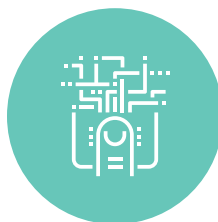
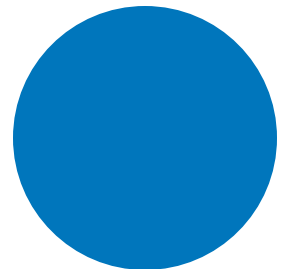
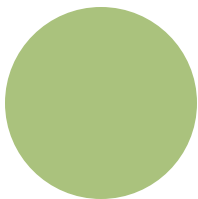
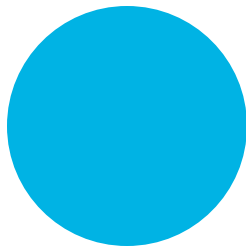
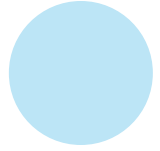
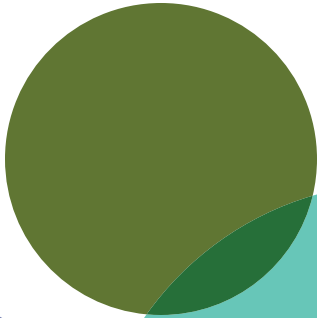


# 2019 YEAR-END REPORT





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Back Cover	NYeC Board of Directors & Qualified Entity Leadership

## JOHN D. BENNETT, MD



On behalf of the New York eHealth Collaborative Board of Directors, I am pleased to share with you the *2019 Year-End Report*, which provides a high-level overview of the tremendous progress we have made this year towards implementing and delivering upon the goals set forth in the *SHIN-NY 2020 Roadmap*.

As the newly elected Board Chair, a practicing physician, and the leader of a health plan, I am proud to be a part of an organization that is helping to meet the needs of New York's healthcare system by enabling better informed care for the patients and communities it serves. I see firsthand that the ease of data-sharing leads to more efficient care delivery, improved care coordination, and better patient outcomes. The SHIN-NY provides the right information at the right time to the right provider, which leads to well-coordinated, patient-centered care.

As an organization, our collective strength is grounded in NYeC's remarkable staff and Board of Directors. Their broad range of expertise and experience, coupled with their passion for improving healthcare, are what move our vision and mission-driven efforts ahead each day.

I am thrilled with our progress and the continued advancement of the SHIN-NY, and even more excited for its vision for the future and look forward to the next evolution of its growth.

A handwritten signature in black ink that reads "John D. Bennett MD". The signature is written in a cursive, professional style.

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

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

## VALERIE GREY

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We are proud to present to you our inaugural *Year-End Report*, where we take the opportunity to reflect upon the organization's accomplishments in 2019, a year characterized by a laser-like focus on continued execution of the *SHIN-NY 2020 Roadmap*.

In 2017, we developed this strategic plan, the *Roadmap*, in conjunction with our Qualified Entity (QE) partners and stakeholders across the state. The plan outlined a vision and ambitious goals to further strengthen the SHIN-NY's ability to support healthcare delivery and patient care through health information exchange, in ultimate pursuit of improving the health of communities across the state. Today, after nearly two years of tireless work by many, I am proud to say that we have made great advancements towards those goals and are well positioned to reach and exceed them in 2020.

Working together with stakeholders and QE partners, and thanks in huge part to the immense support and collaboration by New York State Department of Health (DOH), the SHIN-NY has come so far in the past two years. I cannot wait to see what we achieve in 2020 and beyond. I am thankful for your support and collaboration, and for your commitment to the future of health information exchange.



Valerie Grey  
Executive Director  
New York eHealth Collaborative





# ABOUT NEW YORK eHEALTH COLLABORATIVE

New York eHealth Collaborative (NYeC, pronounced "nice") is a non-profit organization working in partnership with the New York State Department of Health (DOH) to improve healthcare by collaboratively leading, connecting, and integrating health information exchange (HIE) across the state.

Our vision is a dramatically transformed healthcare system where HIE is universally used as a tool to make lives better.

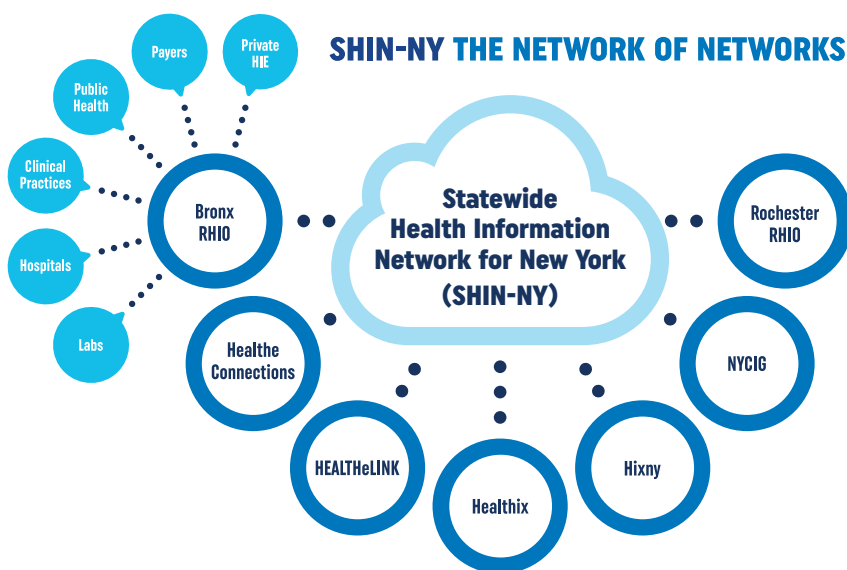
# The SHIN-NY: Better Care, Greater Efficiency, & Cost Savings

