

Message from NYeC Executive Director, Valerie Grey



It's hard to believe that the end of 2019 is here, and what a year it has been! Since our last *SHIN-NY Spotlight*, we've been quite busy with our Qualified Entity (QE) partners and stakeholders to advance health information exchange (HIE) across New York State through the Statewide Health Information Network for New York (SHIN-NY).

Last month, we announced exciting news that use of the SHIN-NY is reducing unnecessary healthcare spending in New York State by \$160-\$195 million annually — including significant savings to Medicaid and Medicare. These estimates come from recent analysis by NYeC based on the current size and use of the network.

The analysis of the SHIN-NY demonstrates the impact we are making, but it also underlines the potential value we have yet to uncover – and that's why we must further advancement of the goals outlined in the [SHIN-NY 2020 Roadmap](#) to maximize the system's full capabilities and savings.

As we mentioned in our previous *SHIN-NY Spotlight*, proposed federal policy changes related to interoperability and information blocking and the Trusted Exchange Framework and Common Agreement (TEFCA) were released by both the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC). In June, NYeC submitted comments to CMS and the ONC on 21st Century Cures Act Implementation and TEFCA.

Additionally, we submitted comments on the Draft 1115 Waiver Amendment. These comments came in response to the New York State Department of Health (NYS DOH) proposed DSRIP waiver extension announced in September.

These proposals present opportunities for the SHIN-NY and its participants throughout the state. We carefully reviewed these proposals and worked closely with our stakeholders to gather feedback to inform comprehensive and coordinated comments as part of our advocacy efforts. Highlights of our comments to the above Federal and State proposals can be found in this issue of the *Spotlight*.

Finally, in this edition, we highlight news and updates from several of our QE partners, who have worked diligently to engage new healthcare professionals, enhance the SHIN-NY's data, and increase patient consent.

As we head into 2020, we set our sights on the future and the great progress we can all make with further collaboration and communication.

Wishing a Happy Holiday Season and New Year to all!

Take care,

A handwritten signature in black ink that reads "Valerie Grey".

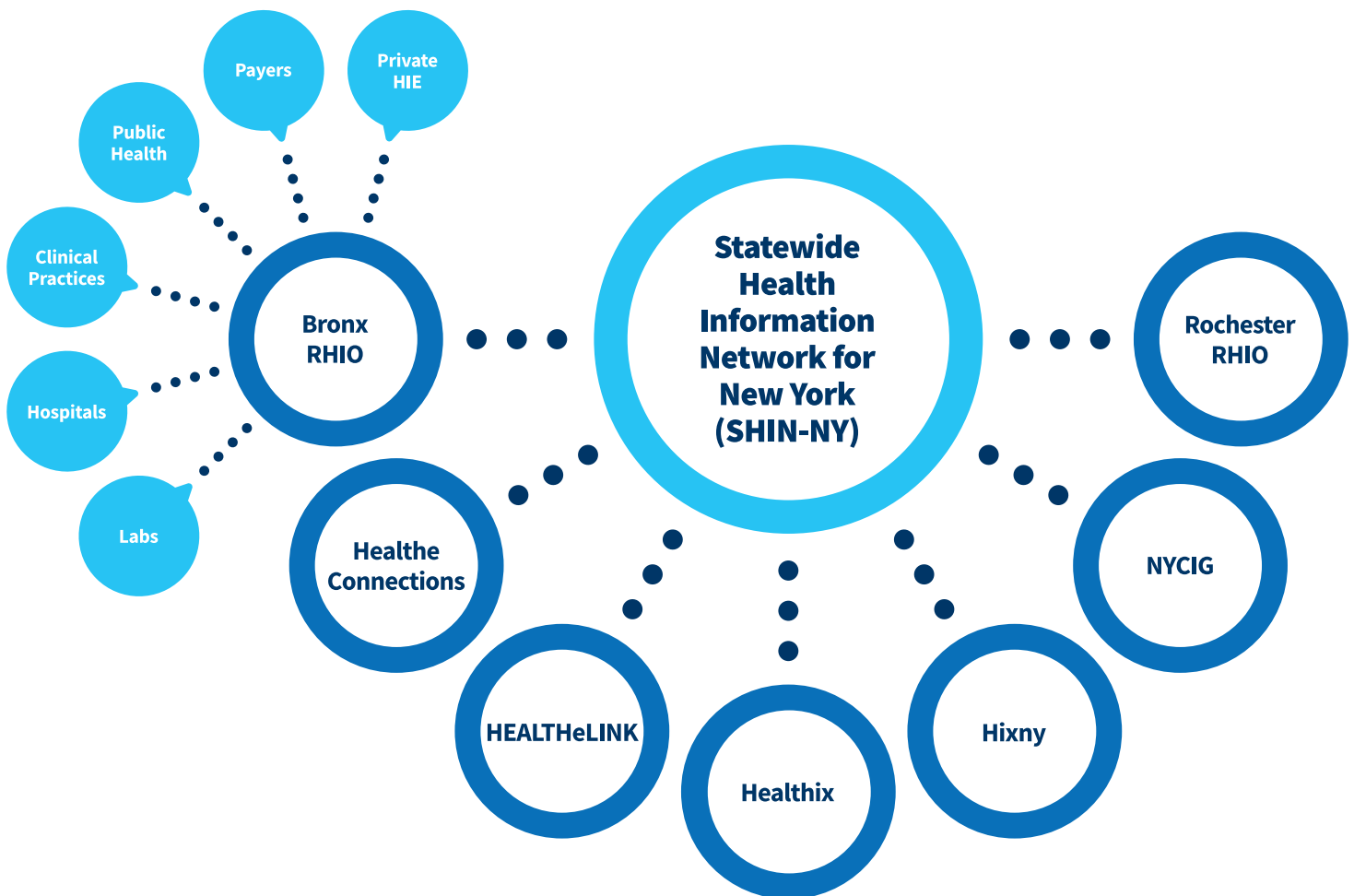
Valerie Grey
Executive Director
New York eHealth Collaborative

