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New York  
eHealth  
Collaborative

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**YEAR-END  
REPORT**

NYeC

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# Letter from the Chair



On behalf of the New York eHealth Collaborative (NYeC) and my colleagues on the Board of Directors, I present you with our 2020 Year-End Report. While a global pandemic certainly disrupted my year as Chair of NYeC's Board, it has also given me great pride to represent this organization during these unprecedented times. I could not be more pleased with the contributions NYeC has made to our healthcare system.

In my role as both a physician and a health plan leader, I have observed the impact that NYeC and the SHIN-NY have had this year on healthcare and the public health community battling COVID-19 on so many fronts. This is unsurprising, given the organization and system's commitment to supporting providers, organizations, health plans, and public health departments with the information needed to improve patient care, as well as to improve the overall health of our communities.

The SHIN-NY will come through for New York during and after the pandemic — and I look forward to what NYeC will continue to accomplish.

A handwritten signature in blue ink that reads "John D. Bennett MD". The signature is fluid and cursive.

**John D. Bennett, MD, FACC, FACP**

Chair, Board of Directors, New York eHealth Collaborative  
President and CEO, Capital District Physicians' Health Plan, Inc.

# Letter from the CEO



This past year was characterized by a global pandemic that directly impacted all of us in some way, shape, or form, a reckoning for our country related to systemic racism, injustices, and violence, and a contentious election season. As difficult as the past year has been, and the foreseeable future will continue to be, we at NYeC and across the SHIN-NY are proud to be New York Tough.

We are committed to continue supporting the State's pandemic response, to do our part in addressing health disparities, and to remain a resource and leader in health information exchange for both healthcare and public health professionals across New York.

I am pleased to share this Year-End Report with you, highlighting great work that was accomplished in 2020 despite its many obstacles. From COVID-19 response support, key infrastructure and performance improvements, new and valuable services, robust policy and data analysis, multi-faceted provider assistance, and continual stakeholder engagement.

Thank you to the Governor's Office and State Legislature, the New York State Department of Health (DOH), NYeC's Board of Directors, our QE partners, and all of you—for your ongoing collaboration and support. We couldn't do it without you!

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

**Valerie Grey**

Chief Executive Officer  
New York eHealth Collaborative

# Executive Summary

The State has wisely invested in the development and support of the SHIN-NY and it is one of the most robust networks in the nation. NYeC has been focused on continual improvement and measurement of the enterprise. These historical commitments resulted in a strong infrastructure that could be leveraged to support the COVID-19 pandemic battle. And leverage is exactly what New York did as the SHIN-NY worked with all our stakeholders to:



**Provide important COVID-related clinical data and access to State and local public health departments to support their pandemic work**



**Provide alerts about COVID-19 test results to community providers who otherwise may not have learned of their patients' results**



**Ensured providers using telehealth were able to access clinical information for patients they may not have treated before**



**Enabled access to the network for providers caring for patients at temporary hospital sites or other non-traditional or virtual locations**

At the same time, throughout 2020, NYeC steadfastly executed on our core competencies and strategic priorities for the year, including:



**Measuring and incentivizing continued improvement in the SHIN-NY performance**



**Advancing technology and innovation as we upgrade our statewide connector and FHIR-enable the enterprise**



**Finding more ways and new use cases to increase the value of our network to hospitals, physicians, health plans, and many others**



**Helping providers leverage and optimize EHRs, connect to the SHIN-NY, and transform their practices**



**Weighing in and influencing state and federal policies and rules affecting our healthcare system**



**Partnering with stakeholders to consistently progress and learn together**



**Operating as an organization with excellence**

# About NYeC & the SHIN-NY

New York eHealth Collaborative (NYeC) is a non-profit organization working to improve healthcare and patient health outcomes by collaboratively leading, connecting, and integrating health information exchange (HIE) statewide.

**Our vision is a dramatically transformed healthcare system where HIE is universally used as a tool to make lives better. In pursuit of this vision, NYeC helps lead the Statewide Health Information Network for New York (SHIN-NY), on behalf of, and in partnership with, the New York State Department of Health (DOH).**


The SHIN-NY was created by New York State to facilitate the electronic exchange of patient health information and connect care professionals statewide. It connects regional networks, or Qualified Entities (QEs), that provide users the ability to access and exchange data statewide. Due to the support of government, our networks core services are offered for free. Our QEs also offer many other valuable services that can be purchased.