New York State created the Statewide Health Information Network for New York (SHIN-NY) to allow the electronic exchange of clinical information and connect healthcare professionals statewide. NYeC works with a diverse group of stakeholders to advance the SHIN-NY, developing policies and standards that support the utilization of the network, and assisting providers in adopting and effectively using health technologies.

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

The SHIN-NY connects regional networks, or Qualified Entities (QEs), that allow participating healthcare professionals to quickly access electronic health information and securely exchange data statewide.

Today, the **SHIN-NY connects all hospitals in New York State, is used by over 100,000 healthcare and community-based professionals with patient consent, and serves millions of people** who live in or receive care in New York.



Use of the SHIN-NY to access patient information is associated with an estimated:

**\$160 - \$195  
MILLION**

**annual reduction in unnecessary healthcare spending – including significant savings to Medicaid and Medicare**



**reduction in the rate of hospital readmissions**



**reduction in the rate of emergency department admissions**

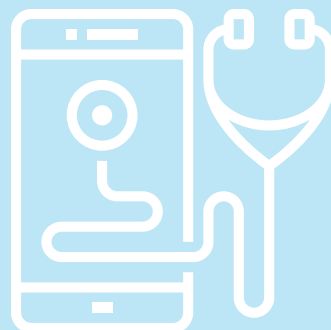


**reduction in the rate of repeat imaging procedures**



**lower 30-day readmission rate among Medicare fee-for-service beneficiaries**

# EXECUTIVE SUMMARY



The *SHIN-NY 2020 Roadmap* set the course for critical work aimed at increasing the SHIN-NY's value to stakeholders, better supporting the delivery of high-quality, value-based care and, ultimately, improving patient outcomes through HIE.

## The *Roadmap* was built on five key strategies:

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



As evidenced throughout this document, there has been considerable achievement toward these aims, and substantial amounts of hard work that will continue through the end of 2020.

We have continued to drive SHIN-NY efficiencies and functionality enhancements in collaboration with our QE partners, and have worked toward incorporating claims, social determinants of health, EMS, and pharmacy data into the network. We've funded innovative pilot projects and completed the first full year of performance-based contracts with the QEs which has helped drive statewide SHIN-NY participation, use, and patient consent rates to help make the network an even more valuable tool.

The SHIN-NY network is a tremendous resource, and the connection it provides to patient data helps improve care for millions of people who live in or receive care in New York State. It has been a critically important investment by New York State to help reduce and contain healthcare expenditures. In November 2019, we announced exciting results of a preliminary analysis of financial savings associated with SHIN-NY usage.



The analysis indicates that **use of the SHIN-NY results in an estimated \$160-\$195 million in annual savings to New York's healthcare system** — including significant savings to Medicaid and Medicare — with cost savings associated with reductions in:



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**Avoidable emergency department visits**

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**Duplicative testing**

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**Unnecessary admissions/readmissions to hospitals**

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Our analysis also indicates that if all current participants fully leveraged the system and its core services, annual savings related to usage of the SHIN-NY has the potential to reach \$1 billion.

These results clearly demonstrate the impact we are making and underlines why we must further advance the goals outlined in the *Roadmap* to maximize the system's full capabilities and savings.

# ENSURING A STRONG HIE FOUNDATION ACROSS THE STATE



The success and value of the SHIN-NY, and HIE generally, hinges on core components of which all other functionality is based: participation, patient consent, high quality data, security, and availability of the system.

NYeC set and is actively pursuing ambitious goals to ensure healthcare professionals and organizations across the state have access to the most comprehensive patient health information possible, when they need it, in order to provide the best care for New Yorkers by delivering these fundamental services.

## Effectuating Change Through Performance-Based Contracting

Beginning with the 2018–2019 state fiscal year, NYeC led the SHIN-NY enterprise in a transition to performance-based contracting, incentivizing QE performance against specific metrics:

- Participation
- Patient Consent
- Data Format & Fields
- Enterprise Availability
- Usage & Customer Satisfaction

The implementation of performance-based contracting has significantly increased SHIN-NY participation, usage, and rates of patient consent, further strengthening the SHIN-NY's foundation on which to continue building.



## Notable Increases in SHIN-NY Participation & Consent\*

21%

increase in statewide patient consent rate

16%

increase in physician participation

9%

increase in participating healthcare facilities

\*As of December 2019

In addition to growing the network, performance-based contracting with QEs has improved data quality, ensuring that clinical data contributed to the SHIN-NY is even more consistent and better standardized across the state. This was a significant focus during 2019, and is critical because it ensures SHIN-NY users have real-time access to the most comprehensive and complete picture of their patients' medical records possible, independent of the provider's health system or network.

