Letter from NYeC Executive Director, Valerie Grey

Welcome to the sixth issue of the *SHIN-NY Spotlight*, our update on the progress the state is making in advancing New York's health information exchange (HIE), the **Statewide Health Information Network for New York**.

We have been busy working towards the goals outlined in the **SHIN-NY 2020 Roadmap**, collaborating with our stakeholders and partners to implement the strategies we identified to ensure that the SHIN-NY fulfills its vision of transforming healthcare and the health of our communities. The Roadmap sets ambitious goals and employs a variety of tools, including new performance-based contracting, policy changes, and collective advocacy to continue to move our state's HIE forward.

In February, we released a **preliminary report** with three of our Qualified Entity (QE) partners, looking at one of the SHIN-NY **core services**, real-time patient care alerts, and their role in expanding patient record queries (patient record lookup), another core service. Researchers found that subscription alert services increased by 95 percent from 2016 to 2017. At the same time, query-based exchanges prompted by alerts increased by 102 percent.

Speaking of alerts, we recently announced the **expansion of patient care alerts** across the state's eight QEs through the SHIN-NY. The statewide expansion of this service further enhances the SHIN-NY's patient care coordination capabilities and creates an integral resource in improving health and care delivery, including reducing hospital readmissions, throughout the state.

NYeC continues to advocate for steps we can collectively take to further advance and align state and national interoperability efforts. We have responded to a number of calls for public feedback, providing comments on the Draft Trusted Exchange Framework and Common Agreement and the proposed changes from CMS to address interoperability, patient data access, and health information exchange. I also continue to serve on a number of committees aimed at improving healthcare including the ONC's Federal Health Information Technology Advisory Committee (HITAC) and, recently, the Interoperability Standards Priorities Task Force (ISPTF).

We're excited to continue to expand our assistance programs to help providers optimize care delivery. These programs, including the **Data Exchange Incentive Program (DEIP)** to increase HIE adoption, **Medicaid Eligible Professional Program (EP2)** to achieve Promoting Interoperability (formerly Meaningful Use) objectives, and the new **New York State Patient-Centered Medical Home (NYS PCMH) Recognition Program**, are key to our efforts to increase connectivity and support the SHIN-NY's overarching goals. Updates about these programs can be found below.

We also recently published a **SHIN-NY 101** infographic explaining how the SHIN-NY facilitates secure and confidential sharing of patient data across the healthcare system to improve outcomes. Finally, we published a new white paper, ***The Case for Payer Participation in Health Information Exchange***, which details the value of health information exchange for payer organizations.

We're excited to continue working together to support value-based care, enable digital health advancement and innovation, and drive performance improvement consistent with our mission, ultimately helping providers and plans keep communities healthier. Thank you for your ongoing collaboration!

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)** connects eight regional networks, or **Qualified Entities (QEs)**, that allow participating healthcare professionals, with patient consent, to quickly access electronic health information and securely exchange data statewide.

The regional networks enroll participants within their community, including those from hospitals, clinics, FQHCs, home care agencies, payers, and ambulatory practices, among others, so they can access and exchange electronic health information with participants in their area.

The SHIN-NY enables collaboration and coordination of care to improve patient outcomes, reduce unnecessary and avoidable tests and procedures, and lower costs.

New Study Shows Patient Care Alerts Nearly Doubled in One Year

In February, we **released a report** that showed more healthcare professionals are receiving patient care alerts and increasingly performing related patient record queries through the SHIN-NY. Using data from **HEALTHeLINK**, **Healthix**, and **Rochester RHIO**, three of New York's eight QEs connected by and comprising the SHIN-NY, the preliminary report looked at patient care alerts trends and their role in expanding the usage of an additional SHIN-NY service, patient record queries.

Researchers found that subscription alert services, where participating SHIN-NY providers receive real-time notifications when a patient is admitted to or discharged from a hospital or emergency department, increased by 95 percent from 2016 to 2017. At the same time, query-based exchanges prompted by alerts, where providers request patient records for more comprehensive information at the time they are needed, increased by 102 percent.

