

NYeC Digital Health Conference Call for Speakers Opens



NYeC is seeking dynamic, innovative thought leaders to speak at our [2016 Digital Health Conference](#).

Speaker proposals should demonstrate actual usage of transformative health tech innovations and tools, explore how technology is transforming care delivery and business models, suggest practical applications of existing technologies, and/or highlight the effects of technology in healthcare advances. All ideas for speaking topics are welcome and the best and most relevant will be invited to speak at the event.

The deadline for speaker submissions is Friday, June 10, 2016 at 11:59 pm ET.

[Learn more, and apply today!](#)

Get Social



First Issue of *SHIN-NY Spotlight* Released



Welcome to the first issue of the *SHIN-NY Spotlight*, a quarterly update on the progress we are making in developing the statewide health information exchange.

This year marks a number of important milestones in the development and operations of the SHIN-NY. In 2015 we launched statewide patient record look up (sPRL). With that milestone, the eight Regional Health Information Organizations (RHIOs) were linked and providers could now search for any patient who has given consent across the State. This huge achievement took over five years of concerted effort by hundreds of stakeholders in dozens of workgroups. We not only had to build the infrastructure, but we also had to align on policy to keep patients' records safe and secure. Now the network holds over 37 million patient records, processes over 2.4 million transactions a month and has over 59,000 users of the SHIN-NY.

[Read more.](#)

Breaking Down the MACRA Proposed Rule



The mother ship has landed. On Wednesday, April 27, the Centers for Medicare and Medicaid Services (CMS) released the highly anticipated **proposed rule** that would establish key parameters for the new Quality Payment Program, a framework that includes the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). These policies were established by the latest, permanent 'doc fix,' the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

For additional background, please refer to recent Health Affairs Blog posts on [MACRA](#), [MIPS](#), and [APMs](#), as well as a comprehensive [brief](#) on MACRA. This post briefly outlines the key elements of the proposed rule.

[Read more.](#)

(Source: Health Affairs Blog)

You Mean I Don't Have to Show Up? The Promise of Telemedicine



Aside from whatever a visit to the doctor costs you in money, it also costs you in time. A lot of it.

End to end, the travel and waiting time for a doctor's appointment can take several hours—often disrupting work or school. Only 17 percent of it—20 minutes, on average—is spent actually seeing the doctor, according to a study by the University of Pittsburgh physician Kristin Ray and colleagues at the Harvard Medical School and the RAND Corporation.

In a year, Americans spend 2.4 billion hours making doctor visits. Valued at average wage rates, that's worth more than \$52 billion—equivalent to the total working time and income of 1.2 million people. On average, we pay \$32 when visiting a doctor (our insurers pay nearly \$250). But separately, the value of our time adds up to more, \$43, according to Dr. Ray's study.

For certain kinds of health care, there is a better way. Long after electronic communication and technology have revolutionized other services (like preparing taxes, booking travel and banking), emails, phone calls, video chats and other telemedicine applications are gradually supplementing or replacing some types of office visits.

[Read more.](#)

(Source: *The New York Times*)

How Personalized Medicine Will Reshape Healthcare Delivery

Automakers such as Ford—whose founder is famously quoted as saying customers could have a car painted in any color as long as it's black—now offer millions of variations in style and functionality to cater to the preferences of increasingly selective consumers. The rise of the Internet has empowered customers to have a collaborative dialog with the providers of goods and services to generate a highly personalized outcome.

But what about when the customer is a patient, and the product is a potentially lifesaving treatment? Healthcare has stubbornly remained an outlier, a chimera of art and science, an odd combination of artisanal gut and intuition and evidence-based decision-making. Part of the reason, of course, is that unlike automobiles or other manufactured products that have parts that could be used in any similar unit, each human is unique. It is difficult to know where to customize generic principles and approaches, so healthcare tends to paint with a broader brush.