The SHIN-NY now connects all hospitals in New York State, is used by well over 100,000 healthcare and community-based professionals, and supports the care of millions of people who live in or receive care in New York.



**EACH MONTH:**

The SHIN-NY sends over 10 million alerts supporting care transitions and care management, including emergency department and hospital visits.



**EACH MONTH:**

Patient health records are accessed over 9.2 million times across the state by provider and public health participants, supporting the care of over 488,000 patients



**EACH MONTH:**

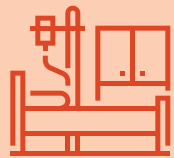
Diagnostic lab results for over 682,000 patients are electronically exchanged between treating providers

## NEW YORK STATE'S QUALIFIED ENTITIES



# SHIN-NY Improves Outcomes & Reduces Spending

More comprehensive information, collaboration and coordination of care improves patient outcomes, reduces unnecessary tests and procedures, and lowers costs. Use of the SHIN-NY to access patient information is associated with a 26% reduction in the rate of emergency department visits, a 50% reduction in the rate of hospital readmissions, and an estimated \$160-\$195 million reduction in unnecessary healthcare spending—including significant Medicaid and Medicare savings.



# 26%

reduction in the  
rate of emergency  
department visits



# 50%

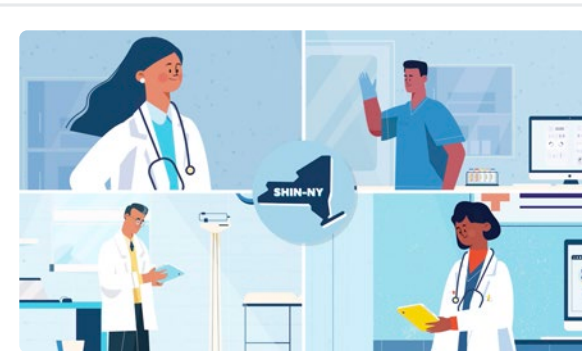
reduction in  
the rate of hospital  
readmissions



nearly

# \$200MM

million reduction  
in unnecessary  
healthcare spending



VIDEO: ABOUT THE SHIN-NY



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# Governance & Engagement

The SHIN-NY and NYeC services benefit from strong governance in collaboration with our partners. The NYeC Board is comprised of 18 experienced leaders in healthcare and other sectors that dedicate significant time and energy to help guide our organization. We work hand in hand with the DOH as they certify QEs, determine overall funding levels, and update regulations and policies and procedures. The NYeC Policy Committee deliberates policy issues and makes recommendations to the NYeC Board and the DOH. The Business Operations Committee includes the QE leaders who work together to implement health information exchange in our communities.

NYeC also leans into and relies on the input and insight of our advisory groups of providers, health plans, associations, community based organizations, and innovators. These groups help us stay grounded and informed on a wide range of issues across various sectors.

Throughout this report, you will see real examples of how the SHIN-NY is used by providers and organizations across New York State, captured as part of NYeC's SHIN-NY Spotlight video series and shared throughout 2020.

*“The NYeC provider advisory group presents a forum for providers with a robust array of experience and backgrounds to come together, share perspectives on the utilization of health information exchange and technology in clinical practice, raise obstacles or challenges to solve, and learn from one another. Our discussions are productive and meaningful, and provide NYeC with important feedback and insight that ultimately can be harnessed to improve patient healthcare and provider experience.”*

**– Mitchell A. Adler, MD, JD, MPH, HEC-C, FACP**  
Northwell Health Physician Partners Medicine Specialties at Dobbs Ferry

*“If we are really going to find the value in value-based care, we need integrated systems that allow us to understand, connect, and measure the non-medical services that contribute to better health. NYeC's CBO & VBC Advisory Group is important because it prioritizes health information technology and data exchange amongst a critical sector of the care continuum that needs to be able to interface with the traditional clinical community to achieve better outcomes. This group fosters meaningful engagement that influences action and advocacy in this direction.”*

**–Kate Breslin**  
President & CEO, Schuyler Center for Analysis & Advocacy



# Support for the COVID-19 Response

The entire nation is still fiercely battling the coronavirus pandemic, but New York was hit particularly early and hard in 2020. Throughout this evolving crisis, the SHIN-NY has presented a key tool: timely access to healthcare data. This has taken many forms and has ultimately highlighted the network's indisputable value to the state's healthcare and public health community.

