A Message from Pat Roohan:

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 stake-holders 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.

In addition to the launch of sPRL, another important milestone is the adoption of the SHIN-NY Regulation into law in March 2016. This regulation provides guidance on how the SHIN-NY is operated. Additionally, the policy directs Article 28 hospitals to connect to the SHIN-NY on or before March 2017 and other regulated facilities to connect by March 2018.

A core component of the future strategy of the SHIN-NY is supporting the PPS's in the implementation of DSRIP by allowing healthcare providers to access critical patient data and more effectively coordinate care across the system. The SHIN-NY is the **only HIE** that provides universal access regardless of network or EHR system. New York State has made a significant investment in the SHIN-NY and in 2016 we set a goal of connecting 100% of the PPS across the state to the SHIN-NY. The eight RHIOs that make up the SHIN-NY are working directly with the PPS organizations to meet their needs.

We look forward to continued partnership in 2016.

Best Regards,
Patrick Roohan

Director, Office of Quality and Patient Safety
New York State Department of Health

What is the SHIN-NY?

Under the direction of the New York State Department of Health (NYS DOH), the Statewide Health Information Network for New York (SHIN-NY) was established to allow the electronic exchange of clinical records between participating providers. The SHIN-NY is comprised of eight regional Qualified Entities (QEs) that together form a network where their participating providers, with patient consent, can search for **and exchange electronic health information in a timely and secure manner with any other participating provider in the state.**

The SHIN-NY interconnects the QEs' Health Information Exchanges (HIEs). Each QE enrolls provider participants, including hospitals, clinics, labs, radiologists and ambulatory physicians so that they can **exchange patient information via the HIE regardless of the venue in which the patient receives care**. QE participants may share data and services within and across regions using standard protocols. This enables collaboration and coordination of care and helps to reduce duplicate tests or unnecessary and avoidable procedures.

During the course of 2015, New York State completed the successful rollout of the Statewide Patient Record Lookup (sPRL) capability, allowing healthcare providers to retrieve individual patient records from both their local QE and across the statewide network after receiving consent from the patient. sPRL is further explained later in this issue.

Core Services Offered through the SHIN-NY

QEs offer basic services free of charge to participating members of the SHIN-NY. The Core Services include:

Patient Record Lookup

Patient Record Lookup functions like a highly secure search engine, **allowing healthcare providers to retrieve individual patient records from across the network after receiving consent from the patient**. Statewide Patient Record Lookup allows a physician, for example, to readily look up a patient's records no matter where they reside in the state. The statewide Patient Record Lookup functionality was completed in a rollout in 2015 and is now fully operational. This service makes information available to providers accessing the SHIN-NY via third party software (EHRs) and QE-provided clinical viewers.

Clinical Event Notifications/Alerts

Alerts allow physicians to **receive real-time updates about their patients**. For example, if a patient entered a hospital or was discharged from a hospital within a QE's region. Similarly, a hospital can instantly be alerted if one of its discharged patients subsequently goes to another emergency room. Through these notifications, doctors can help their patients stay out of the hospital through better outpatient care. Currently **notification functionality across regions is being developed and anticipated to be available by the end of 2016**. This will allow notifications about events detected in one QE to be delivered to a provider that has subscribed to that patient's events in another QE.

Direct Messaging

Direct Messaging gives clinicians the ability to **securely and seamlessly exchange authenticated, encrypted clinical data with one another**. It's similar to highly secure email between doctors.

Results Delivery

Results Delivery delivers diagnostic results and reports back to ordering providers and others designated to receive results.

It is important and worthwhile to note that **QEs may provide additional services above and beyond the Core Services**. QEs may charge for these value added services and EHR vendors may also charge a connection fee. PPSs are encouraged to talk to their local QE for more information.


Additional SHIN-NY services are in various phases of development across the state, such as:

- **Cross-QE Alerts**
- **Expanded Image Exchange Capabilities**
- **Patient Portals**

In future issues of the SHIN-NY Spotlight, we will focus on these services to provide the PPS community with information on scope, timing and availability.

Who is Connected to the SHIN-NY?