It is also due to the high stakes and lagging use of information technology to provide performance-based feedback to both providers and patients. In essence, decision-making has been stuck between cottage industry and the data-driven enterprise.

[Read more.](#)

(Source: *Health Data Management*)

New Consumer Ad Campaign Tells Patients: Just Say 'YES!'



Nearly 2 million people have seen and heard HealthlinkNY's new consumer education ads. The message: Sign consent forms to get better care.

If you live and work in the Hudson Valley or the Southern Tier of New York, chances are you've heard radio commercials or seen ads online urging you to "Just Say 'YES!'" to HealthlinkNY. It's part of HealthlinkNY's comprehensive consumer education campaign to encourage more patients to consent to let their providers look up their records through the HealthlinkNY Health Information Exchange (HIE). Since the campaign began in February, nearly 2 million people have gotten the message. The campaign will continue through most of this year.

"We've constructed a remarkable network to deliver vital information to providers with just a click of a mouse, but its usefulness depends on a single piece of paper—a signed consent form from the patient," explains Christina Galanis, president and CEO of HealthlinkNY. "So, now we are explaining to consumers that it is safer and easier to have all of their health records stored securely in one place. All they have to do is 'Say YES' to HealthlinkNY at their next appointment."

[Read more.](#)

NYeC Healthcare Advisory Professional Services

PQRS Reporting via a Qualified Registry Overview



Are you a Group Practice Interested in
PQRS GPRO Reporting for 2016?

CMS GPRO Registration Closes June 30th.
Register to Attend a FREE Informational Webinar to Learn More.

WEBINAR DATES:
May 26th & June 7th

[Click Here
to Register](#)

PQRS reporting can be completed as an individual provider or via the Group Practice Reporting Option (GPRO) method. The GPRO reporting option is available to any group practice which uses a single TIN with 2 or more individual EPs who have reassigned their billing rights to the (TIN) level. Group practices must register with CMS to self-nominate their intent to report via the GPRO method. At the time of registration, the practice would identify if they intend to report using a Qualified Registry. Group practices must self-nominate, and complete their registration online through [CMS's portal](#) during the **April 1, 2016 - June 30, 2016** registration period.

Benefits of GPRO Reporting via a Registry:

- Groups can participate with a minimum of 2 EPs
- Groups can report on a minimum of 9 measures over 3 domains
- Groups required to report on 50% of their eligible patient population for each of the selected measures

Getting Started with GPRO Reporting:

- Practices that want to use the GPRO option must self-nominate their intentions with CMS
- Practices need to access the CMS PV PQRS Registration Portal to self-nominate:
 - Practices must have an approved EIDM account(Enterprise Identity Management)
 - The EIDM account requires a Security Officer (SO) Role to complete registration
- Registration is open from April 1, 2016 to June 30, 2016
- During the registration process, the practice identifies the TIN that will report via GPRO, and identifies the EPs affiliated with the group by listing their TINs
- Identify the method the group has selected for Reporting: Registry, Claims, EHR
- Indicate if you are going to use a CAHPS survey as part of your reporting
 - Groups with 100+ EPs required to use CAHPS Survey as part of their reporting

[Learn more.](#)

NYeC Healthcare Advisory Professional Services

Come See Us at NY miniHIMSS

NYeC will be attending **NY miniHIMSS** at Yankee Stadium on June 16th. Come visit our table for more information about **NYeC Healthcare Advisory Professional Services (HAPS)** programs and services! All of the HAPS programs focus around providing industry led support for providers implementing technologies to improve their quality of care.

Not attending? Contact us at HAPSinfo@nyehealth.org for assistance!

