

# NYeCNews

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## A Call to Action



The disproportionate impact of the COVID-19 pandemic on Black and Brown people and the deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and too many others, demand long overdue change in our country. NYeC stands with these communities and opposes systemic racism and injustice.

We understand that actions speak louder than words, and we are committed to doing our part within our organization and more broadly through our work in health information exchange by using policy, data, assistance programs, and technology to help eliminate health disparities. This will be a journey — inequality has a long history — we can change it.

Take care,



Valerie Grey  
Chief Executive Officer  
New York eHealth Collaborative

## SHIN-NY COVID-19 Test Alerts: Critical Tool in the Fight

Throughout the COVID-19 pandemic, the SHIN-NY has supported healthcare providers and public health in a variety of ways, one of which has been alerts about COVID-19 test results to a patient's physician(s) and care team. These notifications have allowed providers to better manage patient care in the community, reduce unnecessary hospital visits during a time when capacity was compromised, and protect healthcare workers and other patients.

Across the state, **over 2 million alerts** about COVID-19 positive test results have been sent to providers between March and June. These alerts helped to inform the treatment and management of **almost 250,000** COVID-19 positive New Yorkers. **Roughly 85%** of these alerts were delivered within the downstate region, the area hit hardest by the pandemic.

*“Our patients are often getting tested through drive through facilities or urgent care centers that don’t provide medical provider assessment or followup care. These sites do not notify us of testing. Notification allows us to followup with the patient to ensure they’ve received treatment, education about worsening symptoms, and information about protecting themselves and others.”*

*Additionally, we do not always receive notifications from EDs/hospitals that our patients have been seen for COVID. This notification allows us to identify patients in need of followup.”*

— Director of Integrated Substance Use Services at Brightpoint Health, a member of Hudson River Health Care

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## NYeC Talks About Technology Transformation Across the SHIN-NY at HL7 FHIR DevDays



For over a year, NYeC has been exploring and pursuing the development of a new type of data exchange framework throughout the SHIN-NY, known as Fast Healthcare Interoperability Resources (FHIR). FHIR is a relatively new and rapidly evolving set of technical

standards that the healthcare industry has coalesced around, and that will ultimately replace some of its dated predecessors.

The SHIN-NY is at the forefront of this type of innovation within the public health information exchange (HIE) space. Speaking on June 15 at the HL7 FHIR DevDays virtual meeting, Luke Doles, NYeC's Senior Director of Services Management, described the benefits of moving to a FHIR framework to enhance the SHIN-NY's data exchange capabilities, and discussed some of the limitations of the network's existing and historical document-centric approach based on an IHE/XCA architecture.

Read a full article from Healthcare Innovation at the link below.

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## NYeC Submits Comments to CMS on IPPS Proposed Rule

On July 10, 2020, NYeC submitted comments to CMS on the Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals proposed rule. Highlights of our comments include:

- We believe that quality measurement could be strengthened by promoting and involving HIEs given our experience with various measurement pilots in advanced primary care and the NCQA data aggregator pilot.
- We urge CMS to provide support and resources for those “left behind” sectors that were not included in the meaningful use (now promoting interoperability) program like nursing homes, home care, behavioral health, CBOs, etc. so they can better participate in value based care and be key members of health teams.
- We urge federal agencies to improve standards and adherence to standards for race and ethnicity data in EHRs so health impacts can be better evaluated and addressed.
- We support providing additional time for the PDMP/EHR integration components and eCQM requirements given the complexity and breadth of changes needed to effectuate.
- While we support patient access to their health data, we remain concerned about the lack of privacy and security protections once health data in a non-HIPAA regulated world of apps.

Our detailed comments are available at the button below.

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## Bronx RHIO: Using Machine Learning to Predict Hospitalizations



“Bronx RHIO recently completed the first year of a two-year Machine Learning project. In this project, Bronx RHIO applied machine learning techniques on its data warehouse to build models to predict costly acute care utilization: preventable emergency department (ED) and inpatient (IP) encounters.

The model found prior ED utilization (number of visits and days between visits) and diagnosis history (substance-related disorders, nausea and vomiting, and respiratory disease) to be strong predictors of frequent ED visits.

Meanwhile, new data elements and techniques are being explored and evaluated for further inclusion in the models, including lab results, vital signs (blood pressure, BMI), and assessment values (PHQ-2/9, smoking status) and social determinates of health data, such as geospatial data on socioeconomic status and homelessness.”

Read more about Bronx RHIO’s predictive modeling work at the link below.

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## HealtheConnections: The Value of Health Information Exchange Services for Better Care Coordination



By leveraging health information exchange services, healthcare organizations have crucial information at their fingertips and can improve care coordination as a result. With consent, a healthcare organization can have access to their patient’s electronic medical records including histories, labs, images, reports, diagnostic tests, visit notes, and other vital information necessary to provide the highest quality care.

Listen to Leo Sanchez, Bilingual Engagement Coordinator at ACR Health, as he explains how HealtheConnections helps him reduce patient and provider frustrations and support streamlined care coordination at the link below.

[WATCH VIDEO](#)

## HEALTHeLINK: Coronavirus Data will Shape Public Health Policy



“Health information exchanges across New York State, which are connected via the Statewide Health Information Network for New York, are working with county health departments and the New York State Department of Health to demonstrate the efficacy of technology during [the COVID-19] pandemic.