The report, funded by NYeC and prepared by researchers at Indiana University Richard Fairbanks School of Public Health and Weill Cornell Medical College, compared data from the second quarters of 2016 and 2017. The report is a first-of-its-kind study surrounding the quantification of the relationship of alerts and query-based exchange and provides a baseline measurement to conduct additional research.

Patient Care Alerts Now Available Statewide

We **recently announced** the expansion of patient care alerts across the state's eight regional QEs through the SHIN-NY. The statewide expansion of this service further enhances the SHIN-NY's patient care coordination capabilities and creates an integral resource in improving health and care delivery, including reducing hospital readmissions, throughout the state.

Alerts allow participating SHIN-NY providers and care team members who have treating relationships to receive real-time updates about their patients. For example, a subscribing provider can receive an Admittance, Discharge, Transfer alert if their patient enters or is discharged from a hospital. This promotes timelier interventions and improved planning for a patient's discharge home or to another facility. Alerts are a core service offered free of charge to SHIN-NY participants.

Prior to the expansion of this service, healthcare professionals could only subscribe to and receive alerts from other participating healthcare professionals within their QE's region. Now, alerts will be more comprehensive, as the status of patients across regions will be available regardless of where in the state a patient receives care.

Sharing Sensitive Health Information via the SHIN-NY: Understanding the Landscape

The **SHIN-NY Policy Committee** and the New York State Department of Health have released a document designed to provide an overview of the legal framework that governs how sensitive health information in New York State is shared via the SHIN-NY. The document outlines the key sensitive health information categories, including Substance Use Disorder (SUD) information (42 C.F.R. Part 2), mental health and developmental disabilities, HIV information, abortions and, minor consent information. The document includes information about the federal and state laws that govern how information may be shared, and the SHIN-NY consent policies that allow access to the information for treatment and care management purposes. **The document is can be accessed here**.

NYeC Replies to Calls for Public Comments

As a part of the 21st Century Cures Act (Cures Act), Congress identified the importance of interoperability and set out a path for the interoperable exchange of electronic health information. Specifically, Congress directed the Office of the National Coordinator for Health Information Technology (ONC) to "develop or support a trusted exchange framework, including a common agreement among health information networks nationally."

The **Draft Trusted Exchange Framework and Common Agreement (TEFCA)** released on January 5, 2018, outlines a common set of principles and minimum terms and conditions for trusted exchange. The proposed framework is intended to bridge the gap between providers' and patients' information systems and enable interoperability across disparate health information networks. ONC also released the US Core Data for Interoperability (USCDI) to identify a roadmap for broadening the data that can be exchanged via the TEFCA. The draft USCDI and its proposed expansion process aims to achieve the goals set forth in the Cures Act by specifying a common set of data classes that are required for interoperable exchange and identifying a predictable, transparent, and collaborative process for achieving those goals.

NYeC collected stakeholder feedback to inform a comprehensive and coordinated comment in response to the proposed framework. **The comment letter we submitted to the ONC can be found here**.

Also under the 21st Century Cures Act, Congress mandated that the Department of Health and Human Services convene relevant stakeholders to determine the effect of 42 C.F.R. Part 2 on patient care, health outcomes, and patient privacy. In accordance with this requirement, the Substance Abuse and Mental Health Administration (SAMHSA) held a listening session with the public on January 31, 2018 and solicited comments on reforms to Part 2, the federal substance use disorder (SUD) confidentiality regulation. As part of our advocacy efforts, we submitted a recommendation regarding the regulation. **Our comment letter can be found here**.

In late April, the Centers for Medicare & Medicaid Services (CMS) **released proposed changes and a request for stakeholder feedback to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs**. The proposed changes reflect CMS's focus on interoperability, patient data access, and system-wide health information exchange. NYeC submitted comments in response to the proposed rule. While we're in general support of the proposed changes, and we appreciate CMS's focus on reducing provider burden and accelerating interoperability, our comments provide ways to ensure the new approach still prioritizes participation in health information exchange and highlight how to expand and reinforce existing efforts.