***With more providers connected to the SHIN-NY and more patients having provided consent, more data than ever before is available.***

## New Performance Metrics

In 2018, NYeC conceptualized two new areas of QE performance measurement to demonstrate how the system is being used and meeting participant needs. In 2019, metrics were developed, baselines were set, and measurements were initiated. These metrics are being incorporated into the QE's payment structure:

### Enterprise Availability:

HIE system is available when it is needed

### Usage and Customer Satisfaction:

What SHIN-NY services participants are using most and how satisfied they are with those services

To set a baseline for these new performance measurement areas, NYeC engaged external research consultants to coordinate and administer surveys of SHIN-NY users statewide, across all QE regions. In future years, as awareness increases and these measures mature, the associated weight will increase and the metrics will have larger financial implications.

## Infrastructure Upgrades

NYeC operates the technology platform that enables statewide patient matching and record locator services. NYeC has committed to supporting the availability of those services at:

- Uptime rates at or above 99.7% each month and 99.8% over the course of the full year.
- A response time that is less than 2 seconds on average when a user searches for patient records.

During 2019, in order to support this high level of performance and sustain it over the long-term, NYeC launched a series of significant upgrades to further enhance the statewide hub that connects the QEs and enables them to access and exchange clinical information. Upgrades included infrastructure improvements such as the replacement of aging technology, the re-architecture of existing systems, and adjustments to support future scalability and virtualization. These upgrades and enhancements to the technology support the SHIN-NY's statewide patient record lookup and master patient index, improving operations and providing the basis and capability for the enterprise to evolve and grow.

## Heightened Focus on Security

Over the last two years, all SHIN-NY entities have placed an increased emphasis on security, by achieving and maintaining Health Information Trust Alliance (HITRUST) certification, the healthcare industry's gold standard of information security.

In addition to HITRUST, NYeC and the QEs are each pursuing compliance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E).

This defines a series of security controls and standards in accordance with CMS information security and privacy programs, a requirement in order for QEs to receive and integrate Medicaid claims data into the SHIN-NY. This will increase the network's value and directly supports the needs of providers and health plans across New York as they continue on the path toward value-based care.



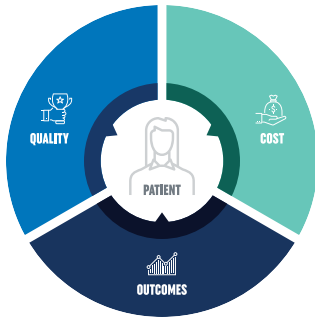
# SUPPORTING VALUE-BASED CARE

The *Roadmap* also sought to implement new capabilities that would increase the SHIN-NY's ability to support patient-centric, value-based care including certain tools, supports, and services desired by the state, providers, health plans, community organizations, and consumers. This is especially critical to New York State's healthcare system as it continues the transition toward value-based payment. The SHIN-NY can deliver significant value and benefit to providers, networks, and health plans in this environment.

NYeC is focused on enhancing the SHIN-NY's functionality, expanding its available data and services, and assisting providers and health plans in leveraging HIE to achieve success in support of the state's transition toward value-based care.

## Delivering Valuable Assistance to New York State's Providers

NYeC has built a portfolio of robust provider assistance services that are critical to provider transformation and value-based care. Many of these are grant-funded programs delivered in partnership with the state or federal government.



### Value-Based Care

**Value-Based Care (VBC)** is a healthcare model that emphasizes the importance of keeping people healthy and rewards providers for both efficiency and effectiveness.

## Supporting Providers with EHR Adoption, Use, & SHIN-NY Connection

### Medicaid Eligible Professional Program (Part of CMS' Promoting Interoperability Program, formerly known as Meaningful Use)

In 2019, NYeC completed the second year of a five-year contract with the DOH, supporting over 3,300 providers in adopting and effectively using EHRs to improve clinical effectiveness and efficiencies. This includes delivering direct technical assistance services to over 600 new participants for the first time.

### Data Exchange Incentive Program (DEIP)

For over five years, NYeC has managed DEIP on behalf of the DOH. The program is designed to provide funds to eligible providers to offset costs associated with connecting to the SHIN-NY. These costs are typically incurred from EHR vendors and are related to building interfaces to the SHIN-NY.

In 2019, NYeC approved incentive payments for over 270 unique provider organizations representing a spectrum, ranging from physicians, home care agencies, and nursing homes, to behavioral health providers. This increases the breadth and depth of SHIN-NY participation and clinical data contribution.

Program eligibility expansion is being explored. In 2019, NYeC piloted expansion to include pharmacies and EMS agencies in certain regions of the state.

### National Council for Behavioral Health

NYeC conducted work with the National Council for Behavioral Health through a program assisting behavioral health providers with health information technology (HIT) & HIE readiness. This includes providing education on EHR optimization and workflow redesign, and HIE. Our work successfully aided behavioral health and community-based sectors in their work toward VBC.

## Helping Providers Succeed in a Value-Based Care Environment

### CMS' Transforming Clinical Practices Initiative (TCPI)/Practice Transformation Network (PTN)

Beginning in 2016, NYeC, with partners, provided technical assistance to clinicians in developing the core competencies necessary to transform practices in order to thrive in a VBC environment.