## PUBLIC HEALTH MANAGEMENT

**The SHIN-NY has been a deep resource for state and local public health departments battling this pandemic. Patient information contained within the network helps with notification about test results and contact tracing in the event data received from a testing site is incomplete and supports their ability to perform comprehensive case investigations. The network has provided a rich data source that has helped public health understand the impact and profile of this virus and has used information in our network on hospitalizations of current and previous COVID-19 patients, clinical histories that may include related co-morbidities, and more.**

## VIRTUAL CARE DELIVERY

**As care delivery shifted to virtual and telehealth the network allowed consent to be collected verbally and documented in the record. This meant patients could stay at home and providers were able to obtain clinical history for patients they may not already have a treating relationship with to provide better health care.**

*“Due to the volume of tests being completed, I would frequently access HEALTHeLINK several times in a given week to track the results, as we had multiple entities requiring our reports of COVID positives. It was far easier for me to log into HEALTHeLINK and obtain these results, than any other mechanism. This easy access, allowed The Chautauqua Center to immediately follow up with patients and ensure that proper precautions were in place with them.”*

**– Kristy Lauer**  
Chief Clinical Officer, The Chautauqua Center

*“During the height of the pandemic, virtually 100 percent of visits were done via telehealth, and the COVID-19 Alerts [from Healthix] rapidly notified providers of results.”*

**– Mary Fullam, RN, Clinical Nurse Manager**  
Advantage Care Diagnostic and Treatment Center

# Impact of SHIN-NY Support for COVID Response

## COVID-19 TEST ALERTS

DOH and the SHIN-NY partnered to ensure that providers could receive notification of their patient's COVID test results. Given testing is taking place in so many places, sometimes non-traditional sites, this has meant they can better manage the care of those patients at home and therefore protect their staff and broader community by reducing spread.

## CLINICAL VIEWER ACCESS

When hospital capacity was so stretched and federally-operated temporary alternate sites were set up to assist with overflow, we worked to enable SHIN-NY access to the network through QEs' web-based clinical viewer so these providers were able to access clinical history on patients being transferred. Temporary changes in consent requirements were also made.



VIDEO: SHIN-NY SPOTLIGHT: SENIOR CARE AND HOSPICE PROVIDER – THE EDDY & COMMUNITY HOSPICE



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NYeC believes that the SHIN-NY has been invaluable during this pandemic and will remain an essential tool for the State and our health care system and we continue to actively explore and test new forms of SHIN-NY support for COVID-19 response.

“We use Rochester RHIO every day for our COVID investigations. The advanced clinical query portal, Explore+, helps us identify individuals who might be hospitalized. It helps us perform additional research based on symptomatology. We also use the query portal to aid us in contact tracing efforts.”

–**Brenden Bedard, MPH**  
Genesee and Orleans County Public Health Departments

“COVID-19 Bronx RHIO lab alerts enabled providers at the James J. Peters (Bronx) VA to provide timely and important follow-up for their Veteran patients with COVID identified outside the VA system. Bronx RHIO information identified 88 of the 813 James J. Peters VA patient cases (11%) from April 6, 2020 through June 23, 2020, at least 65 of whom would not otherwise have been known to the VA Veterans commonly belong to high-Covid risk groups (older, more chronic conditions, socioeconomic disadvantage) and therefore we believe identification of these cases, and enabling VA provider follow-up, had an important impact.”

– **Bronx VA**

# Improved Infrastructure & SHIN-NY Performance

Ensuring a strong foundation and continuously improving the network's infrastructure and performance continues to be central in NYeC's focus. While the SHIN-NY functions in many ways like a public utility, its value and responsiveness are contingent on reliable technology, security, and service delivery.

For the third year, NYeC contracted with QEs, measured performance, developed performance targets, and set reporting requirements to incentivize performance and work toward standardization across the state. As a result, significant improvements have been made and QEs have largely met goals that increased:



**SHIN-NY participation across healthcare sectors**



**Rates of patient consent**



**Amounts of data contributed to the system in the ideal formats**



**Overall usage and customer satisfaction**

**Currently, the SHIN-NY boasts participation from 100% of hospitals, 77% of clinics, 79% of physicians, 57% of practices, and 86% of long term care providers.**

The technology that matches patients across the QEs and ensures data can be shared statewide is operated by NYeC. We successfully completed upgrades during 2020 with no unplanned disruptions in service and we exceeded performance targets and service level agreements this year.