NYeC believes there are additional steps that we can collectively undertake to further advance and align state and national efforts on interoperability. **Review our full comment letter here**.

Additionally, NYeC was one of 50 organizations who submitted comments on CMS's proposed rule enforcing data sharing as a condition of program participation. This group, which submitted collectively, supports the CMS data-sharing mandate and also urged CMS to use other policy levers to drive interoperability. **That letter can be found here**.

NYeC will continue to be active participants in the national interoperability dialogue and will work with other states and regional HIEs on industry advocacy.

Introducing the New York State Patient-Centered Medical Home (NYS PCMH) Recognition Program

The National Committee for Quality Assurance (NCQA), the accrediting organization of the nation's leading patient-centered medical home (PCMH) program, worked with the New York State Department of Health to develop a customized PCMH Recognition Program that supports the state's initiative to improve primary care through the medical home model and promote the Triple Aim: better health, lower costs, and better patient experience.

The PCMH model emphasizes care coordination, population health, evidence-based guidelines, and effective use of health information technology to meet patient needs. NYS PCMH Recognition Program helps practices put in place the structure, systems, and processes to be effective in this model.

Focused on primary care practices who are struggling to navigate the changing landscape, **NYeC's NYS PCMH services** help practices deliver high-quality, coordinated care, earn payment incentives, prepare to thrive under value based payment arrangements, and achieve New York State Patient Centered Medical Home recognition. NYeC supports practices in Western New York, Westchester, Rockland, New York City, and Long Island.

Contact our NYS PCMH team to learn more.

SHIN-NY Connections Initiative

The New York State Department of Health (NYS DOH), with support from the Centers for Medicare & Medicaid Services (CMS), has established the **SHIN-NY Connections Initiative (SCI)** to increase health information exchange (HIE) adoption across the state by building electronic health record (EHR) interfaces to New York State's HIE, the Statewide Health Information Network for New York (SHIN-NY). The SHIN-NY connects eight regional networks, or Qualified Entities (QEs). This program is designed to help offset the cost for primary care practices connecting to a QE.

The completion of an eligible EHR interface to a QE will satisfy the requirements of New York State Patient-Centered Medical Home (NYS PCMH) standard CC 21. Participation in SCI is open to all **NYS PCMH Recognition Program** enrolled practices.

LEARN MORE

Core Services Offered through the SHIN-NY

All QEs offer free, basic services to participating members.

Patient Record Lookup

Patient Record Lookup functions like a highly secure search engine, **allowing participants to retrieve individual patient records from across the state after receiving consent from the patient**. Participants can easily look up patient records, no matter where patients have received care in the state.

Alerts

Alerts allow participants to **receive real-time updates about their patients**. For example, if a patient enters or is discharged from a hospital, a subscribing provider can receive an Admittance, Discharge, Transfer alert. Similarly, a hospital can instantly be alerted if discharged patients subsequently visit another emergency room.

In short, this **automatic subscription service keeps providers informed of the status of their patients, further enhancing care coordination efforts** and creating an integral resource in reducing readmissions statewide.

Secure Messaging

Secure Messaging gives participants the ability to **seamlessly exchange authenticated and encrypted clinical data**. It's similar to highly secure email between providers.

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 participants or authorized public health officials to **search for patient records** across all data sources on identifying information (demographics, medical identification number, etc.) The Clinical Viewer is web-based, eliminating the need to integrate with EHRs.

Consent Management

Consent Management **tracks and verifies that a patient has provided consent** to share their records per New York State and federal law and other requirements defined by HIPAA.

Usage of Core Services Over the Past Year (June 2017 - June 2018)

32.9 MILLION

alerts delivered to clinicians

(e.g. emergency room visit, inpatient discharge)

10.4 MILLION

patient record retrievals

(via EHR and Clinical Viewer)

QEs may provide additional services above and beyond the Core Services and may charge for these "value-added services". EHR vendors may also charge a connection fee. Providers are encouraged to talk to their local QE for more information.

SHIN-NY Services for Payers

All Qualified Entities (QEs) in New York offer a consistent set of free services to participating health plan members of the 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**.

