



NYeC Board Meeting

March 29, 2017

Year In Review





2016: Operationalizing the SHIN-NY

• 2015: Build

- 2016: Operationalize
 - Pivotal year for NYeC and the SHIN-NY
 - NYeC, the QEs, and the State built upon the key technological and policy successes of 2015 and positioned the network to be optimized in 2017 and beyond
- 2017: Optimize



Convening Stakeholders

- New York eHealth Collaborative
- NYeC's efforts to convene stakeholders played a significant role in advancing the development of the SHIN-NY
- This role will continue, expand and be enhanced





SHIN-NY and Value-Based Care

The SHIN-NY is supporting various value-based care initiatives:

- **DSRIP**: QEs have played major role in facilitating the formation of integrated delivery systems for PPSs that chose Project 2.a.i, increasing SHIN-NY adoption.
- **SHIP**: SHIN-NY services align with certain Advanced Primary Care milestones (e.g., increasing public health department adoption for provider collaboration, using alerts to improve care, etc.)
- MACRA/MIPS: Increasing number of clinical transactions in the SHIN-NY supports providers in MIPS and APMs as a tool to improve care, lower cost, and advance care information



Advancing Care Statewide





SHIN-NY Infrastructure: sPRL and sMPI



In 2016, the SHIN-NY BUS had a **99.7% uptime** (goal was 99.5%)

 Implemented operations / processes for Statewide Patient Record Lookup (sPRL) and Statewide Master Patient Index (sMPI)

TOTAL NUMBER OF HELP DESK TICKETS	
NYeC	1,293
SHIN-NY	201

We implemented a weekly ticket report sent to all QEs and the DOH to ensure that SHIN-NY issues were shared and addressed across the entire enterprise



From Concept to Implementation: XQE Alerts



- NYeC managed processes for developing specifications for production
- Launched multi-wave onboarding approach to accommodate individual QE timelines
 - Wave 1: Healthix, Hixny, and NYCIG
 - Wave 2: Healthlink NY & HealtheConnections
 - Wave 3: Rochester RHIO & HEALTHeLINK
- NYeC and QEs met weekly to track development, testing, and issues

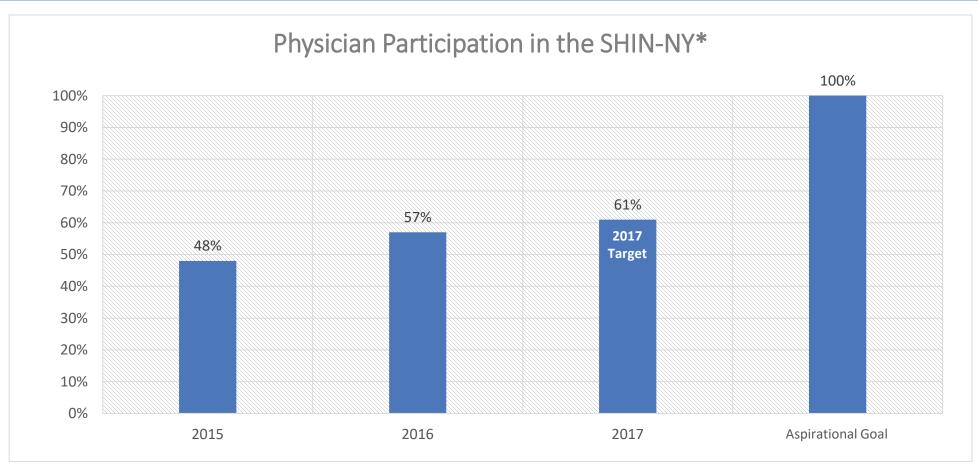
NYCIG and Healthix started exchanging alerts in October 2016.

In a 24-hour period,
NYCIG sent **2,297** alerts
to Healthix.



Physician Adoption





- The Percentages shown are of the total number of physicians in NYS, not YoY growth.
- Physician participation rate is of outpatient MD and DO only, as appear in SHIN-NY provider file, and may not fully represent all physicians in New York State



Note: 2017 levels are targets agreed to by BOC and DOH, pending final approval, and may change

SHIN-NY User Growth



Total SHIN-NY users grew 32% in 2016

Department of Defense approved agreement between **HealtheConnections** and Fort Drum Regional Health Planning Organization, allowing exchange of medical records of soldiers and their families in QE network.



Consent: Policy Update



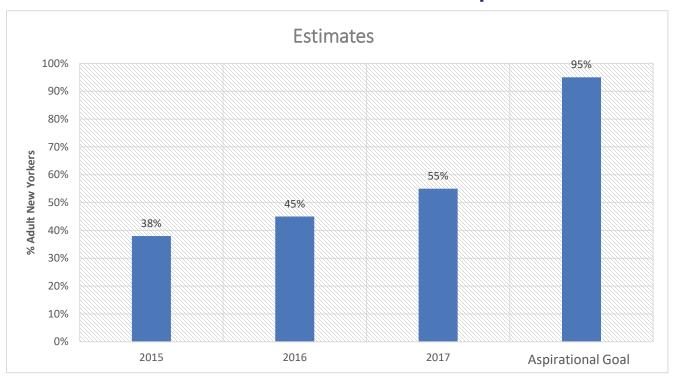
- Developed recommended changes to SHIN-NY Consent framework and policies
 - Approved by the NYeC Board and submitted to NYS DOH for consideration and next steps
 - Short-term improvements in consent policy have been approved by the State and will be implemented in coming months
- In collaboration with key stakeholders, developed and submitted NYeC response letter on SAMHSA proposed rule changes to 42 CFR Part 2 regulations



Unique Consent in New York State



Percent of Total New Yorkers with Unique Consents



Note: Percentage shown is of the adult population of New York State (>18 years old) in 2016. This is approximately 15,618,300 adults out of 19,770,000 total living resident populations.

