Letter from NYeC Executive Director, Valerie Grey

Welcome to the third issue of the *SHIN-NY Spotlight*, a quarterly update on the progress the State is making in developing New York's health information exchange (HIE), the Statewide Health Information Network for New York (SHIN-NY).

As the new Executive Director of NYeC, I've spent the last few months traveling the state and witnessing the amazing work being done in every community—some of which is highlighted here. It is clear that a robust and effective SHIN-NY will be a critical tool in our efforts to support the numerous value-based care initiatives underway, including DSRIP, that ultimately support the Triple Aim of better care for individuals, better health for populations, and lower healthcare costs.

Over the coming months, NYeC will be working closely with our stakeholders and the State to develop a strategic plan to define the next phase of the SHIN-NY. As you will see in this *Spotlight*, usage of the SHIN-NY continues to grow. This issue also outlines how health plans can utilize the SHIN-NY, an update on potential changes to the State's current patient consent policy, and two SHIN-NY case studies highlighting partnerships with QEs and PPSs.

A key element in helping to move our system-wide transformation forward will be communication—I welcome your feedback on how we can work together to improve care and encourage your thoughts and input on stories to feature in future issues of the *SHIN-NY Spotlight*.

Take care,

Valerie Grey

Valerie Grey
Executive Director
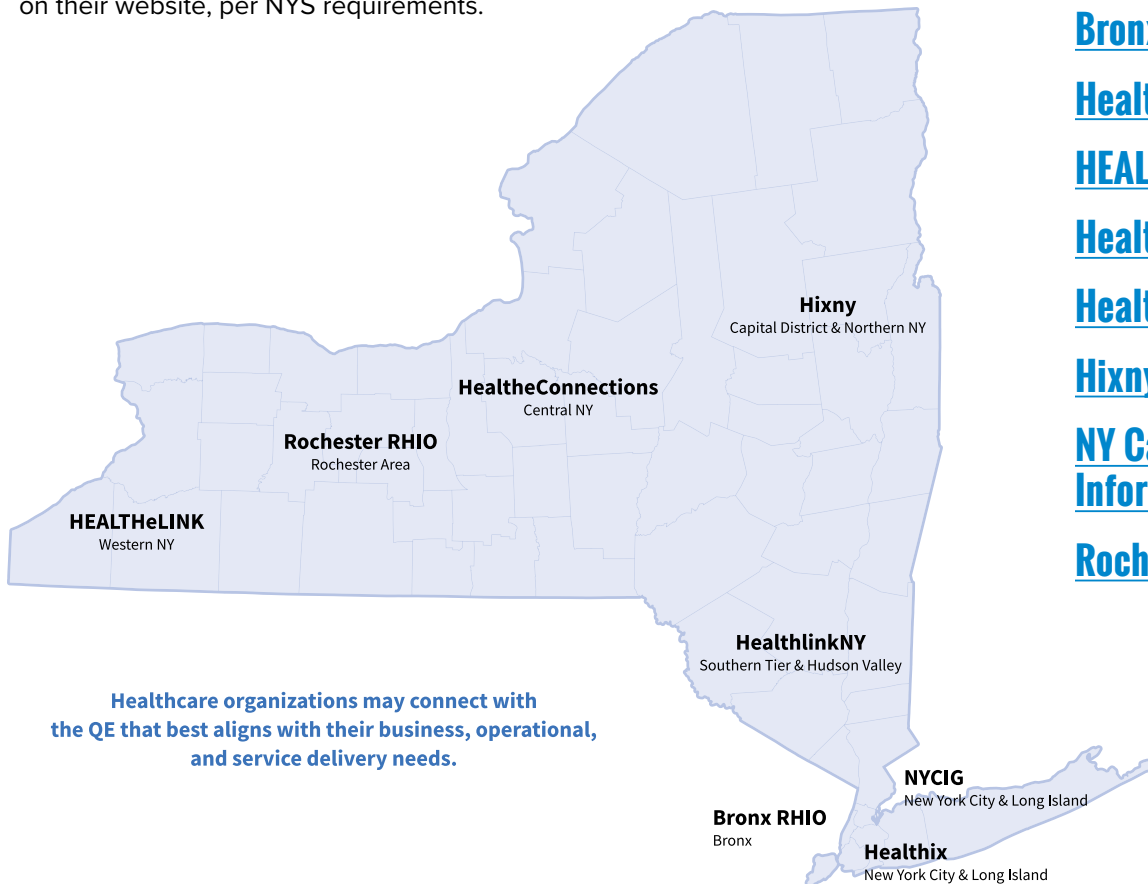New York eHealth Collaborative

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. 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 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.