Each QE enrolls a diverse set of participants within their community such as hospitals, labs, ambulatory providers, long term care facilities, radiologists, and behavioral health providers based on the community's unique needs and patterns of care. QEs maintain complete and up-to-date lists of participants on their website, per NYS requirements.
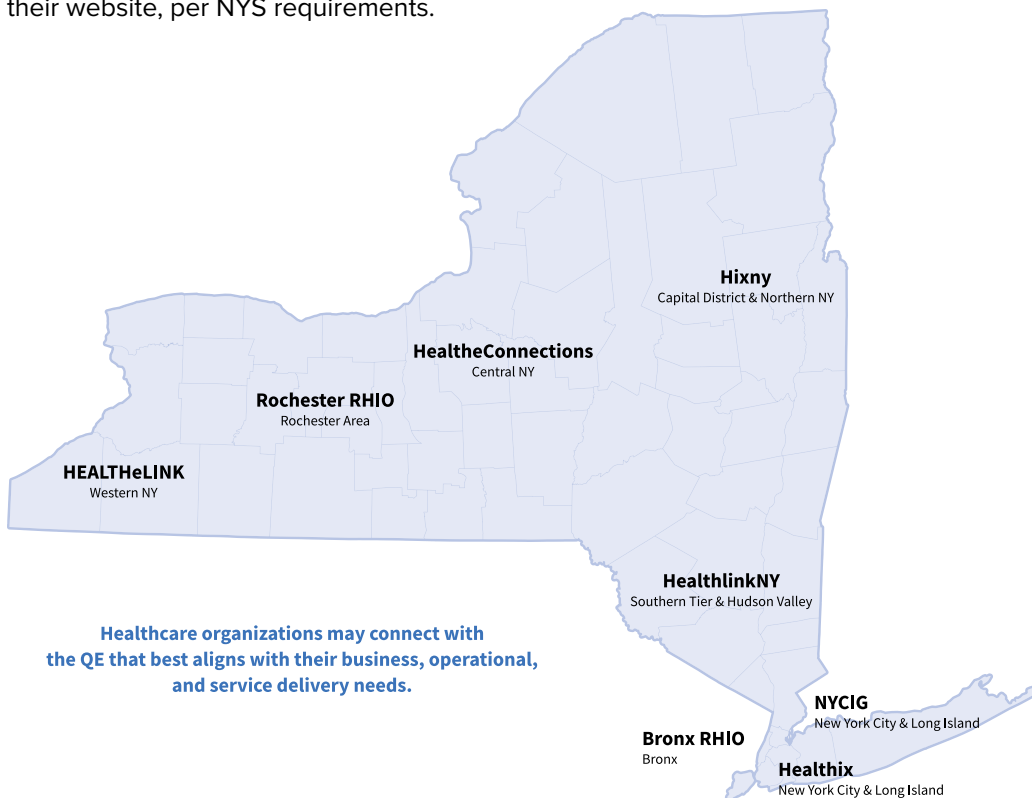
TO FIND OUT WHICH PROVIDERS IN YOUR REGION ARE CONNECTED TO THE SHIN-NY, PLEASE FOLLOW THE LINKS BELOW:

Bronx RHIO

Healthix

HealtheConnections

Hixny

HEALTHeLINK

NY Care Information Gateway

HealthlinkNY

Rochester RHIO

Hixny
Capital District & Northern NY

HealtheConnections
Central NY

Rochester RHIO
Rochester Area

HEALTHeLINK
Western NY

Healthcare organizations may connect with the QE that best aligns with their business, operational, and service delivery needs.

HealthlinkNY
Southern Tier & Hudson Valley

NYCIG
New York City & Long Island

Bronx RHIO
Bronx

Healthix
New York City & Long Island

Statewide Patient Record Lookup (sPRL) and Statewide MPI (sMPI)

Statewide Patient Record Lookup (sPRL) works like a secure search engine which allows healthcare providers to search for a patient's data, similar to how a Google search functions. When a healthcare provider enters basic demographic information for a specific patient who has provided their consent, sPRL will return all the records it finds for that patient from each QE across New York State.

sPRL allows participating providers to retrieve their patient's clinical records across the entire statewide network as long as the patient has consented to have his or her provider to access that information. Here's how it works. When a provider's EHR uploads a patient record to the QE, the patient's name is included in the QE's patient index. All of the eight QEs' patient indexes are combined into a Statewide Master Patient Index (sMPI) for the SHIN-NY.

When a provider looks up a patient's clinical records the QE's patient index is matched against the statewide Master Patient Index to see what records reside in other QEs. When matches between indexes occur, the records show up in the search. While this patient matching functionality has already been available within individual QEs' networks, sPRL lets providers search for records across the whole state. **With over 37 Million unique patient lives in the SHIN-NY combined, it is now the largest public HIE in the country**.

Since the launch of sPRL and the sMPI, the SHIN-NY is able to quantify the volume of patients who have records in more than one region. The chart below shows that across New York the amount of patient overlap between regions ranges from 8% in some areas to greater than 40% downstate.