While hospitalization rates and intubations continue to decline, health information exchange has played an important role in flattening the curve and in supporting the hospital system’s flex and surge strategy. Perhaps most important, health information exchange is enabling the continuity of care as providers have patient health information at the point of care in real time when it is needed most.”

Read the full article by Drew McNichol in the *Buffalo News* at the link below.

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## Data from Healthix, Bronx RHIO Helps Locate Missing Persons Due to COVID-19



“At the peak of the COVID-19 pandemic in New York City, fear and turmoil abounded. Among the challenges, the frustration many experienced in finding missing loved ones, particularly given the quarantine and self-isolation orders that curtailed routine, in-person checkups on our most vulnerable residents.

With more than 70 hospitals in New York City, the process of finding missing friends and relatives is a mammoth one. But with the assistance of hospital admission and discharge data from two of New York City’s HIEs, Healthix and the Bronx RHIO, city officials were able to assist many New Yorkers in locating their missing loved ones during this health crisis.

In mid-April 2020, New York City’s Mayor activated the Unified Victim Identification System (UVIS), the software managed by the Office of Chief Medical Examiner, to capture missing persons reports. Using the Healthix and Bronx RHIO portals, City officials were able to search for those who were reported missing using additional data available such as patient demographic information, next of kin and, most importantly, real-time alerts of hospital admissions/discharges.”

Read the full story at the link below.

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## Hixny: How Does Healthcare Move Forward from COVID-19?



On Hixny's CEO Blog, Mark McKinney writes about how telehealth is revolutionizing healthcare.

He explains that flexible care delivery workflows, like telehealth, are more efficient and effective because they are developed to incorporate health information technology at their core, instead of forcing technology to fit existing provider workflows. Further, he notes that these new efficient care delivery methods are driving the evolution of healthcare towards value-based care at a much faster rate than regulations and incentives could. Ultimately, it's about the patients — and patients are satisfied with the convenience and usefulness of telehealth and trust their providers to refer them for in-person care as necessary. For these reasons and several others, he believes telehealth is here to stay.

Read the full blog at the link below.

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## Rochester RHIO: Health Equity & Racial Justice



In the wake of civil unrest amplified by the death of George Floyd, Rochester RHIO reached out to the 14-county Greater Finger Lakes Region to discuss the responsibility its bears in supporting health equity and racial justice.

President and CEO Jill Eisenstein told the community that “the health data for which we act as a trusted steward measures access, clinical outcomes, costs, and other crucial components of care. Race and ethnicity are part of this data set, influencing planning, aiding decisions, and changing lives.” She also affirmed that the RHIO is “committed to improving how race and ethnicity data are recorded, collaborating with other regional healthcare agencies and experts to evaluate and reform policies and processes that deliver the most precise information possible.”

The Rochester RHIO's complete statement is available at the button below.

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# The Data Exchange Incentive Program (DEIP) & Key Updates You Need

The DEIP exists to help Medicaid providers across New York State offset the cost of connecting to a Qualified Entity (QE) and contributing a pre-defined set of data.

Eligible provider organization types across New York State will have up until September 30, 2020 to enroll in the DEIP and up until May 31, 2021 to establish connection and contribute data.

**The program consists of two Milestones for a total funding amount of \$13,000:**

<b>Milestone 1</b>	Enrollment in the DEIP <b>Deadline 9/30/2020</b>	\$2,000 per organization
<b>Milestone 2</b>	Completion of the DEIP by connecting and contributing pre-defined data <b>Deadline 5/31/2021</b>	\$11,000 per connection

To find out more information on the program and additional program requirements, please visit our website [here](#). In addition, for any questions about the DEIP, reach out to [deip@nyehealth.org](mailto:deip@nyehealth.org).

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## EP2 Program Readies Eligible Providers for Final Years of NY Medicaid EHR Incentive Program

Congratulations to all Eligible Providers who successfully attested to Stage 3 Objectives in Payment Year 2019. The NY Medicaid EHR Incentive Program continues to operate through Payment Year 2021, offering two more opportunities to earn incentive payments for the Meaningful Use of Certified Electronic Health Record Technologies.

In conjunction with CMS, the NYS Department of Health has announced the closeout plan for the program. For further details and to review the plan, please refer to the NYSDOH Preparing for Payment Year (PY) 2020 and 2021 presentation [here](#).

**Although dates may be subject to change, providers are encouraged to address program requisites at their earliest availability. Action items for Eligible Providers to prepare for PY2020 Attestations include:**

- 1** Updating intent to report to a Public Health Registry for PY2020 in MURPH.
- 2** Running and reviewing Meaningful Use reports in the EHR to identify a 90-day EHR reporting period where all objective thresholds have been met or address any deficiencies.
- 3** Ensuring a Security Risk Assessment/Analysis has been conducted prior to Attesting for PY2020.
- 4** Compiling data for the Medicaid Patient Volume (MPV) demonstrating that at least 30% (20% for Pediatricians) of the patient volume is attributed to Medicaid.

The NY eHealth Collaborative's EP2 Program is dedicated to providing support services to healthcare providers in order to achieve Meaningful Use of their EHR technology. Contact us today at [EP2@nyehealth.org](mailto:EP2@nyehealth.org) to learn more about our services and discuss the level of support we can offer.