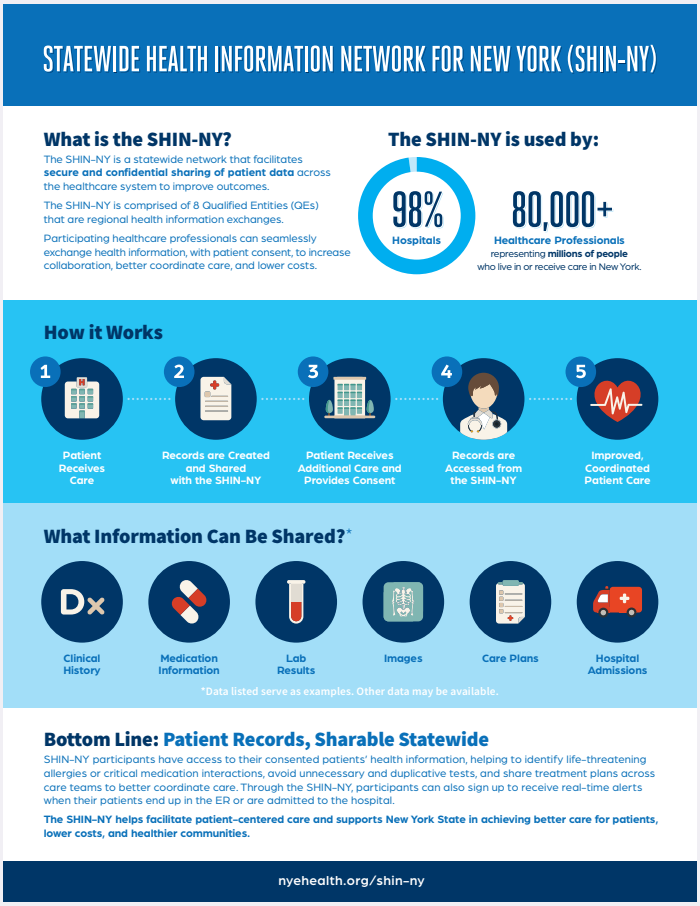
The Case for Payer Participation in Health Information Exchange

HIE is an important tool in improving the quality of patient care and outcomes, increasing accuracy and speed of diagnosis, eliminating unnecessary or duplicative tests and procedures, and reducing healthcare expenditures. Payers who participate in HIEs can experience greater oversight and can be better equipped to manage and coordinate patient care.

Our new white paper, ***The Case for Payer Participation in Health Information Exchange***, details the value of health information exchange for payer organizations.

SHIN-NY 101: An Infographic

The SHIN-NY helps facilitate patient-centered care and supports New York State in achieving better care for patients, lower costs, and healthier communities.



QE Features

HealtheConnections Expands Clinical-Community Referrals

In 2016, HealtheConnections set out to improve the referral process by leveraging the power of the HIE and its large pool of participants and created a mechanism for healthcare providers to make perinatal referrals to the Healthy Families Program for Onondaga County residents. Now, the organization is about to launch its expanded referral platform that provides healthcare professionals with the tools they need to refer patients to evidence-based community programs.

With funding from the New York State Department of Health under the Local IMPACT grant, HealtheConnections was able to expand supporting HIE architecture and begin referrals to the National Diabetes Prevention Program (NDPP) in seven counties in central New York. The success of these initiatives has led to the current expansion of the platform, increasing the number of counties covered by the service and adding three new evidence-based programs: Chronic Disease Self-Management, Diabetes Self-Management, and Blood Pressure Self-Monitoring.

Health information exchange eases the referrals and opens a bi-directional channel for feedback. Using HealtheConnections' extensive and diverse participant base and infrastructure, it allows healthcare providers to select the community-based program best suited for the patient, complete an online referral form, and submit the form directly to the receiving organization via Direct Mail. The recipient organization can then begin working with the patient to obtain consent and use HealtheConnections' Patient Record Lookup to view other medical information that may be vital to the patient's improvement plan. The entire referral process is HIPAA-compliant and supports bi-directional communication between the provider and the community-based organization, thereby helping providers meet their value-based care delivery targets.

