

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. This capability 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 (sPRL) allows a physician, for example, to readily look up a patient's records no matter where they reside in the state. The sPRL 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.

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 **provides diagnostic results and reports to ordering clinicians** 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. Participants 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:

- **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.

Clinical Event Notifications/Alerts

Alerts allow physicians to **receive real-time updates about their patients.** For example, if a patient enters or is discharged from a hospital, the subscribing provider can receive an ADT (Admittance, Discharge, Transfer) alert. Similarly, a hospital can instantly be alerted if one of its discharged patients subsequently goes to another emergency room. In short, the system operates as an **automatic subscription service that transmits valuable patient information** to authorized providers. Through these notifications, doctors can help their patients stay out of the hospital through better outpatient care.

Currently, alerts are only available within a QE's region. 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.

Cross-QE Alerts (XQE Alerts)

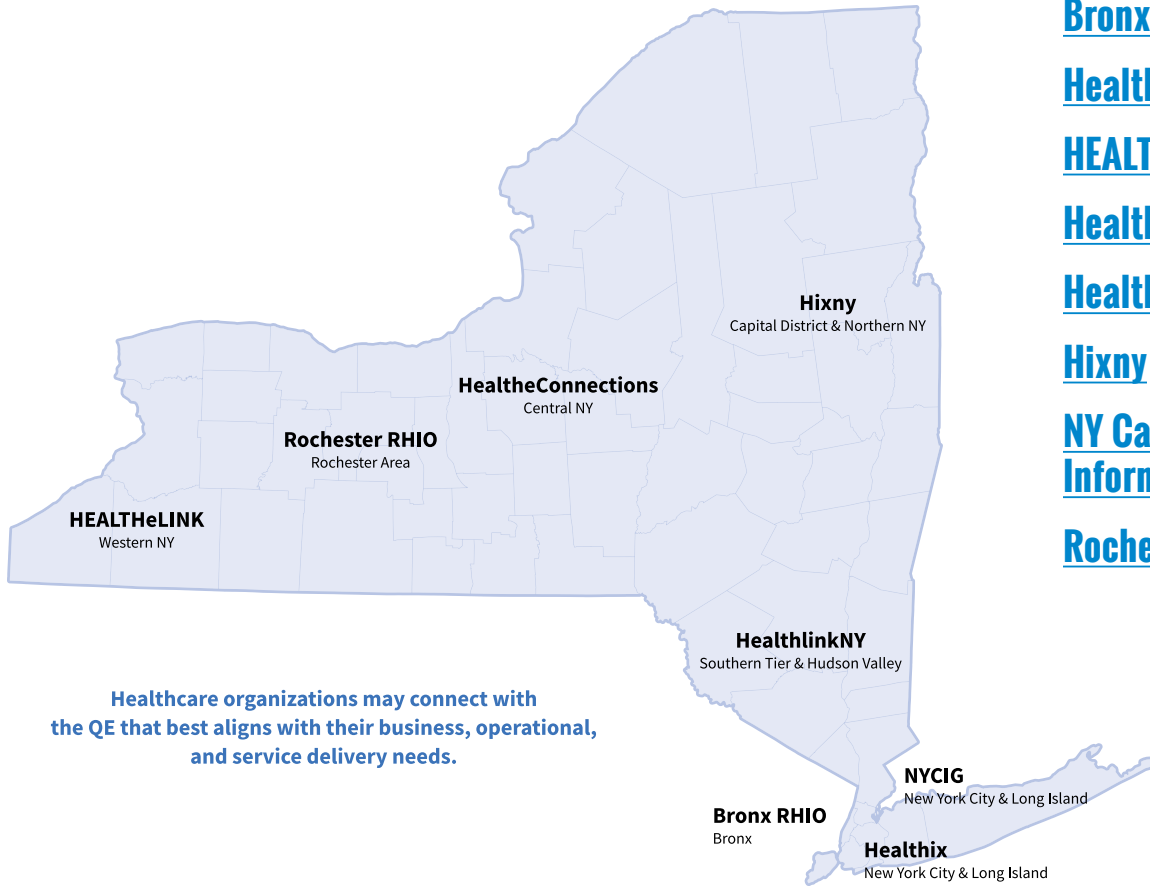
Cross-QE Alerts allow physicians to receive **real-time updates about their patients across participating providers and QEs in New York State.** The cross-region functionality will further **leverage interoperability to enhance coordinated care efforts** among physicians and act as an **additional resource to reduce readmission** of their patients.

The system has been designed to be **standardized and secure** across all QEs in New York State. The architecture ensures that alerts are **only used for medical and auditing purposes.** Currently, three QEs (Healthix, HIXNY, NYCIG) are actively engaged in development, and the pilot test is expected to launch before the end of 2016.