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

HealtheConnections

HEALTHeLINK

Healthix

HealthlinkNY

Hixny

NY Care Information Gateway

Rochester RHIO

Hixny
Capital District & Northern NY

HealtheConnections
Central NY

Rochester RHIO
Rochester Area

HEALTHeLINK
Western NY

HealthlinkNY
Southern Tier & Hudson Valley

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

NYCIG
New York City & Long Island

Bronx RHIO
Bronx

Healthix
New York City & Long Island

Core Services Offered through the SHIN-NY

All QEs offer basic services free of charge to participating members. These include:

Patient Record Lookup

Patient Record Lookup functions like a highly secure search engine, **allowing participating 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. This service makes information available to providers accessing the SHIN-NY via third party software (EHRs) and QE-provided clinical viewers.

Secure Messaging

Direct Messaging gives clinicians the ability to **securely and seamlessly exchange authenticated, encrypted clinical data**. 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.

Clinical Event Notifications/Alerts

Alerts allow physicians to subscribe and **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.

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 further leverages enhanced coordinated care efforts among physicians and acts as an **additional resource to reduce readmission of their patients**. The architecture ensures that alerts are **only used for medical and auditing purposes**.

Statewide Usage of Core Services in 2016*

OVER 3.5 MILLION
alerts delivered to clinicians
(e.g. emergency room visit, inpatient discharge)

ALMOST 5 MILLION
patient record retrievals

OVER 20 MILLION
diagnostic and lab results delivered

*Through November 2016

SHIN-NY Services for Payers

Recently, the NYS DOH, NYeC, and all QEs have been working together to develop a strategy of how to engage with payers and provide access to the SHIN-NY. In February 2016, NYS DOH convened 80 stakeholders from the payer community including medical directors and senior-level representatives for a half-day summit to discuss the needs, opportunities, and considerations surrounding health plans' participation.

The outcomes of the meeting showed a strong interest from payers about accessing the SHIN-NY and understanding the core services that are offered. NYeC and the QEs have developed an **overview document** of the core services in addition to value-added services that could be offered by QEs.

Health Plan Core Services Offered through the SHIN-NY

All QEs in New York offer consistent services to participating health plan members of the SHIN-NY, including:

Statewide Query Access

Clinical Event Notifications/Alerts

Consent Management

Secure Messaging

Service Spotlight: Member Clinical Data Forwarding

A health plan accessing clinical information for Quality Improvement or Care Management/coordination activities may use Member Clinical Data Forwarding, also known as electronic based One-to-One Exchange, between the participant and the health plan based on agreements in place between the provider and health plan as well as the provider's instructions to the QE. This exchange must comply with New York State policies that allows an individual to request to restrict disclosure of Protected Health Information (PHI).

Member Clinical Data Forwarding allows for the disclosure of PHI via the SHIN-NY. QEs facilitate the authorized send of data from one participant to another participant and act as an agent between two parties to route information between one party to another. A typical example would be a QE providing a custom view of data (e.g. CCDs, Alerts) requested to the participant.

Other examples include referrals to a specialist, a discharge summary sent to the location where the patient is transferred, lab results sent to the practitioner who ordered them, or clinical information sent from a QE participant to the patient's health plan for Quality Improvement or Care Management/coordination activities.

SHIN-NY Consent Update

The SHIN-NY Policy Committee's work in the 2016 policy cycle has focused on patient consent. The current SHIN-NY consent framework was developed over 10 years ago. With the expansion of healthcare transformation efforts in NY State, including the launch of the DSRIP and a focus on overall care coordination by community based social service organizations, consent issues have been at the forefront of the major challenges to the successful achievement of these efforts.

Beginning in early 2016, the SHIN-NY Policy Committee embarked on a review and assessment of the current SHIN-NY consent framework to better understand the key factors of the the framework. NY State stakeholders who currently participate in the SHIN-NY were surveyed to gather information on their perceptions about consent and their input on how to improve the framework going forward. In addition, in-depth, follow-up interviews were conducted with a targeted group of survey respondents to obtain further clarification on issues raised in their responses. And a roundtable of attorneys with expertise in NY State law was convened to ascertain what opportunities for change or reinterpretation might exist, especially within the laws related to sharing of sensitive health information. A **SHIN-NY Consent White Paper** outlining three possible approaches to creation of a new consent framework was developed for consideration by NY State.

As next steps in the process, the SHIN-NY Policy Committee was charged with further exploring and analyzing the outlined options with the intent of making final recommendations to the NYeC Board of Directors and the NYS DOH. This phase has involved a series of focus group meetings targeted at key stakeholders that were not necessarily included in the first phase of the assessment. The focus groups, held throughout November, included (1) patient advocates/consumers, (2) out-of-state HIEs that have implemented an opt-out model of consent, (3) NY State policy makers within NYS initiatives such as OMH, OASAS, OHIP, OPWDD, and the AIDS Institute, and (4) SHIN-NY QEs. Results of the focus groups will help inform the development of recommendations on a SHIN-NY consent framework that will better meet the needs of current transformation efforts in the State. These recommendations will be presented at the January 2017 NYeC Board Meeting.