What is the SHIN-NY?

The [Statewide Health Information Network for New York \(SHIN-NY\)](#) connects 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, Federally Qualified Health Centers, home care agencies, payers, and ambulatory practices, among others, so they can access and exchange electronic health information with participants in their region.

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



Statewide Network for Clinical Data Sharing Reduces Healthcare Costs by an Estimated \$160-\$195 Million Annually

New analysis estimates potential savings of \$1 billion once the Statewide Health Information Network for New York is fully leveraged

In November, the New York Health Collaborative (NYeC) announced that use of the Statewide Health Information Network for New York (SHIN-NY) is reducing unnecessary healthcare spending in New York State by \$160-\$195 million annually—including significant savings to Medicaid and Medicare.

If even just current participants used the system's full capabilities, nearly \$1 billion could be saved each year in costs associated with duplicate testing, avoidable hospitalizations and readmissions, and preventable emergency department visits.

These estimates come from recent analysis by NYeC based on current size and use of the network, using methodology developed by the Department of Health and Human Services' (HHS) Office of the National Coordinator (ONC) for purposes of measuring cost savings associated with recent related federal proposals.

“Numerous studies have already shown the improvement in healthcare and reduction in unnecessary healthcare spending that can result from the wide and meaningful use of health information exchange,” said Valerie Grey, Executive Director of NYeC. “This statewide estimate for New York gives us a sense of the magnitude of the current impact and what tomorrow could bring as the SHIN-NY continues to grow and evolve.”

The SHIN-NY is a statewide network that facilitates secure and confidential electronic sharing of patient data across the healthcare system to improve outcomes. It is comprised of and connects regional networks, or Qualified Entities, that allow participating healthcare professionals, with patient consent, to quickly access and share comprehensive patient health information and medical records. Statewide, 100 percent of hospitals and over 100,000 healthcare professionals are connected to the SHIN-NY, which facilitates the exchange of health information (HIE) for patients across the state regardless of health system or network within which providers are based. As the network continues to expand, efforts to further support value-based care and expand the number of long-term care, behavioral health, and community-based organizations connections are underway.