The platform has already generated positive attention from central New York communities as well as other communities across the state and nationally. HealtheConnections was chosen to be a presenter at the National Diabetes Prevention Program conference hosted by the CDC in June to discuss the mechanics of the platform and benefits to the HIE community.

The vision and goals for the platform directly support the mission of improved care for all patients. HealtheConnections is motivated to continue growth in this area, expanding on current services, and seeking out innovative approaches to improve health in their region and beyond.

Healthix

Healthix Exceeds Goals of Successful Hub Model Program

Healthix's EHR Hub Model Initiative, which aimed to increase adoption in their region, surpassed the goals established for the program. Hub model integrations allow Healthix to connect with an EHR vendor through a single connection, eliminating the need to build individual interfaces with each practice. This enables faster, streamlined integrations, easy updates, and lower implementation costs. Healthix partnered with a number of widely used EHR vendors to provide incentives for the vendor's practices to connect to Healthix.

Recognizing the benefits of health information exchange and real-time alerts on patient care, EHR vendors-partners, representing both medical and behavioral health practices across New York City and Long Island, took an active role in Healthix's outreach and recruitment strategy. They co-hosted educational webinars for their clients which advanced the goals of the SHIN-NY and promoted the benefits of coordinated care for their patients. Additionally, Healthix worked with hub vendors to reach hundreds of practices through mailings, dashboard messaging, newsletters, and press releases—all designed to promote participation in the SHIN-NY and take advantage of incentives both from NYS DOH and discounts offered by the vendor. Incentives from the Data Exchange Incentive Program (DEIP) helped to attract many practices that could not achieve interoperability without some financial support.

The goal for the initiative was to recruit 60 existing HUB sites, and complete implementations for 105 sites. Healthix recruited 73 new sites (+22% of goal), and completed implementations for 111 sites (+6% of goal).

Additionally, new HUB recruitment surpassed the target of 25 practices; Healthix recruited 336 sites (+44% of goal). Healthix's compliance, project management, and implementation teams worked together to bring these practices live within the targeted timeframe. As an added value, the expansion benefits all Healthix participants. By connecting more physician practices that will contribute valuable patient data to the SHIN-NY, providers can deliver better care and patients will receive timely, targeted interventions.

HEALTHeLINK is Helping to Improve Data Quality

HEALTHeLINK has a long history of collaboration with its local healthcare community and is continually working to optimize the content and performance of its HIE to support population health and other quality improvement initiatives in Western New York.

For providers to offer the safest, most cost-effective, highest quality care, they must have their patients' most accurate clinical information readily available. With more providers and organizations connected to HEALTHeLINK, patient data from participating hospitals' and providers' EMRs were being sent to the HIE in different ways. The quality of patient information that is accessed via HEALTHeLINK and used for quality measures reporting is dependent upon the quality and completeness of the information received from its data sources.

In an effort to close data gaps and increase quality of both clinical and nonclinical information, HEALTHeLINK has introduced a new "scorecard" tool focused on working collaboratively with participants to improve the quality of data captured at the point of care. Each scorecard is tailored to the specific hospital or physician office and contains information about types, completeness, and quality of the data being provided. And this feedback can then be used to modify workflow and technical integration to close the gaps.

HEALTHeLINK introduced the scorecards to participating hospitals in 2017 providing a snapshot of what types of clinical records and other documents the data source is currently uploading to the HIE, the data gaps that exist, along with a peer comparison and overall score. The peer comparison includes all other hospitals that are current data sources to HEALTHeLINK. Hospitals also received a scorecard on the quality of ADT (admission, discharge and transfer) data by evaluating and scoring the data elements in the ADT that are critical to the alert notification function. This scorecard includes the type, number and percentage of errors (missing data) in each category along with an overall score and peer comparison among other participating hospitals. The scorecards were well received by the hospitals and, in certain instances, resulted in the quick remediation of data gaps or quality concerns.