NYeC has continued to work with the QEs to employ and enable Fast Healthcare Interoperability Resources (FHIR) for the network. FHIR is a widely accepted set of new and emerging standards for healthcare data exchange. NYeC has been leading a phased development approach and the network has made progress. Numerous federal rules and initiatives will require use of FHIR in the future. FHIR is designed to enable healthcare professionals to search for and retrieve discrete, specific data elements as opposed to the long, comprehensive documents that have traditionally been exchanged.

Consolidation has continued in many sectors of healthcare, including the SHIN-NY. Early in 2020, two downstate QEs, New York Care Information Gateway (NYCIG) and Healthix merged. This partnership is creating efficiencies and improving service.

All these activities ultimately lead to more robust and useful resources for SHIN-NY participants and their patients across New York State.



VIDEO: **SHIN-NY SPOTLIGHT: SPECIALTY PRACTICE**  
ELIZABETH WENDE BREAST CARE



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# Innovating, Assisting, and Adding Value for our Stakeholders

## Hospitals

In May 2021, a new federal rule (CMS Interoperability & Patient Access Final Rule) will require hospitals send electronic notifications to providers who have an established relationship with a patient who has been admitted, transferred to, or discharged from their facility. NYeC commented on this rule and requirement when it was first proposed and cited the success of New York's experience in delivering event notifications since 2014 and that they were one of the most valued services in the healthcare community for both alerts on inpatient admissions and emergency departments.

NYeC has led efforts, in partnership with the QEs, to make modifications and changes in our SHIN-NY alerts so they are compliant with the new federal rule. Hospitals that choose the SHIN-NY and make some adjustments in their feeds will avoid duplication of alerts to providers in our communities, save money, and leverage the infrastructure that is already in place. NYeC also appreciates the support and assistance of the hospital associations in these efforts.

The burden on hospitals for COVID reporting to multiple jurisdictions, in multiple ways with different specifications and deadlines has been clear. In late 2020 NYeC started a pilot, in conjunction with DOH and the QEs, to collect certain SHIN-NY COVID data being reported to DOH via the state's Health Emergency Response Data System (HERDS) and determine if the SHIN-NY could relieve a portion of reporting burden for future surveillance needs. This pilot is in its early stages but represents another potential opportunity to add value and reduce provider burden.



*“After learning of Hixny’s role in returning our system to functionality after the ransomware attack in the fall, I feel it is important that the broader community and other healthcare systems are aware that Hixny proves very helpful in making patient data available and allowing continued patient data sharing. I look forward to the ongoing evolution of reliable and resilient information systems that are an important part of patient care.”*

**– Dr. David Beguin**  
Primary Care Health Partners, Plattsburgh, NY

## Other Providers

NYeC continued to manage the Data Exchange Incentive Program (DEIP) that has long delivered funds to providers (physicians, clinics, long term care providers, behavioral health providers, licensed home and community-based services organizations) to help offset costs associated with establishing bidirectional data exchange with the SHIN-NY. DEIP will be sunset in 2021 but we are proud to have provided assistance to over 11,500 eligible providers and/or organizations since 2014.

NYeC has successfully assisted over 5,000 providers in completing requirements of the Promoting Interoperability (formerly known as Meaningful Use) since 2011. Directly, and in close partnership with both DOH and trusted sub-contractors, NYeC has guided eligible providers through the program's stages in pursuit of optimal utilization and leveraging of electronic health records to improve efficiency and outcomes. This program will also coming to a close in 2021.

The strong relationships NYeC has with many EHR vendors and together they have been able to navigate challenges and find solutions and outcomes that help New York's providers advance in their health information exchange journey. In 2020, our efforts supported the resolution of numerous issues identified by various SHIN-NY stakeholders as impacting their experience with HIE and the SHIN-NY.

NYeC submitted comments related to ONC's proposed Electronic Health Record (EHR) Reporting Program, designed to provide information to providers and the public about certified health IT products, based on input from developers and end users of the products. We recommended that ONC prioritize interoperability criterion for inclusion in the Reporting Program, and stressed the value of including additional information about usability, cost, interoperability, privacy, and security. NYeC also recommended that the planned survey focus on most recent available versions of health IT products, and suggested ONC utilize a user-friendly web-based tool for the collection of this information from users to generate more input.