Cross-QE Alerts will leverage the Statewide Master Patient Index (sMPI), provided by NYeC as part of the sPRL, to determine whether a patient exists in another QE. The querying QE will be responsible for sending the ADT alert to each matching QE. When a match is found, the receiving QE will then process each alert and determine whether they are authorized to receive the information. This two-way connection divides responsibility of the data to both the sender and receiver.

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](#)

[HealthConnections](#)

[HEALTHeLINK](#)

[Healthix](#)

[HealthlinkNY](#)

[Hixny](#)

[NY Care Information Gateway](#)

[Rochester RHIO](#)

Multi-QE Initiative: GNYHA, QEs, and DSRIP PPSs Start Downstate Region Learning Collaborative

Healthix, Bronx RHIO, New York City Information Gateway, and HealthLinkNY are partnering with the Greater New York Hospital Association (GNYHA) and its member hospitals participating in New York State's Delivery System Reform Incentive Payment (DSRIP) program to support Qualified Entity (QE)-enabled exchange of patient care plans across provider and QE networks.

Since January 2016, the GNYHA Care Plan & QE Learning Collaborative has brought together clinical and health information technology leadership from DSRIP Performing Provider Systems (PPSs) to build on individual efforts and develop shared standards for care plan conventions, governance, and exchange models. Through these shared standards, the collaborative aims to minimize duplicative work around care plan exchange and create an environment for multidisciplinary care team members across organizations to effectively coordinate and manage the care of shared patients.

During the learning collaborative's first months, participants developed recommendations for core data elements, nomenclature, and structural conventions for care plans. They also identified key QE functionality and technical requirements to increase the electronic exchange of care plans through three exchange models—which will be incrementally phased in—that take into account the variation in health information technology capabilities across QEs and PPSs. This phased approach enables early, incremental progress, however modest, while informing the development of more sophisticated infrastructure and health information exchange strategies over time.

The QE and PPS partners' ultimate vision is to develop a dynamic care plan interface that resides at the QE and consolidates all active care plans for a patient within a single view that can be updated by the care team. The collaborative is working closely with Office of the National Coordinator (ONC) for Health Information Technology and its partners to ensure that the QE care plan interface's technical architecture aligns with national standards.

Five PPSs are participating in an initial pilot that focuses on the bidirectional exchange of static care plan documents across partner sites for use cases related to DSRIP goals. The pilot will run through October 2016. PPS goals in this initial phase are to define the current state of care plan exchange and identify operational workflows, governance guidelines, content, and display preferences that will increase provider adoption and inform technical requirements for a second phase. Phase 2 pilots, targeted for fall/winter 2016, will test bidirectional exchange of care plans using a C-CDA Care Plan document within the QE clinical viewer. This will improve exchange functionality by creating consolidated views of multiple care plan documents and allowing for the integration of care plan updates from multiple sources

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Rochester RHIO supports FLPPS in laying groundwork for supporting DSRIP

Transforming the healthcare system isn't easy work. It's all about innovation and collaboration, and you can't have one without the other. In a world where politics easily divide, two organizations, Finger Lakes Performing Provider System (FLPPS) and the Rochester RHIO, have come together to create critical interoperability solutions for one of New York State's ambitious healthcare initiatives: DSRIP.

"We collaborate very closely with FLPPS," said Jill Eisenstein, Executive Director of Rochester RHIO. "There is a synergy between the two organizations. RHIOs and PPS organizations share the goals of better patient care and more efficient healthcare delivery."

Under DSRIP Project 2ai, Rochester RHIO is directly working with FLPPS, and each of its partners, in the development of a number of unique IDS (Integrated Delivery System) Connectivity Plans. The Rochester RHIO's health information exchange (HIE) will be the foundation that supports IT interconnectivity amongst engaged FLPPS partners.

"New York State created an unprecedented opportunity, through DSRIP and capital dollars, to build an IT system where we can collect and share consented patient information across clinical and community-based providers to improve both individual and population health outcomes," said FLPPS Executive Director Carol Tegas.

Care network organizations that are not traditionally part of the medical model, but integral to patient care, will be able to participate in RHIO's HIE network. In addition to DIRECT, these non-traditional care-based settings will be able to access RHIO services such as Alerts, Explore, MyResults Delivered, Repository, and Data Contribution. This includes access to clinical data from ambulatory care settings, care plan summaries, and patient demographics.

In addition, partners will be able to electronically communicate with one another, on a point-to-point basis, through the RHIO's secure messaging system, DIRECT. Previously, technology was not in place to support data sharing between different types of organizations. The FLPPS IDS Connectivity Plan resolves this problem, and lays the groundwork for improved interoperability.