Transforming Clinical Practices Initiative (TCPI) - A CMS Initiative

On September 28th, 2015, a \$48M, four year cooperative agreement was awarded by CMS to form the **New York State Practice Transformation Network (NYSPTN)**, a collaboration between the New York eHealth Collaborative, the Finger Lakes Health Systems Agency, the New York State Department of Health, and other influential healthcare leaders throughout New York State. The goal of the program is to support the transformation of over 11,000 clinicians across New York to improve outcomes, lower costs, and be prepared to participate in shared savings payment models. The NYSPTN has contracted several Technical Assistant agencies such as NYS-DOH's Primary Care Information Project (PCIP), Healthcare Association of New York State (HANYS), and Finger Lakes Health Systems Agency (FLHSA) to enroll and transform practices. Since March 2016, over 800 clinicians have enrolled in this free program in Long Island, New York City, and the Finger Lakes regions. NYSPTN is currently underway reviewing applicants for the additional TA support to ensure that all clinicians throughout NYS have the opportunity to enroll and be supported in the NYSPTN.

How Can NYSPTN Help You, the Clinician?

- Education and closer alignment with new federal policies and incentives (MACRA, MIPS)
- Customized practice assistance, tools, and coaching provided through a combination of remote and on-site training and support
- Sharing and learning from a community of practices
- Access to a faculty of nationally recognized experts and online modules (providing free CME and MOC credits) related to practice transformation
- Training in patient-centered population health and care coordination
- Risk stratification and integration of care management into your practice
- Preparation for joining a MSSP or a Pioneer ACO

Are you interested in enrolling and learning more?

If so, please visit www.nysptn.org or e-mail info@nysptn.org for more information.

Partner Events & Opportunities



June 7-8, 2016 New York Academy of Sciences, New York, NY

Wearable Tech + Digital Health NYC and NeuroTech NYC return to the New York Academy of Sciences on June 7 - 8, 2016. Scientists, technologists, health systems, investors, device and app designers, machine learning, deep learning, AI, and big data experts will gather at these highly curated conferences. Interdisciplinary solutions to life's greatest challenges will be the outcome.

June 7 sessions will focus on novel biosensors, connected devices, and collecting, securing, and utilizing data, with case studies ranging from AR/VR in the operating room to smart contact lenses. June 8 sessions will cover brain monitoring, stimulation, BCI and neurofeedback, and a wide spectrum of applications.

NY eHealth Collaborative has partnered with ApplySci to offer our community a 20% registration discount with the code: **NYEHC16**

[Register now.](#)

Digital Health for Complex Populations: Pilot Challenge

Want to get your digital health products into the hands of real customers?

The Digital Health for Complex Populations: Pilot Challenge, slated for launch in June 2016, provides the opportunity to test your product with consumers, collect data on how it is used and its effectiveness, and potentially build a long-term, paying customer relationship with a healthcare organization.

The **Center for Health Care Strategies**, a national nonprofit policy center, is connecting technology companies and healthcare systems to test digital health solutions to address challenges faced by low-income individuals with complex medical and social needs. Healthcare organizations will be paired with digital health companies to launch two nine-month pilot projects, supported by a \$25,000 grant made possible by Kaiser Permanente Community Benefit.

Sign up for more information at www.chcs.org/pilotchallenge

2016 NY miniHIMSS HIT - Changing the Game!



June 16, 2016 | Yankee Stadium, Bronx, NY

Join HIMSS New York State Chapter at Yankee Stadium, attend the sessions, take a tour of the stadium, and finally, attend the CISO panel.

Topics to be covered:

Population Health, Patient Engagement, CyberSecurity, DSRIP & Future of Healthcare

Invited speakers are:

Sumit Nagpal, John McDaniels, Jacob Reider, Daniel Barchi, Dr. Bruce Darrow, Nader Mherabi, Bhavesh Chauken, Peter Bloniarz, Steve Treglia, Dr Sal Volpe, Raj Lakhanpal.

Special session at day's end will include a roundtable discussion on CyberSecurity chaired by Peter Blonairz, Executive Director and Senior Policy Advisor, NYS CyberSecurity Advisory Board.

Tour of Yankee Stadium will be offered at end of the day to all that sign up.

[Register now.](#)