The numerators for each year have been adjusted to account for deceased residents with consent records, and residents that have moved out of state. The Statewide Master Patient Index was used as a guide to determine potential overlap for consented patients, and was used for deduplication. Methods used are approximate, are subject to change upon additional analysis.

HealthlinkNY saw a dramatic increase in affirmative consents after its "Just Say 'YES!"" marketing campaign started in spring 2016. Total affirmative consents in HealthlinkNY region is now over 600k.



Note: 2017 levels are Targets Agreed to by BOC and DOH, pending final approval, and may change

Data Quality



- In 2016, we started to lay the foundation for data quality efforts moving forward
 - Collected information on the seven common clinical data elements
 - Began planning for a statewide provider index
- Data quality will help to ensure the SHIN-NY is fully equipped to advance care

HEALTHeLINK launched Inspector of **Quality Healthcare** Data (iQHD) tool to collaboratively work with participants to optimize the value of the patient information.



Provider Assistance Programs



Data Exchange Incentive Program (DEIP)

- 85 organizations / practices enrolled, representing approximately 1,000 Medicaid EPs who are now QE participants
- Over 600 Medicaid EPs began contributing clinical data to the SHIN-NY
- \$670k in incentive payments were made to providers

Medicaid Eligible Professional (EP2)

- Program doubled the number of enrolled providers, ending 2016 with 3,310 providers
- NYeC helped 400 providers with EHR adoption and over 1100 providers prepare to attest for Meaningful Use
 - Despite NYS Meaningful Use attestation system (Meipass) not operational for all 2016



Provider Assistance Programs



Provider Transformation Network (PTN)

- NYSPTN successfully enrolled over 3,800 clinicians, hitting 98% of revised lower target
- Prepped for Clinical Core Plus solution launching Q1 2017
 - Reporting tool to track program's clinical measures, a key milestone for CMS

Behavioral Health IT (BHIT)

- Rest of State BHIT program will be working with up to 140 HCBS provider organizations or about 1,000 providers
- Implementation Agents kick-off completed

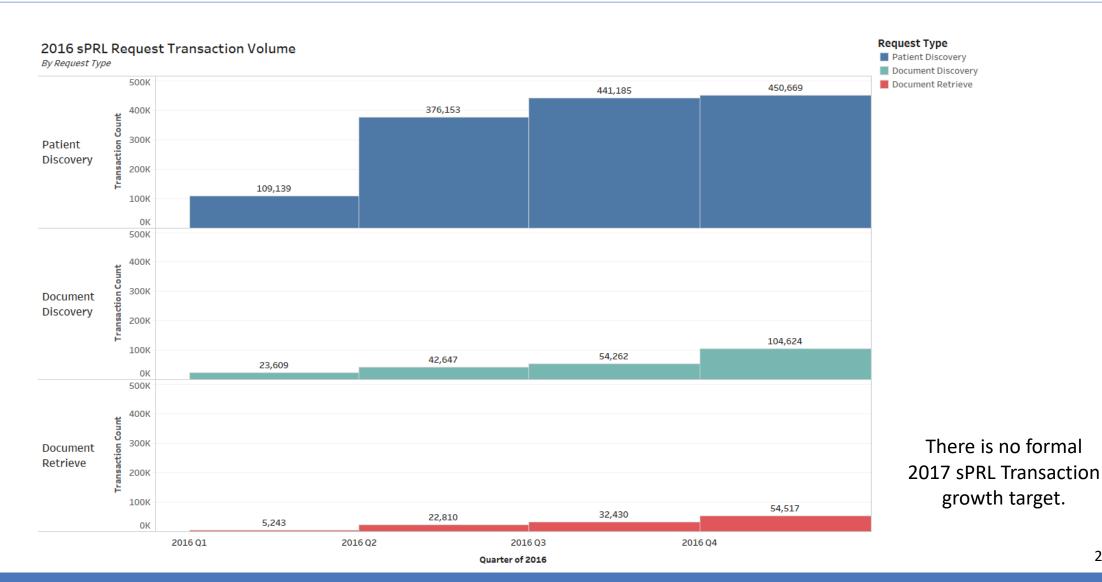
EHR Plan: Breakout by Organization





sPRL Transaction Volume







Alerts



Alerts experienced 37% growth in 2016



Developing meaningful measurement goal for meeting VBC / Triple Aim needs

2016 study using **Bronx RHIO** data suggest were alerts associated with 9% reduction in readmission and potential for \$2 million in savings.



Multi-QE Initiative



Healthix, Bronx RHIO, New York City Information Gateway, and HealthlinkNY partnering with GNYHA and its member hospitals participating in New York State's DSRIP program to support QE—enabled exchange of patient care plans across provider and QE networks.

As of December 2016, two QEs are in phase 1 of exchange.



Local Innovation Highlights



In 2016, **Hixny**participants explored
innovative ways to
utilize alerts to
improve care
management.

Rochester RHIO integrated eMOLST into the RHIO Provider Portal in 2016, ensuring patient's end of life wishes can be honored at all times.



Connecting the Health Tech Ecosystem

Digital Health Conference





New York Digital Health Accelerator





Looking Ahead to 2017 and Beyond

We are recommending 2017 Objectives and Metrics for SHIN-NY and NYeC.

We are creating the SHIN-NY roadmap designed to ensure the network is optimized and fully leveraged to move our system-wide transformation forward.









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40 Worth Street, 5th Floor New York, New York 10013 80 South Swan Street, 29th Floor Albany, New York 12210