NYeC submitted comments to CMS on the Proposed calendar year (CY) 2021 Physician Fee Schedule and we supported changes to the use of telehealth services under Medicare Part B and recommended the use of HIEs to support interoperability between data collected via telehealth and in-person. We also supported proposed updates to the MIPS Promoting Interoperability Program, and the transition to digital quality measures under the QPP—also suggesting HIE be leveraged to strengthen quality measurement.



VIDEO: **SHIN-NY SPOTLIGHT: MULTI-SPECIALTY PRACTICE ELMWOOD HEALTH CENTER**



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## Health Plans

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Work continued on the Digital Measures Pilot, a partnership between DOH, the National Committee on Quality Assurance (NCQA), and the SHIN-NY. Participating QEs calculated quality measures using SHIN-NY data and NCQA specifications. Results were then compared with existing quality measurement calculations, which have historically been based on administrative data, for the same sample size to understand potential similarities and differences. While some differences were expected and adjustments were made, outcomes of this analysis demonstrated the viability of using HIEs for quality measures.

Working with NCQA and QEs, NYeC helped manage a groundbreaking pilot to make it easier for health plans to use SHIN-NY data for the Healthcare Effectiveness Data and Information Set (HEDIS) reporting. This new Data Aggregator Validation (DAV) certification, involved testing participating QEs as data aggregators and submitters for purposes of HEDIS reporting. Three QEs became the first in the nation to receive this validation, allowing the HIE data to be considered standard supplemental data for HEDIS reporting. SHIN-NY looks forward to working toward all QEs obtaining this certification as this work significantly reduces provider and health plan administrative burden.

NYeC has consistently pointed out the value of HIE in quality measurement in comments on federal proposed rules including the CMS on the Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals Fiscal Year 2021.



## Long Term Post Acute Care

NYeC has repeatedly and consistently called for HIT/HIE capacity-building supports for sectors that have not historically benefited from funding from Meaningful Use (now Promoting Interoperability). This includes sectors like long-term care, behavioral health, community-based organizations, individuals with disability providers, and others. EHR adoption rates and SHIN-NY connectivity for these sectors are lower than others. As we increasingly shift to value based arrangements and recognize the importance of social determinants investments in this area should be considered.

## Emergency Medical Services and Pharmacies

NYeC and DOH expanded the DEIP's program's eligibility criteria to include EMS agencies and pharmacies to help offset the costs of connecting and encourage bi-directional data exchange.

## Patient Access

Consistent with provisions in the ONC Information Blocking Rule, the Policy Committee recommended clarifications to SHIN-NY policy to facilitate patient access to their data for a third party application from a QE. NYeC fully supports patient access to data; however, we remain concerned and commented numerous times on federal proposals about the implications of that data leaving the HIPAA protected world and the new SHIN-NY policies will provide information to consumers.



VIDEO: **SHIN-NY SPOTLIGHT: HOME AND COMMUNITY BASED SERVICES PROVIDER – SELFHELP, INC.**



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*“The pursuit of an interoperable healthcare system within and beyond our medical neighborhood has been enhanced by our integration with HealtheConnections. Their responsive and highly dedicated team ensures seamless dovetail of divergent clinical platforms for a more efficient operation. With clinical alerting and ability to import medical records, our practice is able to monitor patient discharges and follow-up appointments. Our ability to access patient information regardless of point of care makes for accuracy and comprehensive outlay in clinical documentation and care coordination, essential for reliable HCC scores. As a PCMH facility, HealtheConnections has remained an invaluable partner and should be sustained to ensure a full realization of an integrated healthcare system, more so in a pandemic environment.”*

**–Basil U. Njoku, MILD, MBA**  
Chief Operating Officer, Comprehensive Primary Care Services

## Virtual Care

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The increase in telehealth in response to the pandemic was swift and substantial. Virtual care was vital in the public health emergency and will likely play a larger and permanent role in the future. NYeC made recommendations to the Governor's Reimagine New York Commission including, the importance of SHIN-NY connectivity, the need for technical assistance programs, relaxation of certain rules, broadband and support for the underserved digital divide, and more. These recommendations were consistent with the ones made by NYeC to the Taskforce on Telehealth Policy (TTP). Additionally, the Policy Committee recommended making permanent the temporary changes to consent for telehealth so that the ability to collect consent verbally and document it remained.