QE Features

Foresight and Collaboration Lead to a Connected North Country:

A summary of the Fort Drum Regional Health Planning Organization/ HealtheConnections Partnership

New York State performing provider systems have just crossed the midpoint threshold of the five-year Delivery System Reform Incentive Payment (DSRIP) program; but in the north country, Watertown-based Fort Drum Regional Health Planning Organization (FDRHPO) and Syracuse-based HealtheConnections are preparing to mark seven years of collaboration.

Initial work to interconnect the region's healthcare providers began in 2009, when FDRHPO completed an expansive fiber-network project to electronically link the region's hospitals, primary care practices, and other providers with each other and with other networks across the state. Upon receiving a state Department of Health "HEAL 10" grant the following year, FDRHPO partnered with HealtheConnections to accelerate implementation of the health information exchange (HIE) in the north country.

The two organizations successfully connected all of the region's hospitals and 95 percent of its primary care practices to the HIE by the end of 2012—two years before the launch of the DSRIP program. All but two of these primary care offices achieved Level III status under the Patient-Centered Medical Home model, making the Watertown/Fort Drum region home to the highest concentration of Level II and III Patient-Centered Medical Homes in the nation at that time.

This August, the organizations gained Department of Defense approval for a unique HIE partnership with Fort Drum's Medical Department Activity and the Department of Veterans Affairs to provide seamless healthcare services to 10th Mountain Division soldiers, veterans, their families, and others stationed at Fort Drum.

This integrated care system, which is one of three across the nation, will help to prevent duplicate medical procedures and testing, improve care, and save healthcare dollars. Corey M. Zeigler, FDRHPO's Regional CIO, cites the partnership with HealtheConnections as a fundamental way to facilitate the care of the veterans, soldiers, and their families in the community, a core mission of the organization. Partnerships like this are the future of healthcare and put Fort Drum in a leadership position moving forward.

As value-based healthcare progresses, HealtheConnections and FDRHPO will continue to develop their services to support DSRIP, ACO, MACRA, and other quality-based programs.

QE Features

Healthix

The Impact of Health Information Exchange (HIE) on DSRIP Data Sharing with the Staten Island Performing Provider System (SI PPS)

In Staten Island, a large percentage of the population receives the majority of their care close to home, and providers, care managers, and outreach coordinators have a good understanding of their community and the patients they serve. With a population of approximately 468,730, SI PPS serves nearly 130,000 patients, 50,000 of whom are uninsured. Approximately four out of ten Staten Island residents qualify for the borough's Delivery System Reform Incentive Payment (DSRIP) Program.

SI PPS, led by Executive Director Joseph Conte and guided by Salvatore Volpe, MD, Chief Medical Officer, has been able to build a strategy to meet DSRIP project requirements through engagement with their partners, 70 institutional members and hundreds of clinical practitioners, and Healthix, to innovate and implement efficient solutions for patient engagement, management, and care coordination.

These project goals include engaging consumers in their health at different stages and levels of need. Among their priorities are connecting patients to primary care, integrating behavioral health with primary care, developing community treatment programs for people with substance use issues, supporting patients at home after hospital discharge, working with home care agencies to provide appropriate care, and assisting nursing homes in managing changes in a patient's condition to avoid emergency room visit.

The SI PPS has established a robust health IT and HIE infrastructure, it relies on connectivity to Healthix and the SHIN-NY to provide data to its data warehouse and analytics engine. Healthix provides SI PPS with access to actionable information to improve tracking and reporting of DSRIP performance metrics. Healthix is also collaborating with SpectraMedix, SI PPS's data warehouse and analytics partner, to provide data on consented patients in order to provide a more complete picture of the patient and help improve overall outcomes.

Working within the existing consent laws, Healthix offers options to patients and providers through Community Consent and One-to-One Consent. These options are especially useful for DSRIP PPSs and health plans that find it difficult to collect consent because they often do not have face-to-face contact with their patients or members. It accelerates the ability of all participants to access their patient's data, receive clinical summaries (CCDs and C-CDAs) and Clinical Event Notifications for treatment, care management, and quality improvement purposes.

Finally, with sponsorship from the Greater New York Hospital Association, Healthix is supporting the adoption of a care plan with standard content and format that can be shared among all PPS care managers and community providers through their QEs. This clincal integration adds value to participants, as the technical design encompasses the recording and sharing of key clinical information for patients who are managed by the PPS. The care plan will be implemented in phases, using national technical standards and leveraging the capability of the SHIN-NY.

Contact Information

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

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