

eHealth Forum Brings International Perspectives and Solutions to Local Healthcare Issues



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With our partners **Sutherland Healthcare Solutions**, NYec recently hosted an invitation-only forum, "An International Dialog on Using Health Information to Improve Care," to discuss how the delivery of high-quality, lower cost medical care has come to require new tools, practices, and ways of thinking. Secretary of the Australia Department of Health, Martin Bowles, keynoted the event.

"The ideas generated about the purposeful deployment of health IT in support of industry trends could not have come at a better time," said David Klein, NYec's Chairman of the Board and former CEO, Excellus BCBS. "There was a breadth of insight brought to the table by my fellow participants—from commercial and Blues representatives to State and Federal leaders, to experts with an international profile. This was hardly a gathering of 'the usual suspects.'"

Attendees included industry-leading CIOs, CTOs, and western state and government health officials. In addition to Mr. Bowles, the speakers and moderators included (partial list):

Karen DeSalvo, MPH, MSc, National Coordinator for Health Information Technology, Acting Assistant Secretary of Health, US Department of Health and Human Services

Thomas Laur, Chief Executive Officer, Sutherland Healthcare Solutions

Eric C. Schneider MD MSc, Senior Vice President for Policy and Research, The Commonwealth Fund

Minal Patel, MD, Senior Vice President and CSO, Horizon BCB

Graham Hughes, MD, CMO, Sutherland Healthcare Solutions

Roni Gamzu, General Director, Sourasky Tel Aviv Medical Center, and Former Director General of the Israeli Ministry of Health

Ashish Atreja, MD, MPH, Chief Technology Innovation and Engagement Officer, Mount Sinai Hospital

Louise Beauchesne, Executive Regional Director, Quebec & Atlantic, Canada Health Infoway

Jean Drouin, CEO and Founder of ClarifyHealth

Steve Berman, Director, Business Development, Montefiore Medical Center

David Whitlinger, Executive Director, New York eHealth Collaborative

We'd like to thank all of those who attended the forum and **Sutherland Healthcare Solutions** for generously sponsoring the event.

To learn more about the forum, please visit the [event highlights](#) page.

HIE and Interoperability Trends to Watch in 2016



"We're on track for another year of momentous forward movement in increased adoption by providers and greater interoperability"

As the healthcare industry moves toward a more patient-centered mission, security measures and interoperability will progress at a steady rate, according to DirectTrust, a healthcare industry alliance created by Direct exchange network participants.

The group recently released its predictions on the six trends for interoperable electronic exchange of health information for the upcoming year.

"In the world of electronic health information exchange, we're on track for another year of momentous forward movement in increased adoption by providers and greater interoperability between Federal and state agencies with private-sector providers," said David Kibbe, MD, DirectTrust president and CEO, in a press statement.

"We'll also see, finally, patient and consumer participation in the use of electronic health information exchange," he said.

The constant for 2016 will be a rise in patient engagement in HIEs, along with a drastic increase in security measures to prevent breaches. DirectTrust also predicts the end of Stage 3 Meaningful Use.

1. Patients and consumers will participate in electronic health data exchange.
2. "Freed" data will provide unimagined personal and professional enrichments.
3. Federal and state agencies will move toward increased interoperability.
4. Meaningful Use will face forced, early retirement.
5. Security, privacy, and identity will reign.
6. Direct exchange reliance will continue to increase.

[Read more.](#)

(Source: *Healthcare IT News*)

What's the Best Way to Boost Health Information Exchange?



A new report to Congress recommends steps to ease the secure sharing of patient information, paving the way for better coordination of care and improved patient outcomes. For example, the report recommends the creation of incentives to help overcome the "blocking" of data exchange or reluctance to participate.

Although the federal government has spent \$31 billion so far on HITECH Act incentives for hospitals and physicians to "meaningfully use" electronic health records systems, Congress has been scrutinizing whether the investment has paid off in enabling the sharing of health information.

Some security and privacy experts say that while the report spotlights some of the key barriers to secure health information exchange, some of the concerns may be overstated.

David Whitlinger, executive director of New York eHealth Collaborative, says privacy and security issues clearly represent some of the biggest hurdles to overcome before achieving nationwide data exchange.

