acknowledgements and verification messages as required by the public health reporting services to which the QE is connected.

## 8 Results Delivery

Deliver diagnostic results and reports back to ordering providers and others designated to receive results.

### 8.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to:

- 8.1.1 Receive diagnostic results and summary reports for, at minimum, laboratory and radiology tests from laboratories and diagnostic centers and facilities that have arranged to have the QE route results on their behalf
- 8.1.2 Receive results when the Authorized User is the ordering provider or has been listed in the order to receive copies of results
- 8.1.3 Receive results in one or more of the following methods stated as a preference by the Authorized User:
  - 8.1.3.1 Directly into the Authorized User's EMR/EHR or other third party software
  - 8.1.3.2 For viewing in a QE's clinical viewer
  - 8.1.3.3 As a Direct message at a designated address, including an email inbox
- 8.1.4 Methods and preferences other than viewing in the QE's clinical viewer are supported providing that all of the following conditions are met:
  - 8.1.4.1 The third party software interface meets the standards and requirements of the QE and SHIN-NY for results delivery; proprietary interfaces are supported at the QE's discretion
  - 8.1.4.2 QE Authorized Users request testing and supporting results delivery to the third party software or a Direct address, and testing and supporting interface is economically feasible and sustainable for the QE; there is no requirement to support "all comers;" third party software and Direct interfaces are supported at the QE's discretion

### 8.2 QE Capabilities

QE service capabilities must:

- 8.2.1 Detect results from within HL7 messages received from source systems
- 8.2.2 Conform to standards and specifications established by the SCP

### 8.3 SHIN-NY Service Levels

The end-to-end service experience must include:

- 8.3.1 Results are routed to the specified end-point within a set length of time from receipt by the QE, as defined and approved pursuant to the Statewide Collaboration Process
  - 8.3.1.1 There is no guarantee of delivery to the end recipient in that timeframe, as delivery to the Authorized User may be a condition of additional arrangements within a QE or with an EMR/EHR vendor or other intermediary
- 8.3.2 Conformance to service levels for reliability and availability established by the SCP