The program successfully concluded in 2019, surpassing the program's goals and boasting:

- over 3,800 clinicians graduating into alternative payment models and demonstrating estimated cost savings of nearly \$300 million
- savings attributable to improvements in clinical outcomes for over 200,000 patients
- reductions in unnecessary hospitalizations and ED use resulting from the prevention of over 55,000 hospitalizations and ED visits, and the prevention of nearly 1,800 unnecessary tests

### New York State Patient Medical Home (NYS PCMH) (Formerly known as New York State's Advanced Primary Care (APC) Program)

NYeC, with technical assistance partners, supported primary care practices in several regions of the state in their path to NCQA PCMH recognition with the delivery of technical assistance services, directly supporting the state's efforts toward VBC.

By the end of 2019, NYeC had seen over 140 practices granted NYS PCMH recognition. The program's contract year concluded on January 31, 2020.



## Enhancing SHIN-NY Functionality and Data to Support Value-Based Care

NYeC has organized numerous projects and initiatives to investigate the addition of new data or services to the network, and/or enhancement of the overall functionality of the SHIN-NY to continue to support VBC.

In 2019, NYeC initiated and continued the exploration of several opportunities to broaden the SHIN-NY's offerings and ability to support VBC, many of which represent ongoing areas of work and investment. Highlights include:



### SHIN-NY ENABLED QUALITY MEASUREMENT

NYeC and the SHIN-NY have prioritized quality measurement and dedicated significant resources to accelerate the network's ability to support this activity. A key component of this has been NYeC's leadership, in collaboration with DOH and partners, of quality measurement pilot projects, which have two central areas of focus:

- Calculating quality measures for NYS PCMH to use for ongoing performance feedback
- Conducting data delivery to health plans, which this year led to innovative collaboration with NCQA, the first and only of its kind in the country

NCQA is in the process of analyzing related activities at three participating QEs to develop a standard that can be used nationally to potentially validate HIE data as acceptable supplemental data for health plan HEDIS reporting. This is the first project of its kind in the United States.



### CLAIMS DATA INTEGRATION

NYeC is funding QE claims integration pilots throughout the state which combine claims with clinical data and focus on innovative ways to support participants, including HEDIS-based measurement, medication management, and identification and care management of condition-specific cohorts.

NYeC collaborated in leading all SHIN-NY entities in the process of beginning to receive and integrate Medicaid claims data, and is exploring ways to obtain Medicare claims. Thus far, four QEs have completed the certification process to receive Medicaid claims, and the remaining SHIN-NY entities, including NYeC, will complete the process in 2020.



### DSRIP MEDICAL RECORD REVIEW (MRR)

We believe that clinical data housed in the SHIN-NY can effectively support the calculation of DSRIP Performing Provider System (PPS) measures. This has led to a NYeC funded pilot program where all QEs worked with NYeC and the state's identified third-party vendor for DSRIP PPS performance measurement. The pilot tested the ability of the QEs to link clinical data with Medicaid claims data, and integrate this into existing MRR workflows to provide measurement impact reports for all PPS networks.

The first year of this pilot demonstrated great success, including increases in multiple measures and included rates of improvement up to 20%. The two PPS measures most impacted by the addition of QE data were:

- Comprehensive Diabetes Care: Poor Control
- Depression Screening and Follow Up

The success of the first round led NYeC and the DOH to partner together to fund the second round of this pilot, and results are anticipated in early 2020.



# Additional Areas of On-Going Exploration, Funding, and Investment to Support Value-Based Care



## SOCIAL DETERMINANTS OF HEALTH

NYeC is actively engaged in conversations at both the state and federal level about how to best to standardize and incorporate social determinants of health data into the network, as well as broader social care data exchange, in order to support the connectivity and data contribution of Community-Based Organizations (CBOs) and ultimately the delivery of more comprehensive care.



## ALERTS TO HEALTH PLANS

While over 20 health plans currently participate in the SHIN-NY, NYeC recognizes that there is need to support additional new connections as well as enhance services for current health plans, especially those that cross multiple QE markets. This need is furthered by recent federal proposals that would require additional health plan connectivity and participation in health information exchange. In an effort to support an enterprise-wide approach to these needs, NYeC is leading the development of a statewide approach for the delivery of alerts to health plans.



## SHIN-NY PARTICIPATION WITH NATIONAL NETWORKS

NYeC investigated the landscape of national health information exchange networks to inform future decisions about SHIN-NY participation, which would ultimately facilitate the exchange of clinical data with other states bringing even more new data into the network.



## PATIENT ACCESS

While the SHIN-NY has historically prioritized use by providers and health plans, it is increasingly clear that functionality supporting patient access to their health data is a vital area of interest for the future of the network. NYeC is actively investigating how to best facilitate patient access and engagement.