“HIE is a fundamental tool that I, as a provider, have directly observed positively impact patient care and outcomes,” said Mitchell A. Adler, MD, Chief Medical Informatics Officer at Northwell Health Physician Partners and Chair of NYeC's Provider Advisory Group. “Real-time access to patient information when I need it is vital to my clinical decision-making and presents clear value to the healthcare system.”

Recognizing the potential value to all New Yorkers, New York State has been a leader, investing in public health information exchange through the SHIN-NY enterprise for more than a decade. The SHIN-NY supports the healthcare industry's continued shift from fee-for-service to value-based care arrangements and is integral to the success of state and federal initiatives in support of improved outcomes, reduced costs, and better patient experience. While the use of health information exchange has long been associated with improved care coordination, quality of care, and patient safety, NYeC's analysis demonstrates the network's contribution toward reducing costs.

“As a physician, health plan CEO, ardent supporter of HIE and the SHIN-NY, and on behalf of NYeC, I want to thank the leadership of New York State for its continued investment in the SHIN-NY,” said John Bennett, MD, CEO of Capital District Physicians' Health Plan, Inc. and Chair of NYeC's Board of Directors. “The value this enterprise provides to payers, providers, and patients is tremendous, and continues to result in more efficient care and better health outcomes.”

[View NYeC's white paper on this analysis here.](#)

NYeC Submits Comments to NYS DOH on 1115 Waiver Proposal

On November 1, 2019, the New York eHealth Collaborative [submitted its comments](#) on the Draft 1115 Waiver Amendment. These comments came in response to the New York State Department of Health (NYS DOH) proposed 1115 Waiver extension announced in September 2019. NYeC also presented oral testimony to the NYS DOH regarding ways the 1115 Waiver could further leverage the SHIN-NY.

On November 27th, NYS DOH formally submitted the waiver to the Centers for Medicare and Medicaid Services (CMS). We were pleased to see the final waiver request included requirements for value management organizations to be integrated with the Qualified Entities (QEs) to enhance information exchange capabilities. The waiver presents an opportunity to further formalize and strengthen the support QEs can provide healthcare professionals through bidirectional exchange of clinical and claims information, supportive analytics, quality measurement, and in the future, integration of social determinants of health data. NYS DOH also called for incentives to support long-term care providers in adopting electronic medical records and utilizing health information exchange as part of the waiver, something NYeC has long encouraged.

We look forward to working with NYSDOH to help achieve its ambitious goals that we believe will further drive New York's healthcare system to one that rewards value and improves the health of our communities.

NYeC Submits Comments to ONC on Trusted Exchange Framework and Common Agreement

In early 2018, the Department of Health and Human Services' (HHS') Office of the National Coordinator for Health Information of Technology (ONC) released its initial draft of the Trusted Exchange Framework and Common Agreement (TEFCA). A requirement under the 21st Century Cures Act, TEFCA is intended to develop and support a framework of trust, enabling the exchange between health information networks so health information is available where and when it is needed. After receiving a great deal of feedback from stakeholders such as NYeC, ONC released the much anticipated second draft of TEFCA this April.

NYeC remains very supportive of the intent and goals of TEFCA. The Trusted Exchange Framework (TEF) as set forth by ONC largely resembles the structure we developed in New York, with the Statewide Health Information Network for New York (SHIN-NY) similarly providing governance and policy leadership enabling exchange across regions.

While largely supportive of the proposal, NYeC encouraged ONC to further leverage existing infrastructure and demonstrate the value proposition in participating in the framework. One way to demonstrate such value, and to align recent regulatory proposals would be to provide an appropriately tailored exception and safe harbor from the proposed information blocking regulations for robust Health Information Exchanges and Networks, and their participants. We recommended a phased-in approach and more realistic implementation timelines as well as further guidance on how various consent policies are to be managed throughout TEFCA.

In April, ONC also released a funding opportunity for an industry-based Recognized Coordinating Entity (RCE) to implement and monitor compliance with the Common Agreement. In August, ONC awarded a cooperative agreement to The Sequoia Project to serve as the RCE. The Sequoia Project has begun listening sessions and public engagement that NYeC is actively participating in as they look to finalize provisions of the common agreement and technical requirements of TEFCA.