"Our partnership with the RHIO is integral to meeting our goals for the DSRIP projects and achieving improved clinical outcomes. We have enjoyed the working relationship we have with the RHIO and look forward to our continued partnership," said Tegas.

FLPPS has 11 projects supporting DSRIP, and the Rochester RHIO will continue to work with FLPPS to identify where RHIO services can support its various project goals.

SHIN-NY Case Studies



Bronx Regional Health Information Organization Subscription Alert Services

Patients often seek care from multiple providers and organizations. Unfortunately, communication and information sharing between providers is often inefficient and ineffective. Health information technologies can support better information sharing among health care organizations and address these challenges.

One of the services supported by the advancement in health information technologies is alerts. Alert services automatically notify a healthcare provider when a patient of theirs has been admitted to a participating hospital or emergency department. Alerts are real-time, electronic, automatic, and delivered to providers in accordance with state and federal privacy regulations. Alerts give healthcare organizations the opportunity to intervene in a timely fashion with care coordination activities and better management of follow-up visits.

In New York State, all QEs, also known as RHIOs, offer alert services to enhance the flow of information between settings of care. Alert services are part of the minimum core services provided by the SHIN-NY.

In a recent study conducted under the direction of Cornell-Weill Medical College, evidence from multiple years of Medicare data paired with the centralized analytic database of the Bronx RHIO, suggests that alert services help avoid hospital readmissions and reduce healthcare costs.

More than 14,000 hospital admissions among a cohort of Medicare beneficiaries living in the Bronx were followed from 2010 through the first half of 2014. All of these beneficiaries were enrolled in the Bronx RHIO's alert services at some point during this time period. When alerts were active, the 30-day readmission rates among this cohort of beneficiaries dropped significantly from 34.5% to 26%. The lower 30-day readmission rates associated with alert services represents a potential savings of \$2,179,000 in avoidable inpatient healthcare costs.

The difference in readmission rates for patients when alerts were active is all the more dramatic given that providers subscribed to alerts for individuals at much higher risk for readmission. Compared to the overall population of Medicare fee for service beneficiaries in the Bronx who were never enrolled in alert services, enrollees in alert services were older, more ethnically diverse, more often dual eligible, and had significantly more comorbidities.

Given the success and results of this study, we look forward to alerts further supporting PPSs in achieving their DSRIP goals and broader efforts to improve patient care and reduce hospital readmissions.

With the expected release of Cross-QE alerts in Q4 2016, providers associated with the Bronx RHIO will also be able to send and receive alerts across New York State, further leveraging interoperability to enhance coordinated care efforts for their patients.

SHIN-NY Case Studies



Clinical and Claims Integration Pilot: Use Cases with Four QEs

The greatest value of data integration is its real-world application toward improving the quality of care. In an integration pilot, four QEs are working to match clinical and claims data to create a more complete understanding of patient healthcare and provide meaningful, actionable feedback to providers. Each pilot QE is developing a specific use case describing how they will leverage clinical and claims data to drive increased quality and value in overall healthcare and meet the unique needs of their healthcare communities.

Downstate, QEs will analyze the combined dataset to identify treatment trends to better serve unique regional needs. The Bronx RHIO will focus on medication adherence or issues among patients with diabetes and hypertension with other co-morbidities. Healthix will investigate the frequency and type of services provided to the homeless in greater New York City.

Upstate, the demonstrations help ensure the provider has the most complete and accurate view of the patient for treatment. HealthConnections is making sure providers can look up a patient and find both clinical and claims records in that patient's history, allowing for more appropriate treatment of the patient, without repeating tests. Hixny sees a unique opportunity to evaluate data quality using Medicaid claims data and the real-time clinical data contributed by participants, as the claims files can further be used to validate information in the patient's clinical records.

Highlighting Value with Hixny

“We are focused on data quality because at the end of the day, providers, including DSRIP PPSs, are going to have to make care management decisions based on the quality of our data,” said Mark McKinney, CEO of Hixny. “If the quality of that data is insufficient for them to do their job, we want to know that so we can take whatever corrective actions are necessary.”

Hixny will also focus on using the claims integration project as a way to unite efforts as a Qualified Entity supporting DSRIP with work in supporting public health surveillance. For more than two years, Hixny has been working with the Department of Health on the Million Hearts Campaign, and is currently establishing real-time patient registries for patients with hypertension. Participation in the pilot will allow Hixny to take another look at those measures to see if the claims data confirms the number of people with undiagnosed hypertension or contradicts their assessment. It will also help identify additional hypertensive patients and improve the integrity of the hypertension registry Hixny is now building.

Contact Information

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

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