## PDMP INTEGRATION WITH EHR SOFTWARE

On behalf of the DOH, NYeC provided funding and management to support a pilot project that sought to improve the user experience of the state's prescription drug monitoring program (PDMP), Internet System for Tracking Overprescribing (I-STOP), for one hospital system by creating integration between the PDMP and the hospital's EHR software. This work was supported by the QE, and intended to reduce provider burden through streamlined HIT/HIE. The pilot continues to be tested, and NYeC will incorporate lessons learned from this project into its ongoing work with partners to identify possible opportunities for scalable options for the integration of PDMP data with the SHIN-NY.



## MEDICATION FILL & EMS DATA

NYeC continues to believe the incorporation of medication fill and/or pharmacy data into the SHIN-NY would mean a more complete picture of a patient and improve clinical decision-making. This belief was supported by research and analysis of options. The potential full roll-out of DEIP to pharmacies could support this, and will continue to be investigated in 2020.

## SHIN-NY Consent Policy Advancements

Key to supporting value-based care is the continued work to modernize dated SHIN-NY policies. One notable example is the previous change to permit the delivery of results to providers with an established treating relationship to a patient, without written consent. In 2019, this modernization work continued with a particular emphasis on the exploration of a possible statewide SHIN-NY consent form that would allow transferability and recognition of one form of consent across the enterprise. Currently, these efforts have evolved to include plans to formally evaluate a transition to an opt-out model of consent. This model preserves patient choice while making it easier to ensure patients' providers have the information they need for treatment purposes.



## WHAT DOES 'OPT-OUT' MEAN FOR THE SHIN-NY?

**Rather than a patient needing to provide written, affirmative consent in order for providers to access their health information available within the system, general clinical information\* would be available to providers with an established treating relationship to a patient unless the patient indicates a preference otherwise.**



\*does not include sensitive information governed by other state and federal laws, including patient information related to substance use, mental health, reproductive health, HIV/AIDS, etc.

## SHIN-NY Access for CBOs

The topic of best practices for allowing access to the SHIN-NY and its data by HIPAA non-covered entities, such as community-based organizations (CBOs), is currently being considered by the SHIN-NY Policy Committee. These efforts are complementary to the work NYeC is engaged in at the state and federal level regarding the standardization and exchange of social determinants of health data previously referenced.



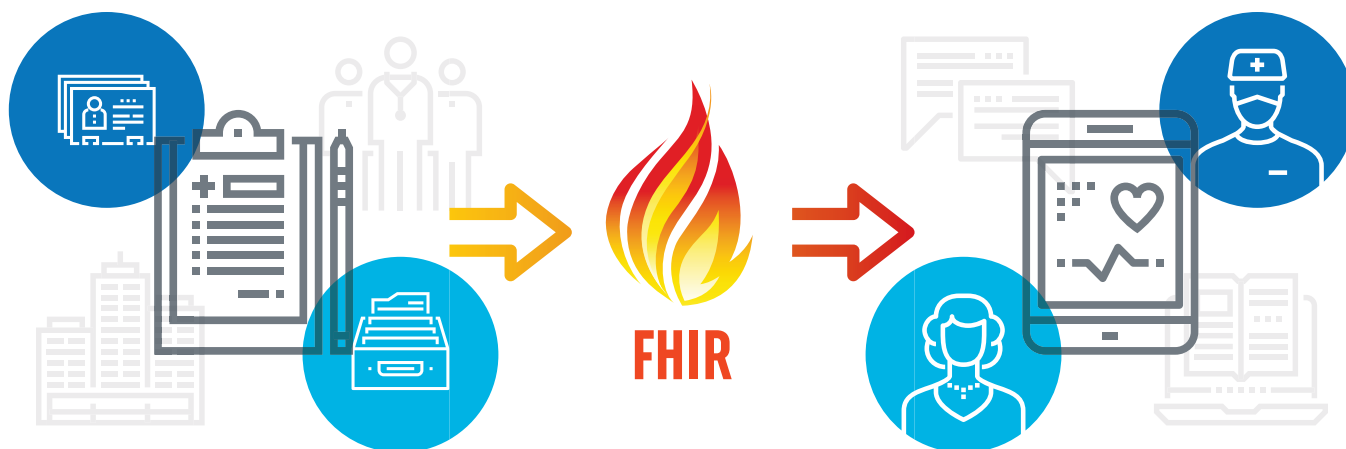


# ENABLING INTEROPERABILITY & INNOVATION

With a solid foundation, the SHIN-NY is ripe to explore technological, data, and industry advancements that could benefit the enterprise and all of its stakeholders. This type of innovation and enhanced interoperability aims to keep the SHIN-NY current and a competitive option for participants. It also fosters the development of solutions that may generate opportunities for revenue diversification for the system.

## The SHIN-NY on FHIR

Electronic HIE began decades ago, and recently the industry has coalesced around a developing set of technical standards called Fast Healthcare Interoperability Resources (FHIR) that will replace dated technical frameworks and related standards. FHIR is designed for the exchange, integration, sharing, and retrieval of electronic health information, enabling healthcare professionals to search for specific data elements and eliminating the need to review long, comprehensive documents to locate desired information.



In recognition of this transition, NYeC kicked off the development of the SHIN-NY's FHIR foundation in 2019. A FHIR-enabled SHIN-NY will provide the ability for participants to access discrete pieces of patients' clinical information through open application programming interfaces (APIs), ultimately resulting in what will be a more tailored, efficient, and optimal user experience.