"Privacy and security regulations vary across different states, and those difficulties are exacerbated even more in sharing sensitive health data, such as mental health, substance abuse, HIV, reproductive health, and information about minors," he says. EHR platforms don't easily support compliance with varying laws when data is exchanged, he notes.

But he points out that industry players are discussing the use of various technologies that "tag" sensitive information so that patients have more control over what part of their health records can be shared among healthcare providers. Also under discussion are policy issues such as "giving patients complete control over their data, so that they ultimately make the decisions about what subsets of data they'll share," he notes.

[Read more.](#)

(Source: *HealthcareInfoSecurity.com*)

National Conference of State Legislators Outlines Telemedicine Barriers

Challenges to the expansion of telemedicine include policy-related issues such as coverage and reimbursement, licensure, and safety and security, according to a recent report from the National Conference of State Legislators.

The NCSL recommends that legislators, when working on policy frameworks to benefit telemedicine, should collaborate with stakeholders from within the industry.

In its report, the organization outlines considerations for legislators on each of the issue areas. Some of what they must consider includes:

- Coverage and reimbursement
- Licensure
- Safety and security

[Read more.](#)

(Source: *FierceHealthIT*)

StartUp Health's 2015 Digital Health Funding Rankings

While 2014 was the year that digital health broke out, 2015 was the year the ecosystem hit its stride.

Here are a few trends we saw this year:

- Deal sizes continue to increase with the average being \$15.1M this year.
- Investors keep supporting new innovation with the most active digital health investors engaging with early-stage companies.
- Los Angeles lands in the top three digital health metro areas as new innovation hotspots pop up around the US and the world.

[Read more.](#)

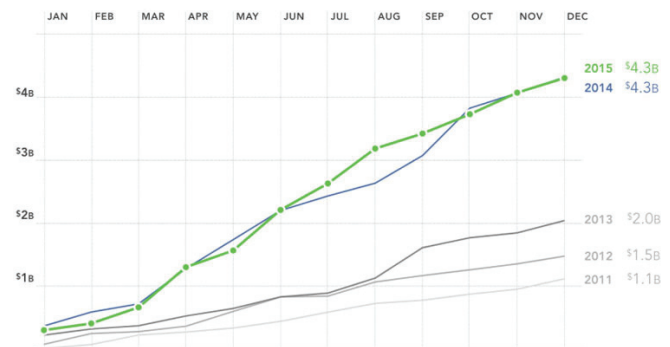
(Source: *StartUp Health*)

Digital Health Funding: 2015 Year in Review

In 2015, venture funding of digital health companies surpassed **\$4.3B**, ending in line with that of 2014.

DIGITAL HEALTH FUNDING
2011-2015

**ROCK
HEAL+H**



With 2014 breaking all records for digital health funding, we entered 2015 wondering if the pace would continue. We shouldn't have been doubtful—digital health funding in 2015 matched the total of 2014, surpassing \$4.3B in funding. While skeptics may use the flatness of growth to question the attractiveness of the digital health industry, it's important to keep in perspective what an incredible feat it was for 2015 to be on track with record-breaking 2014.

Last year, records were not just broken—they were doubled. But digital health continues to account for a healthy 7% of total venture funding. The steady amount of funding should calm any concerns of a bubble. Digital health is no longer a novelty as well. We're seeing company growth, with late stage deals accounting for just over 25% of all deal volume.

And exits abound—2015 was a record year for industry consolidation, and digital health was no exception. M&A activity nearly doubled in volume with 180 deals and \$6B in disclosed activity. Public markets remain a viable exit opportunity with \$1.4B raised in five IPOs this year, to create \$9B in market capitalization.

Perhaps the largest theme of 2015 was an increased focus on the consumerization of healthcare. The healthcare consumer engagement and personal health tools and tracking categories alone account for 23% of overall funding. As we look to 2016, we are optimistic and excited about the growing role of the consumer and the consequent B2C opportunities.

[Here is the report.](#)

[Read more.](#)

(Source: *Rock Health*)

Market Research: 2015 Population Health Study

Population health initiatives in healthcare are gaining momentum, but adoption of vendor-provided population health solutions are still in early stages.