SHIN-NY Case Studies

Hixny / St. Peter's Health Partners Medical Associates

Hixny has been running a pilot with the Internal Medicine group of St. Peter's Health Partners Medical Associates (SPHPMA), testing the power of Hixny alerts in supporting transition of care. St. Peter's Health Partners (SPHP), the Albany-based system, includes four acute care hospitals, a rehabilitation hospital, senior care services, and multi-specialty physician groups representing more than 20 specialties—with SPHPMA being one of the Capital Region's largest multi-specialty physician groups.

The goal of the pilot is to ease transitions of care, not only for patients moving within its vast network – which uses several different electronic medical record systems – but outside the network as well. By applying the provider's own attribution logic to its millions of pieces of patient data, **Hixny automatically notifies that provider when a patient of interest goes to the emergency room, or is admitted to or discharged from the hospital**.

The pilot has made the SPHPMA Internal Medicine group more efficient than other SPHPMA practices. **As patient-centered medical homes, the practices all strive to coordinate care of the sickest patients with specialists, hospitals and other providers**. Without Hixny alerts, they must rely on the patients, or their caregivers, to tell them about hospital visits.

Healthix / Oscar Health

Oscar incorporates Healthix capabilities to enhance its Care Management program. Integration begins during new enrollee onboarding routines. New members create an online account and Oscar electronically pushes a "consent to participate" in a format that looks much like an iTtunes account consent. Nearly 90% of Oscar members create an online account; and nearly all of these individuals consent to participate in Healthix. On the back end, **Oscar pushes enrollee consent information to Healthix to load in their centralized patient registry**. This serves as the primary matching mechanism to identify enrollees and flag them as members of Oscar.

From this point forward, **whenever an Oscar enrollee is admitted to an ED or inpatient setting**, **or discharged from the inpatient setting, Oscar is notified in real time.** These clinical event notifications (CEN) increase the "velocity of care" by providing actionable data for Oscar Nurses to intervene and support a safe discharge.

Oscar consumes CEN's via web services and augments with data from its internal systems–such as demographics, risk score, diagnoses, lab and pharmacy data, etc. **Oscar populates a specialized dashboard for Oscar nurses to view, prioritize and respond to CEN's**. As a result of this program, **Oscar has avoided re-admissions, improved outcomes and enhanced the enrollee experience** by supporting patients across the vulnerable transitional care period.

SHIN-NY Case Studies

Department of Health
NEW YORK STATE

Clinical and Claims Integration Pilot

The Clinical and Claims Integration Pilot was kicked off with the Qualified Entities (QEs) on Tuesday, April 5th, 2016. **For the next six months to nine months four selected QEs will be exploring the possibilities of integrating the QEs' clinical data with the Medicaid claims data as a means of advancing rapid reporting and a 360 degree patient view**. These objectives are seen as key to support meeting of the DSRIP goals. **At the conclusion of the Pilot, recommendations for state-wide implementation will be compiled**.

Bronx RHIO, HealtheConnections, Heathix and Hixny, were selected to participate in the Pilot. In preparation for receiving and working with the claims data, the QEs will need to meet stringent security requirements put forth by Office of Health Insurance Program (OHIP). As a parallel effort, **NYeC will also match the patients in the SHIN-NY to the Medicaid claimants**. The SHIN-NY match results will serve as a comparative measure and provide potential recommendations for state-wide implementation.

The Pilot is intended to be a collaborative and iterative process. **Throughout the Pilot there will be opportunities for other QEs in the State as well as the Performing Provider Systems (PPSs) and other stakeholders to collaborate, get updates and engage in feedback and knowledge sharing sessions with the Pilot QEs**. The Pilot will publish a monthly newsletter and hold a quarterly all hands call to provide updates to interested stakeholders. If you would like to receive this newsletter and/or be part of the all hands call, please email Andrea Cohen at acohen3@kpmg.com.

Contact Information

If you are interested in learning more please contact the appropriate QE within your region:

Greater Rochester RHIO (GRRHIO)	Jill Eisenstein, Executive Director	jeisenstein@grrhio.org
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HIXNY	Mark McKinney, Chief Executive Officer	mmckinney@hixny.org
HEALTHLINKNY	Christina Galanis, President and CEO	cgalanis@healthlinkny.com
BRONX RHIO	Charles Scaglione, Executive Director	cscaglio@bronxrhio.org
HEALTHIX	Tom Check, President and CEO	tcheck@healthix.org
NY Care Information Gateway (NYCIG)	Al Marino, Executive Director	al.marino@nycig.org