HEALTHeLINK is introducing scorecards grading the inbound C-CDAs using the Common Clinical Data Set as the basis for scoring to hospitals and participating practices in 2018.

QE Features

New Substance Abuse Clinic and Rochester RHIO Help Save Lives

A new program that provides immediate evaluations and treatment for people with substance abuse disorders in the Rochester, NY area has saved lives with the benefit of secure access to patient medical records. A patient at Open Access, a clinic that opened in November 2017 to serve Monroe County and the surrounding areas, received critical treatment when authorized personnel accessed the patient's medical history through Rochester RHIO, a community health information exchange and one of the eight Qualified Entities that comprise the SHIN-NY.

In a direct response to the growing opioid epidemic, Open Access is a first-of-its kind clinic that provides 24/7 walk-in and same-day evaluations and immediate referral to the appropriate level of treatment for people with chemical dependency and substance use disorders. One of the first patients to receive care at Open Access was evaluated and determined to need in-patient detoxification. An available detox bed was located, but required a recent EKG and blood tests prior to admission. The patient's insurance had lapsed and immediate testing wasn't an option.

The Open Access staff realized the patient had a complex medical history. With the patient's consent, the staff logged into Rochester RHIO's clinical query portal and was able to view the patient's most recent test results. This information made it possible for the patient to meet the detox program requirements and gain access to the care that was critically needed.

"Our mantra is 'Treatment delayed is treatment denied,'" said Carl Hatch-Feir, President of the RecoveryNet Collaborative that runs Open Access. He is also President and CEO of Delphi Drug and Alcohol Council. "Because of the RHIO, we were able to affect immediate hospitalization for someone where, in the past, it would've taken three to five days to get admission approved. For someone experiencing opioid addiction, three to five days can make the difference between life and death."

Through Rochester RHIO, medical records follow a patient where ever he or she goes, resulting in better care, fewer repeated tests, a reduced risk of mistakes and more informed—and in this case lifesaving—care during office visits and emergencies. Rochester RHIO is currently planning for the exchange of Part 2 data within Rochester and the rest of NYS which will comply with federal SUD data sharing requirements.

healthlinkny
Your link to Statewide Health Information

For this Mental Health and Substance Abuse Counselor, HealthlinkNY is Key

As an outpatient provider, Tom Rue of Choices Mental Health Counseling of Monticello, NY values HealthlinkNY's ability to provide him with "...immediate access to information..." and the chance it gives him to provide more quality care. In fact, when first meeting with a patient, the first thing he does is ask them to sign a HealthlinkNY consent form, allowing him to view their medical record.

Tom is a board certified and licensed mental health practitioner and credentialed alcoholism and substance abuse counselor with over 25 years of experience in private practice in Sullivan County.

For Tom, it's all about coordination of care. Since he may not always be able to properly evaluate a patient's condition, he says he "...considers coordination of care with other care providers even more important than if I were working in a large agency setting," which he's able to do through HealthlinkNY Alerts and their Web Portal.

As an advocate for improving holistic and comprehensive care for his patients, Tom says he has found that HealthlinkNY Alerts help him do that. "Real-time records available through the HealthlinkNY Web Portal improve the quality of care that I am able to provide," explains Tom.

He added, "The alerting service is a wonderful feature with great clinical utility." Alerts provide him with next-day updates on any changes to his patient' medical records, which, compared to the alternative of skimming through charts via the Web Portal every day looking for changes, saves him valuable time.

Recently, Tom had a patient who was addicted to heroin, later relapsed, and found themselves in the emergency department from withdrawals. Through HealthlinkNY Alerts, Tom learned about this relapse and was able to increase treatment sessions with the patient. Another time, he was treating a patient who had not disclosed a past suicidal gesture, which landed them in the emergency department. Through the HIE, Tom was able to view this encounter, which he said: "...was clinically significant in assessing mental health condition."