As the emphasis on the change in delivery of care escalates from volume to value-based care, population health management initiatives are becoming more prevalent across healthcare. However, many organizations are addressing their initial population health needs without a population health vendor-provided IT solution. In this Essential Brief, we share insight from nearly 200 healthcare executives (C-Suite, Administrators, Directors, and VPs) on their population health initiatives, and their current and future approach to population health IT solutions and consultants.

Highlights:

- Roughly 11% of study respondents with initiatives in place currently use a consultant for their population health strategy.
- Over half of study respondents without current population health initiatives in place plan to employ initiatives in the future.
- Just over a third of organizations with plans to employ population health initiatives in the future plan to use a consultant or would consider it.
- 67% of surveyed organizations claim to have population health programs in place, only one quarter of those currently utilize a vendor provided solution to address their population health needs.

[Read more.](#)

(Source: *HIMSS Analytics*)

Study Finds Patient Portals Can Be Used for Mental Health Diagnoses

Patient portals can help providers diagnose mental health issues remotely, **according to a study** published Wednesday in the *American Journal of Managed Care*, *Health IT Analytics* reports. For the study, researchers examined data from 3,601 electronic visits with about 2,300 patients conducted between April 2009 and June 2012. The visits were made using a patient portal at the University of Pittsburgh Medical Center. To use the system, patients log into a secure portal and complete a questionnaire that is later reviewed by a physician.

The questionnaire does not list mental health issues in options for common symptoms that patients can select on the initial survey. However, patients can select an "other" option that provides a range of topics and allows patients to note specific concerns in a free-text field.

Based on the questionnaire responses, the physician can:

- Give a diagnosis;
- Prescribe treatment; or
- Request an in-person visit with the patient.

The researchers found that "other" was selected in about 23% of visits. Of the patients who chose this option, more than 13% received a mental health-related diagnosis. Among those patients:

- 57% of diagnoses were for anxiety disorders; and
- About 33% were for mood disorders.

[Read more.](#)

(Source: *iHealthBeat*)

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NYeC Healthcare Advisory Professional Services

Modified State 2 Meaningful Use Reporting Requirements in 2015

CMS recently published the final rule effective December 15, 2015 for the Medicare and Medicaid Incentive programs with provisions for 2015 through 2017 Modified Stage 2 criteria as well as Stage 3 in 2018 and beyond. The reporting period for 2015 only is any continuous 90 day period in the calendar year and EPs can continue to use the 2014 certified EHR technology. Under the 2015 Final Rule, EPs must attest to 10 Meaningful Use Objectives, 9 of 64 Clinical Quality Measures, and 1 Public Health Measure. EPs can meet the 2015 Stage 1 public health reporting measure by demonstrating active engagement with a public health agency and can select from any one of the following measures:

- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Specialized Registry Reporting

Additional clarification can be found on [CMS released FAQ #13409](#).

EPs can seek exclusions from immunization if they do not administer immunizations. If the EP is not an ambulatory syndromic surveillance category that collects data or if the EP does not diagnose or treat cancer, disease, or conditions that is required by a specialized registry.

For 2015 Stage 1, EPs have the options to seek alternate exclusions for measures 1, 2, or 3. EPs can claim a maximum of 2 alternate exclusions, but must meet the remaining measure or exclusion criteria.

Questions? Please contact the HAPS team at HAPSInfo@nyehealth.org.

Additional clarification can be found on [CMS released FAQ #12985](#).

Partner Events & Opportunities

Healthcare Investment Trends: Where Will the Money Flow in 2016?



February 9, 2016 | New York, NY

Once again we will kick off the year with a look at where the healthcare investing dollars are headed. The past few years have seen unprecedented amounts of capital flow into healthcare sectors like digital health, biotech and healthcare services. What will happen in 2016? You'll hear perspectives from our panelists who include banking, venture, and private equity stars from across the healthcare spectrum.

This is always our most interactive and well-attended (i.e. SOLD OUT) event of the year. [So register early!](#)

Speakers:

Michael Hanewich, Managing Director & Head of Life Science & Healthcare Venture Capital Relationships, Silicon Valley Bank

Andrew Adams, Partner, OAK HC/FT

Stacey Seltzer, Partner, Aisling Capital

William Slattery, Partner, Deerfield

[Register today!](#)

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