Currently, the development of a FHIR-enabled SHIN-NY is being pursued across the state in several ways:

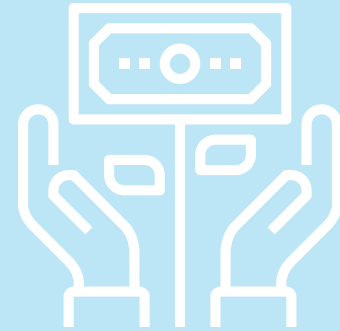
- NYeC, with the support of the DOH, is funding the implementation of FHIR servers at each QE.
- Identifying standardized SHIN-NY use cases for FHIR, the first of which will allow participants to gather blood pressure and A1C lab results for a roster of patients. NYeC is spearheading the development of common requirements to ensure standardized implementation across SHIN-NY entities.
- Through the QE performance-based contracting funding mechanism, NYeC is funding several QE pilot projects, including some related to patient access, with a FHIR basis or FHIR components and will incorporate results in decision-making about future statewide FHIR-related work statewide.

## Additional SHIN-NY Innovation Areas

Other innovative projects currently being funded across the state, set to conclude during 2020 or 2021, include but are not limited to:

- The development of EHR hub models, boosting efficiency and affordability of SHIN-NY connections
- Claims and pre-adjudicated claims ingestion, analysis, and integration
- Improvements to QE patient matching abilities, including the consideration of unique characteristics of specific vulnerable populations
- Piloting the integration of new mobile patient access software with HIE data
- Leveraging machine learning for data quality and coding, risk stratification, and predictive modeling
- Cross-QE data-sharing initiatives to enrich data that is available outside of a participant's local QE





# PROMOTING EFFICIENCY & AFFORDABILITY

In recognition of the need to be nimble and the importance of being good stewards of the public funds that support the system, the *Roadmap* outlined a plan to implement core infrastructure payments within the performance contracting model in order to drive cost savings and efficiencies, while continuously seeking additional opportunities for efficiency.

## Performance-Based Contracting Funding Construct

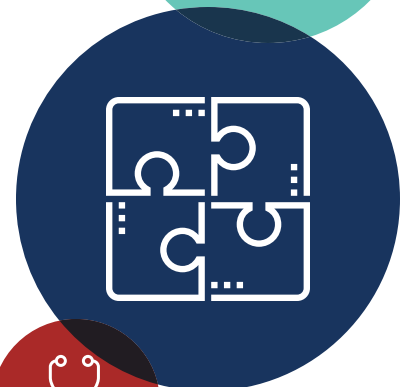
The QE performance-based construct NYeC developed and first implemented in 2018 was designed to provide funding to QEs based directly on their performance against NYeC-developed and monitored metrics, encouraging the standardization of services statewide, and incentivizing collaboration. This significant body of work continued throughout 2019 as a key area of focus and resource investment.

There are several additional initiatives that the organization has sponsored through this mechanism in pursuit and support of QE mergers and strategic partnerships, groups purchasing, and shared services, in the name of enterprise efficiency and affordability.

## QE Efficiencies

One notable achievement of 2019 was the successful completion of a strategic partnership that included a full asset merger between two QEs: HealtheConnections, the QE based in Syracuse, and HealthlinkNY, the QE that previously served the Southern Tier and parts of the Hudson Valley regions. This was a result of work conducted during 2018 and early 2019 that recognized that the success of such a partnership required certain support from NYeC.

While the decision of HealtheConnections and HealthlinkNY to pursue a full asset merger was appropriate for them, NYeC recognizes that this is not the only method toward achieving greater efficiency across the enterprise. NYeC actively seeks to work with QEs to identify other opportunities to generate savings, new revenue opportunities, and otherwise continuously prioritize good stewardship of the government funds that support this critical infrastructure.



# ADVOCATING COLLECTIVELY FOR THE SHIN-NY & ITS STAKEHOLDERS



Continuous and substantive stakeholder engagement is critical. NYeC has developed a robust advocacy and communication strategy to better educate stakeholders about the benefits of the SHIN-NY, demonstrate its value, support the network's policy objectives at the federal and state level, and foster user dialog and feedback.



## Engaging with Key Stakeholders

A key priority of NYeC is to maintain consistent engagement with funders and regulators at the state and federal level to keep them apprised of our work and the value the SHIN-NY brings the state and communities.

## Hearing from the Field

In order to effectively lead and oversee the HIE network, it is imperative to hear directly from stakeholders. To address this, NYeC created advisory groups to provide NYeC staff with regular feedback, insight, and advice from stakeholders across sectors, regions, and industries.

Throughout 2019, NYeC conducted on-going active engagement with:

- **Provider Advisory Group**
- **Community-Based Organization & Value-Based Care Advisory Group**
- **Innovation Advisory Group**
- **Statewide Multi-Sector Associations Group**



Two additional NYeC groups are currently developing and expected to launch in early 2020 — a Consumer Advisory Group and a Health Plan Advisory Group to provide guidance and input to NYeC staff.

While slightly different from the others, a new Quality Measurement work group is being created in conjunction with the DOH and NYSTEC that will focus on quality measurement data issues to aid both providers and health plans in their patient care management.

