## Letter from NYeC Executive Director, Valerie Grey

Welcome to the fifth 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).

We're proud to present the **SHIN-NY 2020 Roadmap**! Over the past several months, NYeC has been working closely with our stakeholders, partners, the eight **Qualified Entities**, and the State to develop a multi-year Roadmap to define the continued evolution of the **Statewide Health Information Network for New York (SHIN-NY)**. Focused on increasing adoption, data contribution, and usage of important value-based care services, the Roadmap sets ambitious goals and employs a variety of tools for execution of the SHIN-NY, including new performance-based contracting, policy changes, and advocacy.

Success will take a myriad of dedicated stakeholders all working towards these goals using the following five strategies:

1. **Ensuring a strong health information exchange (HIE) foundation (the basics) across the State for providers, health plans, and public health**
2. **Aggressively supporting patient-centric, value-based care, and certain tools, supports, and services desired by stakeholders**
3. **Enabling interoperability and innovations using HIE as a foundation**
4. **Promoting efficiency and affordability of the SHIN-NY system**
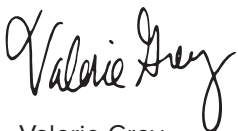5. **Advocating collectively for the SHIN-NY and its stakeholders**

The Roadmap establishes a solid base and will pave the way for additional private support. It will promote and maximize the SHIN-NY's potential to directly support, enable, and fuel:

- **Patient-centered, value-based care**
- **A learning health system**
- **Public health**
- **Patient engagement**

This Roadmap should be viewed as a high-level framework. As with most strategic plans in dynamic and changing industries, the Roadmap is a living document that will be revisited at least annually.

Working together, we will reach the SHIN-NY's maximum potential and dramatically transform healthcare into a system where health information exchange is universally used as a tool to make lives better!

Take care,

*Valerie Grey*

Valerie Grey
Executive Director
New York eHealth Collaborative

# What is the SHIN-NY?

The **Statewide Health Information Network for New York (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 health information exchanges (HIEs) of the QEs. Each QE enrolls provider participants, including those from hospitals, clinics, FQHCs, home care agencies, and ambulatory practices, among others, so that they can **exchange patient information regardless of where the patient receives care**. The network also helps to facilitate better care and transitions by alerting care teams when a patient is seen in a hospital or is leaving the hospital. This enables collaboration and coordination of care and helps to reduce readmissions, unnecessary tests, reduce costs, and improve patient outcomes.

# 2018 HITRUST Certification Timeline

In an effort to ensure a more secure health information exchange across New York State, the Department of Health will require NYeC, as the State Designated Entity, and the Qualified Entities (QEs) to obtain Health Information Trust Alliance (HITRUST) certification by the end of 2018.

HITRUST normalizes various security standards and regulations for healthcare organizations (e.g. HIPAA, NIST 800-53, NIST Cyber Security Framework, MARS-E, Meaningful Use, and more) into one Common Security Framework (CSF). Informed by the Centers for Medicaid and Medicare (CMS), the HITRUST CSF incorporates required security governance (organization, policies, etc.) and security control practices (people, process, technology), including specifics to establish the controls needed to manage the confidentiality, integrity, and availability of protected health information (PHI) with HIEs and connecting organizations.

Many health plans and hospital systems are requiring elevated security from their data sharing partners via HITRUST certification.

NYeC and the QEs will be required to certify against Version 9.1 of the HITRUST CSF as it has an enhanced focus on cybersecurity which will include components of the NYS Cybersecurity Law. NYSDOH has required specific factors, such as the MARS-E Regulatory Factor, to be included in each of the SHIN-NY entities assessment scopes which will support Medicaid data sharing activities in NYS.

## Update: Consent Policy Changes

The Statewide Health Information Network for New York (SHIN-NY) Policy Committee is pleased to announce several changes to the SHIN-NY Privacy and Security Policies and Procedures for QEs and their Participants (P&Ps). These changes, which to help facilitate the use of the SHIN-NY, have recently been approved by the New York State Department of Health (NYS DOH).