[Read full comments from NYeC](#)

NyEC Submits Comments to CMS and ONC on 21st Century Cures Act Implementation

Earlier this year, the Centers for Medicare & Medicaid Services (CMS) and The Office of the National Coordinator for Health Information Technology (ONC) released proposed rules aimed at improving interoperability and patient access, preventing information blocking, and promoting innovation, patient safety, and choice. Together, these proposals have the potential to advance the healthcare industry and accelerate interoperability across the country; however, they also raise significant questions related to privacy, security, legal interpretation, and enforcement. After extensive stakeholder discussion, NyEC submitted comments in late May.

At the highest level, NyEC is very supportive of the spirit and intention of the proposals. NyEC urged CMS and ONC to work together, and with other offices within the Department of Health and Human Services, to ensure harmonization among any finalized regulations. NyEC also encouraged both agencies to be realistic with regards to the implementation timeframe given the breadth and complexity of certain requirements within the rules. Additionally, we encouraged clarifications to ensure the SHIN-NY can be leveraged by providers and payers in New York to fulfill certain requirements proposed, such as hospital event notifications and payer participation in trusted exchange networks. Furthermore, given the potential complexities in complying with the information blocking provisions and exceptions as proposed, NyEC asked ONC to provide a safe harbor for providers who participate in robust, mature health information networks like the SHIN-NY.

These proposals are currently at the Office of Management and Budget. With final rules expected in early 2020, the industry must begin focusing on compliance.

Read full comments on each proposal –

[CMS Interoperability and Patient Access Proposed Rule](#)

[ONC 21st Century Cures Act Proposed Rule](#)

HITAC Updates, Recommendations

The Health Information Technology Advisory Committee (HITAC) held its final meeting of 2019, approving recommendations to be submitted to the Office of the National Coordinator for Health Information Technology (ONC) on priority uses of health information technology (HIT) in the areas of orders and results, closed-loop referrals and care coordination, as well as medication and pharmacy data.

The group also finalized recommendations to refine the public process for submission and review of new data elements for inclusion in the U.S. Core Data for Interoperability (USCDI). As currently proposed, the ONC would require that all certified HIT products support the USCDI standard which would evolve overtime. The HITAC committee then turned their attention toward the year ahead and explored potential areas of focus including data privacy and secondary uses, price transparency, prior authorization, the EHR reporting program, Trusted Exchange Framework and Common Agreement and information blocking implementation.

[More about HITAC can be found here.](#)

Considering Connecting to New York's HIE? There is Help with the Costs

The Data Exchange Incentive Program has been helping providers offset the cost of connecting and contributing clinical data to the SHIN-NY since its inception in 2014. The program has helped over 7,000 providers connect to the SHIN-NY across many healthcare settings, specifically the following organization types:

- Article 28 Skilled Nursing Facility
- Article 28 Diagnostic and Treatment Center
- Article 36 Home Care Agency
- Article 40 Hospice
- Behavioral Health Organization (OMH, OASAS or HCBS)
- Organizations with at least one provider that has attested to and been paid under the Medicare or Medicaid MU program (any year, any stage)

DEIP participants receive a total incentive of up to \$13,000 by completing the program; this includes becoming a participant of a QE and contributing clinical data from an EHR system. January is a great time to take the necessary steps toward adopting HIE and contributing the clinical data that will help your patients receive coordinated care in NYS. It's never too late to connect.

[More information about DEIP eligibility and requirements.](#)

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.

Current SHIN-NY Monthly Usage*

SHIN-NY Exchanged Information to Support

OVER **1.1**

MILLION PATIENTS IN THEIR HEALTHCARE



Alerts to Support Transitions to/from Hospital ED and Inpatient for

OVER **393**

THOUSAND PATIENTS

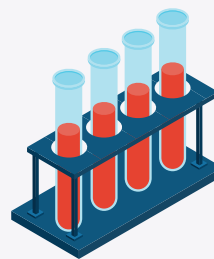
OVER **6.8**

MILLION ALERTS SENT TO CARE TEAM MEMBERS

Diagnostic or Lab Results Exchanged for

OVER **308**

THOUSAND PATIENTS



Health Records

OVER **417**

THOUSAND UNIQUE PATIENTS

OVER **2.4**

MILLION RECORDS EXCHANGED

*Based on QE Self-Reporting Q3 2019

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.