These Advisory Groups provide invaluable contributions to NYeC and are committed to supporting the work of the SHIN-NY.



## Advisory Group Participants

Adirondack Health Institute  
Aetna  
AIRnyc  
Alliance for Better Health  
Better Health for Northeast New York  
Brooklyn Health Home  
Capitol Region Association of Food Pantries  
Catholic Health Services of Long Island  
CDPHP  
Community Health Care Association of New York State  
Children's Health Home of Upstate NY  
Coalition of NYS Public Health Plans  
College of Medicine at Howard University  
Common Ground Health  
Community Healthcare Network  
Community Service Society of New York  
Docs for Tots  
Empire BlueCross BlueShield HealthPlus  
Excellus BlueCross BlueShield  
Galileo, Inc.  
Greater New York Hospital Association  
God's Love We Deliver  
HCR Home Care  
Healthcare Association of New York State  
Help Me Grow Western New York  
Hinman Straub  
Home Care Association of NYS  
Hospice & Palliative Care Association of NYS  
Housing Works, Inc.  
HRHCare Community Health  
Humana  
Icahn School of Medicine at Mt Sinai / NODE.Health  
Iroquois Healthcare Association  
Island Internists  
Jewish Association Serving the Aging  
KPH Healthcare Services, Inc.  
LeadingAge NY  
Lenox Hill Neighborhood House  
Lucania Partners, Inc.  
Massachusetts eHealth Collaborative  
Medical Society of the State of NY  
Mental Health Association in New York State  
MetroPlus  
Mount Sinai Health System  
Mt Sinai PPS, LLC  
MVP Health Care  
Nestle eHealth Incubator  
New York Chapter – American College of Physicians  
New York Health Plan Association  
NewYork-Presbyterian  
NYS Association of Health Care Providers  
NYS Health Facilities Association  
Northtowns Medical Group  
Northwell Health  
Northwell Health Physician Partners  
Nurse Practitioner Association of NYS  
NY Alliance for Inclusion and Innovation  
NYC Department for The Aging  
NYS Academy of Family Physicians  
NYS Council for Community Behavioral Healthcare  
NYS Department of Corrections  
Palliative Care  
Patient Pattern  
Planned Parenthood of Central & Western NY  
Rochester Regional Health  
SBH Health System  
Schuyler Center for Analysis and Advocacy  
Selfhelp Community Services  
SOMOS IPA  
St Peter's Health Partners  
St Ann's Community  
UHS Binghamton  
United Way of Greater Rochester  
United Way of The Greater Capitol Region  
Visiting Nurse Service of New York

## Weighing in on State and Federal Proposals

Aligning with NYeC's broader advocacy and messaging, which emphasize that HIE and the SHIN-NY are critical to and directly support the state's goals and need continued investment and support, NYeC actively monitors federal and state activity that impacts HIT/HIE and analyzes possible implications to the SHIN-NY and the state. This includes following developments from the U.S. Department of Health and Human Services' (HHS) Office of the National Coordinator's (ONC) Health Information Technology Advisory Committee (HITAC), which recommends to the National Coordinator for Health IT policies, standards, implementation specifications, and certification criteria, among other things.

A key component of NYeC's engagement is the analysis of and advocacy on state and federal proposals and initiatives with potential impacts on the SHIN-NY and its stakeholders. Several developments arose in this arena in 2019, with NYeC submitting formal comments on the following, the results of which are eagerly awaited to determine impact and next steps. NYeC comments on these activities can be followed at [nyehealth.org](http://nyehealth.org).

### Comments on New York State's DSRIP 2.0 Proposal

The DOH released its concept paper related to a proposed DSRIP 2.0 program in September 2019, which seeks to extend and build upon the success of the initial DSRIP program which is coming to a close. This program would continue the state's critical efforts to transform the Medicaid program toward a more value-based payment system that improves health outcomes while reducing costs.

In particular, DSRIP 2.0 would not only continue successful practices that have been identified through the original program, but would also support new initiatives targeted at supporting vulnerable populations. There are numerous opportunities for the SHIN-NY to support the state, providers, community organizations and health plans in this program, and in November NYeC submitted comments calling for:

- **A stronger role for QEs and a statewide governance mechanism for IT-related issues.**
- **Support and incentives for CBOs, LTPAC, behavioral health, pharmacies, and small physician practices.**
- **Enhanced responsibilities for QEs related to claims integration, quality measurements, social determinants of health data sharing, and patient access.**
- **Support for SHIN-NY Policy modifications to support exchange with non-covered entities, opt-out consent, patient education, research, and more.**
- **NYeC was very pleased to see several key points from these comments incorporated into the final DSRIP 2.0 proposal submission that the DOH sent to CMS in November 2019, and looks forward to working with the DOH, providers, and health plans across the state if awarded.**

## Comments to SAMHSA on Part 2 Modernization

42 CFR Part 2 is a regulation first effectuated in 1975 which establishes requirements around the use and disclosure of certain substance use disorder records. NYeC submitted comments to the Substance Abuse for Mental Health Services Administration (SAMHSA) in October 2019 related to the modernization of this regulation and voiced support for aligning Part 2 with the Health Insurance Portability and Accountability Act (HIPAA). Additionally, NYeC:

- **Applauded SAMHSA's efforts to streamline sharing to help curb the opioid epidemic.**
- **Encouraged them to further expand beyond the treating provider relationship.**
- **Advocated for a streamlined HIE consent form structure to reduce consumer confusion.**

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

Earlier this year, the Centers for Medicare & Medicaid Services (CMS) and 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, and enforcement.