## Medicaid

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NYeC commented on the State's proposed DSRIP 2.0 proposal and was pleased with the recognition of the role of the SHIN-NY in supporting Social Determinants of Health Networks (SDHNs), and we look forward to continuing to assist in future DSRIP proposals. The SFY20-21 State Budget included numerous MRT II initiatives that NYeC has been working with DOH on, including, privacy and security policies, expanding participation in the network, appropriate claims sharing structure, and more.

## General Consent

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In late-2019 the Policy Committee recommended a new, streamlined, and statewide SHIN-NY Consent form would be developed and implemented over the subsequent two years. This approach would mean that patient consent would be collected once for treating providers rather than provider by provider. This would maintain patient's ability to affirmatively "opt-in" and choose to allow provider access to their records. It would be consistent with federal and state laws, and simplify the consent process and reduce barriers to data exchange that impact care coordination.

Some stakeholders have urged movement to an "opt out" system whereby there is a presumption a patient allows their records to be shared unless they specifically opt out of sharing. Given current state laws on consent and sensitive health information, absent a law change, this can only be done if data can be properly segregated at a detailed level.

NYeC engaged an independent organization to evaluate both approaches as well as others and recommendations and findings are expected in early 2021 to inform next steps.



# Broader Data Exchange Ecosystem

Nationally, we continue to make significant strides in interoperability.

In 2020, two major rules implementing the 21st Century Cures Act were finalized—the Interoperability, Information Blocking, and the ONC Health IT Certification Program rule and the CMS Interoperability & Patient Access Final Rule. NYeC was actively engaged, commented on the proposed rules, and are preparing for their implementation. NYeC was supportive of many of ONC’s Draft 2020–2025 Federal Health IT Strategic Plan objectives and recommended further focus and consensus on several key areas.

The US Core Data for Interoperability (USCDI) is a baseline set of data classes and elements required for nationwide health information exchange and replaces the Common Clinical Dataset. NYeC supported the addition of Gender Identity and Sexual Orientation fields and recommended the inclusion of Provider Telecom Information to ensure patient event notifications are appropriately routed to USCDI Version 2. We also expressed our support for the Gravity Project recommendations on social determinants of health standards. Additionally, in our comments on the CMS Medicare Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals Fiscal Year 2021 we stressed standards and adherence to standards by federal agencies for race and ethnicity data in EHRs needs to improve so health impacts can be better understood.

Since early 2018 when ONC first released its initial draft of the Trusted Exchange Framework and Common Agreement (TEFCA), NYeC has been monitoring associated developments, weighing in at every opportunity, and consistently analyzing potential implications to the SHIN-NY from policy technical, and service delivery perspectives. While this initiative has advanced, it is still very much in progress. During 2020, NYeC provided formal input to The Sequoia Project, the entity named as Recognized Coordinating Entity (RCE) by ONC and charged with leading these efforts on their behalf. Our comments this year related to governance structure, metrics for measurement of Qualified Health Information Networks (QHINs), purposes of use, and more.



# Honoring Healthcare Leadership

For nearly a decade, NYeC has held an annual Gala & Awards event honoring the achievements of individuals who have transformed healthcare through their leadership and innovation. This year, it was our first ever virtual Gala & Awards. NY1's Cheryl Wills hosted the evening, as we honored NewYork-Presbyterian Hospital Executive Vice President & Chief Operating Officer Dr. Laura Forese, and Montefiore Health System President & Chief Executive Officer Dr. Philip Ozuah, and paid special tribute to the state's brave frontline healthcare workers.

We are immensely grateful for the attendance and support of so many of our friends and partner organizations, especially during such difficult and uncertain times. For those unable to attend, we put together a short video with some highlights from the evening for your enjoyment.



VIDEO: 2020 VIRTUAL GALA & AWARDS HIGHLIGHTS



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# Conclusion

It is indisputable that 2020 was a year unlike any other, but despite its challenges we are proud of the progress made throughout the organization, the SHIN-NY, and the broader healthcare community in New York State.

As we look forward to what is ahead in 2021, we are hopeful and determined. NYeC and the SHIN-NY will continue to deliver critical support to New York's COVID-19 response, and state and local health departments. We are committed to continuing to strengthen the state's HIE foundation through expanded participation, types of data, and services while pursuing innovation and advancements in both technology and policy. As always, our success will surely be made possible in large part by the engagement of our stakeholders and dedicated supporters.

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