QE Features



Addressing the Opioid Crisis: How HealtheConnections Uses HIE Data and Analytics to Affect Population Health Improvement

In July, HealtheConnections unveiled a new value-based care analytics tool called myData that provides patient information to providers in a responsive, user-friendly dashboard. Expanding on aggregated data from HealtheConnections' HIE, the application was developed to aid in population health management, supporting growing providers, care management, and payer needs of value-based payment systems.

The application contains aggregated opioid-related hospitalization data. By providing real-time hospital discharge diagnosis* data, county public health officials can monitor the opioid epidemic in their county and identify clusters of overdoses to guide intervention strategies. HealtheConnections' application allows officials to visualize the data in maps or lists, with filtering options that help them answer questions about their population, identify trends, and develop targeted solutions.

Similar hospitalization data are currently available to the county health departments through state reports, but there is typically a six to twelve day lag time. At that point, the information has significantly decreased in value. With HIE data through HealtheConnections, that time is closer to 24 hours.

HealtheConnections has developed analytics tools like myData in response to this need. They have built a foundation of services and technology that drives clinical action, but there is untapped potential to take these same concepts and bring additional value to a new audience.

[Read more HealtheConnection's work to address the opioid crisis.](#)

*The source of these diagnoses is from emergency and inpatient hospitalizations, not from Part 2 facilities

QE Features



HEALTHeLINK Medical Minute: David Anderson, BlueCross BlueShield of Western New York

David Anderson, President and CEO of BlueCross BlueShield of WNY discusses the successes of connecting with HEALTHeLINK to provide up-to-date care across Western New York.



QE Features



The Data Is Available—Now What?

The transition to value-based care (VBC) is a process, not a decision—one that requires long-term thinking, and integration into everyday work.

VBC is all about data-driven outcomes, and most organizations are focused on the existence and availability of the data. Data-exchange standards are shifting at the same time the Centers for Medicare and Medicaid Services (CMS) are requiring facilities to share more information. At Hixny, they have begun integrating clinical and nonclinical data—such as claims information—that can help providers understand regional costs and quality of care standards as well as the success of their own performance on their patients' behalf.

Hixny found success stories in VBC with Adetutu Adetona, MD, of Lansingburgh Family Practice. While hesitant about the new process, Dr. Adetona saw the improvement with the care she could provide her patients as well as the ability to avoid unnecessary costs.

By utilizing the data provided by Hixny, Dr. Adetona was able to create new routines by pulling data from breast cancer screening rates, weighing her own performance against local and regional standards.

At this point, it's really a matter of incrementally changing workflows little by little to access Hixny and make use of the available data. When that happens, providers will suddenly understand how—and why—VBC really works.

[Follow this and more posts from Hixny here.](#)



Report Measures Health of the Finger Lakes Region

The newly released Community Health Indicators Report shows promise for the Rochester and Finger Lakes region's fight against high blood pressure, among other insights. The population health study is based on analysis of clinical data managed by Rochester RHIO, the region's health information exchange.

Four key health measures were assessed using full-year 2017 anonymized data, with a total sample of over 600,000 screenings: body mass index, blood pressure, diabetes risk (HbA1C), and smoking status.

[View Report Summary](#)

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.

To find out which providers in your region are connected to the SHIN-NY, please follow the links below:

[Bronx RHIO](#)

[HealtheConnections](#)

[HEALTHeLINK](#)

[Healthix](#)

[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

Todd Rogow, President and CEO

trogow@healthix.org

Hixny

Mark McKinney, CEO

mmckinney@hixny.org

NY Care Information Gateway (NYCIG)

Nick VanDuyne, Executive Director

nick.vanduyne@nycig.org

Rochester RHIO

Jill Eisenstein, President and CEO

jeisenstein@grrhio.org