NYeC was very supportive of the spirit and intention of the proposals, while also urging the agencies to:

- **Further leverage robust HIEs, like the SHIN-NY, by creating a safe harbor from information blocking provisions for participants and by ensuring the SHIN-NY can help providers and payers fulfill proposed obligations such as hospital event notifications and payer participation in trusted exchange networks.**
- **Be realistic with implementation timelines.**
- **Further harmonize proposals.**

## Comments to ONC on Trusted Exchange Framework and Common Agreement

In early 2018, the ONC released its initial draft of the required Trusted Exchange Framework and Common Agreement (TEFCA). It is intended to develop and support a framework of trust, enabling exchange between health information networks (HINs). After receiving a great deal of feedback from stakeholders such as NYeC, ONC released the much anticipated second draft of TEFCA in April 2019.

NYeC remained supportive of the intent of TEFCA, a conceptual structure that largely resembles the SHIN-NY. NYeC indicated appreciation for many of the changes made in the second draft but continued to encourage ONC to further leverage existing infrastructure and more clearly demonstrate the value proposition of participation.

### Comments also called for:

- **An associated safe harbor for providers from the recently proposed information blocking regulations for TEFCA-participating entities, to both encourage participation and to align the proposals.**
- **Further guidance on how differing consent policies should be managed across states.**

A key component of the proposed TEFCA structure is an entity called a Qualified Health Information Network (QHIN). These QHINs would engage participants (other existing HIEs, providers, health plans, etc.) and then connect to one another, forming the national structure.

- **The state has asked NYeC to explore becoming a QHIN, a process that is expected to take place via competitive process in 2020, led by the ONC-selected Recognized Coordinating Entity (RCE), The Sequoia Project. NYeC has conducted an initial analysis and is actively monitoring related developments and guidance.**
- **If NYeC were to pursue application to become a QHIN, this would be a significant undertaking and represent a new functionality and source of data for the enterprise.**

## Engagement with Private Sector HIE Activities

NYeC increased engagement in national interoperability standards work throughout 2019, which is critical to SHIN-NY innovation and development.

Just as NYeC is engaging with HIE standards bodies and plans to continue to develop this area of expertise, we launched an electronic health record (EHR) Advocacy Initiative.

2019 marked the first year of activities formally organized to:

- Advocate for high-quality data exchange from EHRs to the SHIN-NY
- Promote affordability and cost-effective connections
- Amplify the voice of NYS providers to solve vendor challenges

NYeC's advocacy with EHR vendors in 2019 led to at least five instances of resolution for vendor issues raised by stakeholders. The organization views these efforts as vital to providing the best possible support to SHIN-NY participants, encouraging optimal use, and increasing overall satisfaction and value.

## Honoring Exceptional Leaders

NYeC celebrates the work of the organization, the QEs, and its partners each year by honoring exceptional and innovative leaders in the healthcare community. In November 2019, NYeC had the pleasure of honoring three pioneers at its annual Gala & Awards in New York City. Hosted by NYeC's Board of Directors, over 225 guests attended the event to recognize the extraordinary accomplishments of our 2019 honorees:



**Glenn H. Hutchins**  
Chairman      Co-founder  
North Island      Silver Lake



**Mitchell Katz, MD**  
President & CEO  
NYC Health + Hospitals



**Marilyn A. Fraser, MD**  
CEO  
Arthur Ashe Institute for Urban Health

*This was a wonderful celebration capping off an extremely productive year for the New York eHealth Collaborative.*



# CONCLUSION

The *SHIN-NY 2020 Roadmap* has provided NYeC with a framework through which to bring the SHIN-NY to a point of critical mass, where it is more valuable to New York's healthcare community than it has ever been before. This next year is exceptionally important and will lay the groundwork for the network's future growth and development.

In 2020, NYeC will focus on continued strengthening of the SHIN-NY's foundation, expanding its available data and services to enhance value to participants and the broader healthcare system, and fostering innovation to ensure that the needs of its participants both now and in the future are met and exceeded. Some key priorities for the year ahead include:

- **Maintaining necessary SHIN-NY funding**
- **Increasing SHIN-NY value and support to VBC**
- **Improving data quality**
- **Expanding available data**
- **Successfully enabling FHIR statewide**
- **Evaluating a possible transition to an opt-out model of consent**
- **Preparing for the next phase of QE performance-based contracting**
- **Responding to key state and federal initiatives and proposals**
- **Development of a post-2020 SHIN-NY strategic plan**

This important work cannot be done alone, and success will hinge on the strong partnerships NYeC has with policymakers, the DOH, QE partners, stakeholders across sectors, and ultimately the public. NYeC is confident that through these partnerships and the associated commitment to the SHIN-NY's utility and future, the organization and the network will become an even more integral component of the healthcare system in the years ahead.



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