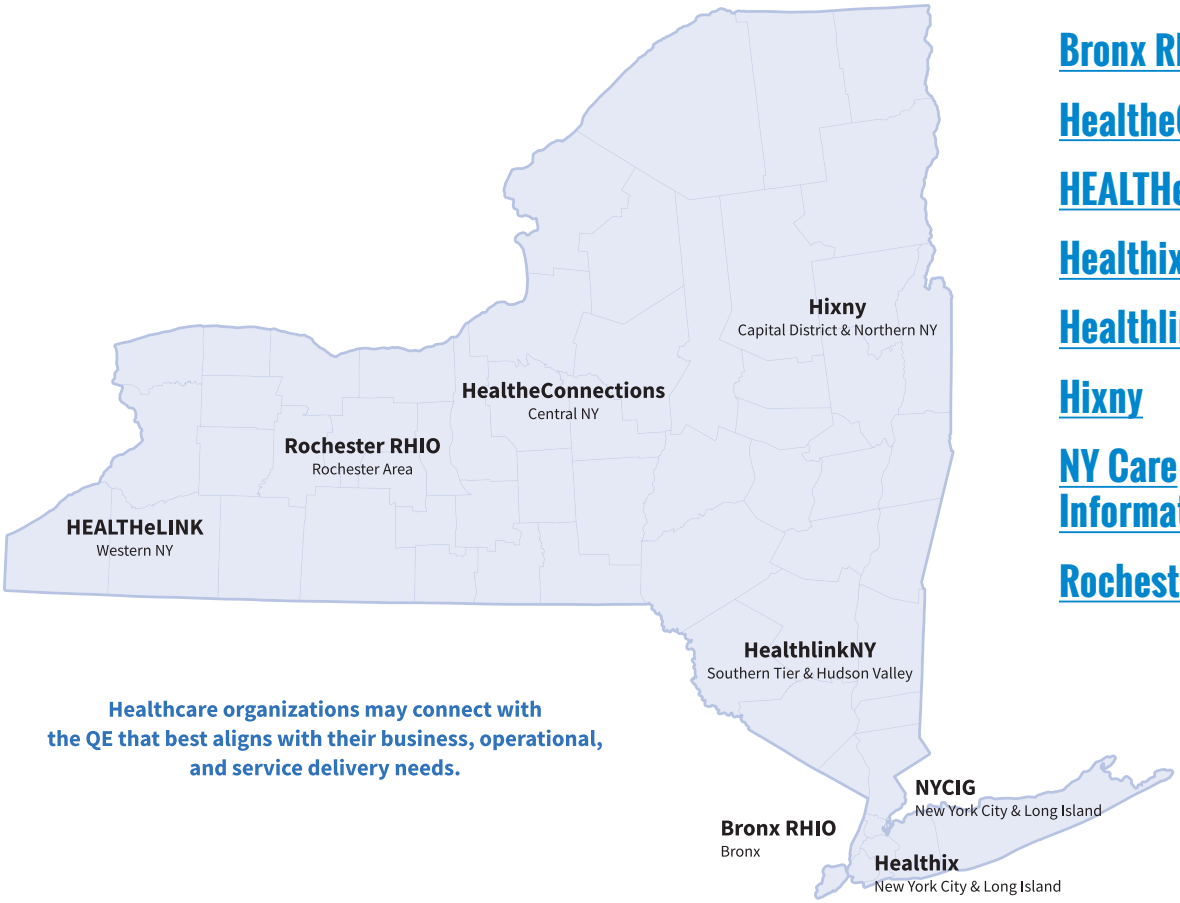
Another huge benefit he sees from using the HealthlinkNY HIE is the speed at which he is able to get a patient's record. Before being able to log onto HealthlinkNY's Web Portal, Tom would fax consent sheets and wait for responses either by fax, CD, or paper, remarking that the old method was "...time consuming for me and wasteful of resources at both ends."

Tom also uses HealthlinkNY's Web Portal to gather demographic information when he is missing certain details like a DOB or insurance data.

In the field of mental health and substance abuse, as in the world of general medicine, HealthlinkNY can help foster care coordination and fill in the medical blanks allowing providers to offer a higher level of care to their patients.

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.



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

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

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	Staci Romeo, Executive Director	sromeo@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