### Changes to consent policy include:

- **Patient Care Alerts** can flow more easily to help care teams improve healthcare. QEs will be allowed to send patient care alerts containing limited patient information without written patient consent if the recipient has a treatment or care management relationship to the patient. Restrictions on alerts from facilities subject to the mental hygiene law or 42 C.F.R. Part 2 still apply.

- Modernize SHIN-NY consent and allow use of **alternative consent forms so patients can more easily provide permission to access their clinical information as long as** the form contains at least four basic elements: (1) description of categories of information to be shared, (2) description of potential uses of information, (3) description of sources and potential recipients of information (general designation can be used), and (4) patient signature.

**Learn more about the SHIN-NY Policy Committee, review a summary of the changes, and link to the new Policies and Procedures.**

# 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 have received care 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

Secure Messaging gives clinicians the ability to **seamlessly exchange authenticated and 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.

## Provider & Public Health Clinical Viewers

A clinical viewer allows providers and/or public health officials to **search for records for an individual patient across all data sources based on demographics, MRN, or other patient identifying information**. The clinical viewer is web-based, which eliminates the need to integrate with EHRs.

## 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 discharged patients subsequently visit another emergency room. In short, the system operates as an **automatic subscription service that transmits valuable patient information** to authorized providers.

Alerts further **leverage enhanced coordinated care efforts** among physicians across New York State and act as an **additional resource to reduce readmissions statewide**.

## Consent Management

Consent management **tracks patient consent to access records** per New York State law and other requirements defined by the federal law and HIPAA requirements.

# Usage of Core Services Over the Past Year (August 2016-August 2017)

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

**5.2 MILLION**
patient record retrievals
(via EHR and Clinical Viewer)

**47.6 MILLION**
diagnostic and
lab results delivered

# SHIN-NY Services for Payers

All Qualified Entities (QEs) in New York offer a consistent set of services to participating health plan members of the Statewide Health Information Exchange for New York (SHIN-NY). Many of the QEs also offer different value-added services that may be of interest to health plans. Fees and availability of these services vary. For information on services the SHIN-NY offers to payer organizations, please see the **SHIN-NY Payer Services Document**.

# QE Features

**ROCHESTER RHIO**

## Lifespan Demonstrates the Power of Community Data through Rochester RHIO

Rochester area Lifespan, a non-profit helping older adults take on both the challenges and opportunities of longer life, is in the midst of a big data project that is breaking down the barriers between traditional medical care and community-based aging services. In partnership with Rochester RHIO and The New York Academy of Medicine, Lifespan is using an integrated approach and data available through the community HIE to demonstrate how it improves the overall health of the people it serves.

The project is called Community Care Connections (CCC). Supported by a $2.5 million grant from the New York State Department of Health, Lifespan launched the Community Care Connections project in January 2016.

"The goal is to prove, quite frankly, whether social services and healthcare coordination have an impact on reducing ED visits and hospitalizations," said Ann Marie Cook, President and CEO, Lifespan.

The Community Care Connections project looks at how a person's access to essentials like transportation, food, and shelter can positively impact a person's health outlook. Rochester RHIO securely receives the list of project participants from Lifespan, matches participants with their hospitalizations and ED visits over a period of time, de-identifies the data, and sends it directly to The New York Academy of Medicine for further analysis and research. To date, there are over 700 participants in the CCC program.

"This special data matching project that [Rochester] RHIO is assisting us with has been critical to demonstrating the effectiveness of our interventions," said Annie Wells, Director of Care Transitions, Lifespan. "Preliminary results are already showing a significant decrease in ED visits and hospitalizations."

According to Lifespan, after one hospitalization, stats showed a 77% reduction in additional hospitalizations for program participants who are enrolled for at least 90 days.* In addition, after one emergency room visit, stats showed a 51% reduction in additional ED visits.* So far, the program is demonstrating a significant costs savings.

"For every dollar we spend, it generates savings of nearly $3.95 to the healthcare system, which translates to savings of $3.2 million," said Cook.

*Notes: (i) Estimates are based on The New York Academy of Medicine's analysis of data provided from the Rochester RHIO (Regional Health Information Organization) and Lifespan. (ii) Data for 272 clients enrolled in CCC program between January and August 2016.

Disclosure: Ann Marie Cook is also a Rochester RHIO board member.

# QE Features

### Bronx RHIO Medicaid Claims Integration Pilot

Bronx RHIO was one of four Qualified Entities selected by the New York State Department of Health for a Medicaid Claims Integration Pilot to support Delivery System Reform Incentive Payment (DSRIP) projects.

The Bronx RHIO and the two Bronx-based performing provider systems (PPS) agreed that obtaining Medicaid claims data was critical to having as complete a data set about their patients as possible. The integration of the two data streams provides more complete data to providers for value-based payment programs (VBP) and demonstrates that the matching of patients could be reliably accurate.

The Bronx RHIO pilot aimed to determine which demographic fields were required for accurate patient matching between claims files and the Bronx RHIO Master Patient Index, identify how many attributed patients were already known to the RHIO, and show whether integration of pharmacy data could improve the RHIO's ability to provide users with information on patients' medication adherence patterns.

The analysis succeeded in identifying the degree to which various demographic fields influenced matching rates. Fifty-nine to 64% of patients in the claims data were known to Bronx RHIO and 48% more medication related data for specific asthma-related medications (those required for HEDIS measures) was available in claims data than in the clinical data alone.

Exact matching on four identifiers (Medicaid ID, DOB, Last Name, First Name) found that only 42% to 45% of the patients in the attribution roster were also in the RHIO data. The claims data included data from all providers, many of which were not providing data to the RHIO. Matches increased to 59% and 65% respectively when they were made manually, accounting for typing errors, etc., demonstrating that complex matching algorithms will be required to obtain the highest accuracy in matching
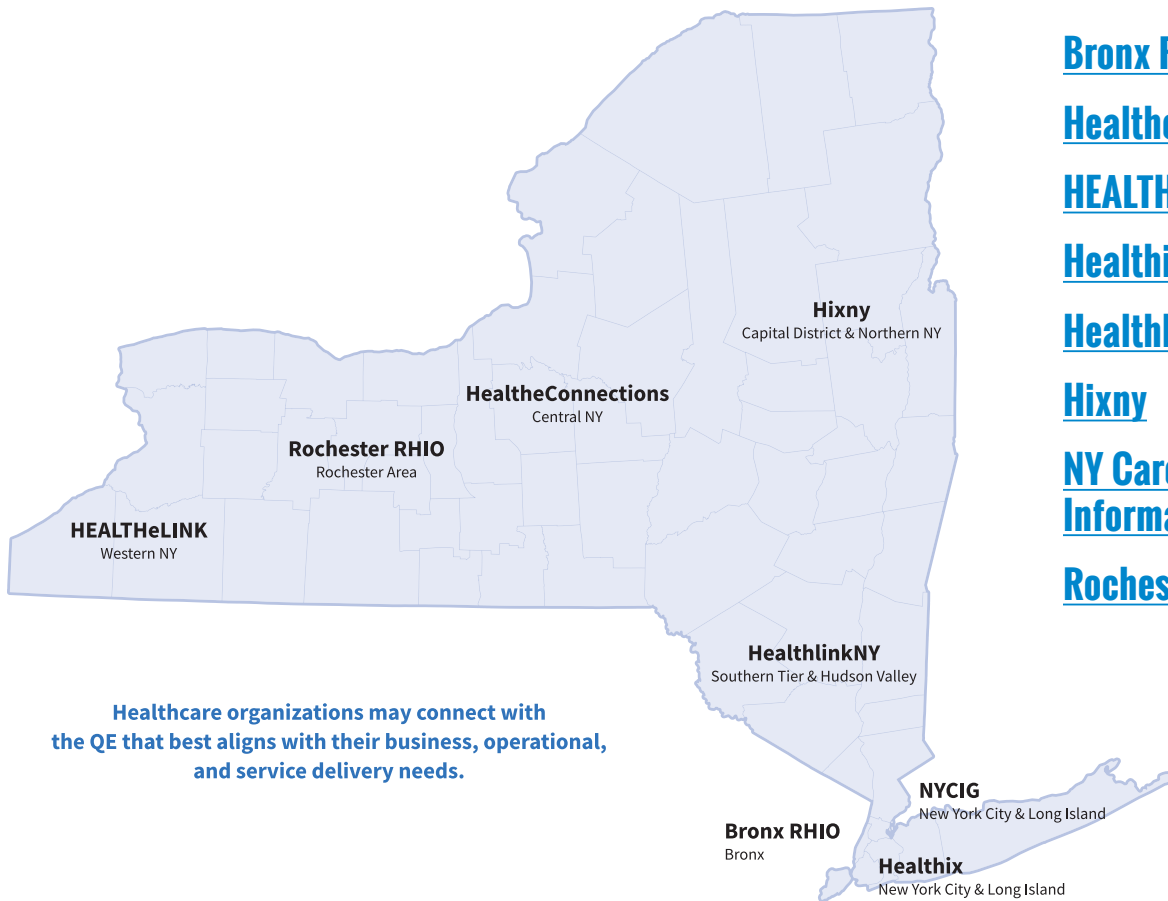
HEDIS measures reliant on medication adherence data have high dollar value for DSRIP VBP, as poor adherence often translates to higher acute care costs. Identifying patients whose clinical data indicated prescriptions or the clinical need for outpatient medications is only one part of the adherence equation. Knowing which patients or groups of patients did not have claims for medications, and therefore could not have been taking them, provides key data to providers about which patients' healthcare quality (and related VBP payments) can be improved through targeted medication adherence improvement strategies.

Providing claims data for attributed patients unknown to Bronx RHIO would significantly enhance the data available to the PPSs through Bronx RHIO, impacting the PPSs' claims-based performance scores.

The overwhelming conclusion of the pilot was that integration of the two data sets would provide significantly more data about patient utilization and clinical status than was available from either data set alone.

# Who is Connected to the SHIN-NY?

Each QE enrolls a diverse set of participants within their community, 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.

**Hixny**
Capital District & Northern NY

**HealtheConnections**
Central NY

**Rochester RHIO**
Rochester Area

**HEALTHeLINK**
Western NY

**HealthlinkNY**
Southern Tier & Hudson Valley

**NYCIG**
New York City & Long Island

**Bronx RHIO**
Bronx

**Healthix**
New York City & Long Island

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

# Contact Information

**If you are interested in learning more please contact one of the State's QEs:**

| | | |
|---|---|---|
| Bronx RHIO | Charles Scaglione, Executive Director | cscaglio@bronxrhio.org |
| HealtheConnections | Rob Hack, President and CEO | rhack@healtheconnections.org |
| HEALTHeLINK | Dan Porreca, Executive Director | dporreca@wnyhealthelink.com |
| Healthix | Tom Check, President and CEO | tcheck@healthix.org |
| HealthlinkNY | Christina Galanis, President and CEO | cgalanis@healthlinkny.com |
| Hixny | Mark McKinney, Chief Executive Officer | mmckinney@hixny.org |
| NY Care Information Gateway (NYCIG) | Nick VanDuyne, Executive Director | nick.vanduyne@nycig.org |
| Rochester RHIO | Jill Eisenstein, Executive Director | jeisenstein@grrhio.org |