



NEW YORK eHEALTH
COLLABORATIVE



HIT VBP Measure Feasibility Task Force Sub-Team Meeting

SHIN-NY Overview and Updates

Nate Donnelly, NYeC VP Policy & Analysis

Agenda

I. SHIN-NY Overview

II. Consent

I. Alerts Based on a Treating Relationship

III. SHIN-NY 2020 Roadmap

IV. NYeC and SHIN-NY Updates

SHIN-NY Overview

What is the SHIN-NY?

- The SHIN-NY is a statewide network that facilitates **secure and confidential sharing of patient data** across the healthcare system to improve outcomes
- Participating healthcare professionals can seamlessly exchange patient data to increase collaboration, better coordinate care, and lower costs

The SHIN-NY is used by
98% Hospitals
80,000+ Medical providers
Representing **millions of people** who live
in or receive care in New York



How the SHIN-NY Works



#1

Patient receives care

#2

Records are created and shared with SHIN-NY

#3

Patient receives additional care, provides consent

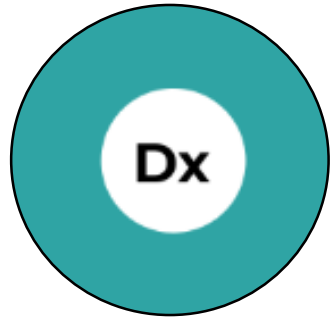
#4

Records are accessed from the SHIN-NY

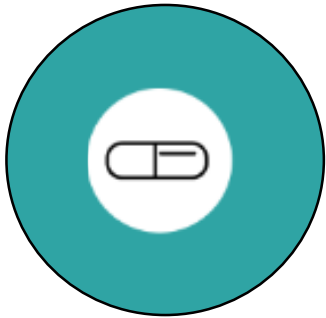
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Improved patient care

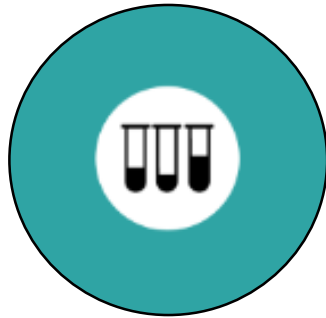
What Information Is Shared?



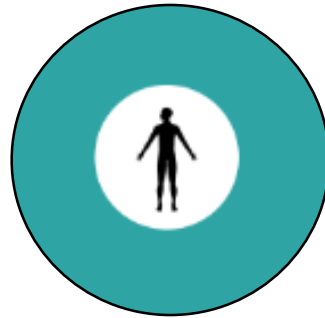
**Clinical
History**



**Medication
Information**



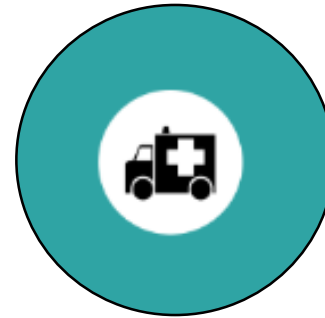
Lab Results



Images



Care Plans



**Hospital
Admissions**

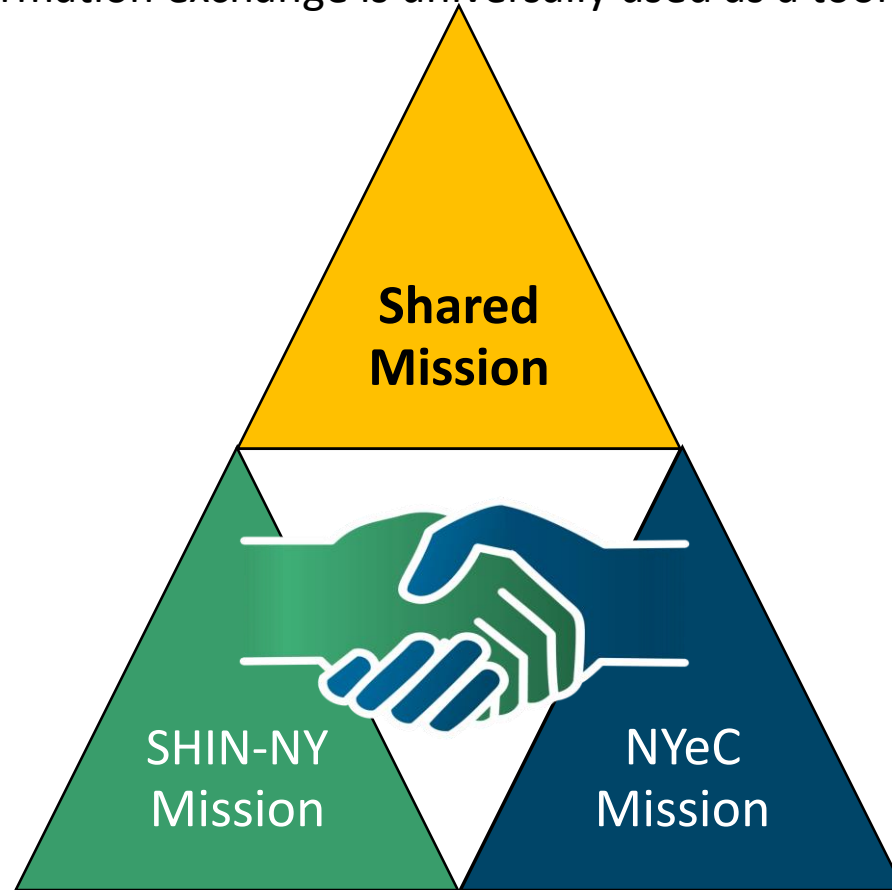
One Record, Sharable Statewide

- Participants in the SHIN-NY have access to their patient's medical data, helping to identify life-threatening allergies or critical medication interactions, avoid unnecessary and duplicate tests, and share treatment plans across care teams
- Through the SHIN-NY, providers can also sign up to receive real-time alerts when patients end up in the ER or are admitted to the hospital
- The SHIN-NY helps facilitate patient-centered care and supports New York State in achieving better care for patients, lower costs, and healthier communities

SHIN-NY & NYeC Mission and Vision

Our **shared** vision is a dramatically transformed healthcare system where health information exchange is universally used as a tool to make lives better

SHIN-NY mission is to improve healthcare through the exchange of health information whenever & wherever needed



NYeC mission is to improve healthcare by collaboratively leading, connecting, & integrating health information exchange across the State



SHIN-NY Primary Roles and Responsibilities

DOH

- Exercise overall authority for the SHIN-NY (funding, regulation, laws, policy guidance, QE certification requirements, etc.)
- Serve as a partner with the private sector
- Utilize state levers to promote SHIN-NY

NYeC

State Designated Entity

- Provide thought leadership and statewide management to advance, align, integrate, and advocate
- Facilitate and propose policy, technical standards, functionality, business operations, and innovation
- Oversee delivery of QE core services through performance based contracts
- Connect QEs statewide and meet performance goals

Qualified Entities (QEs)

- Partner with DOH and NYeC to provide thought leadership
- Deliver core SHIN-NY services
- Meet performance goals and comply with State requirements
- Directly support healthcare reform initiatives, care models, and innovation
- If desired, offer enhanced services for additional fees

SHIN-NY = The Network of Networks

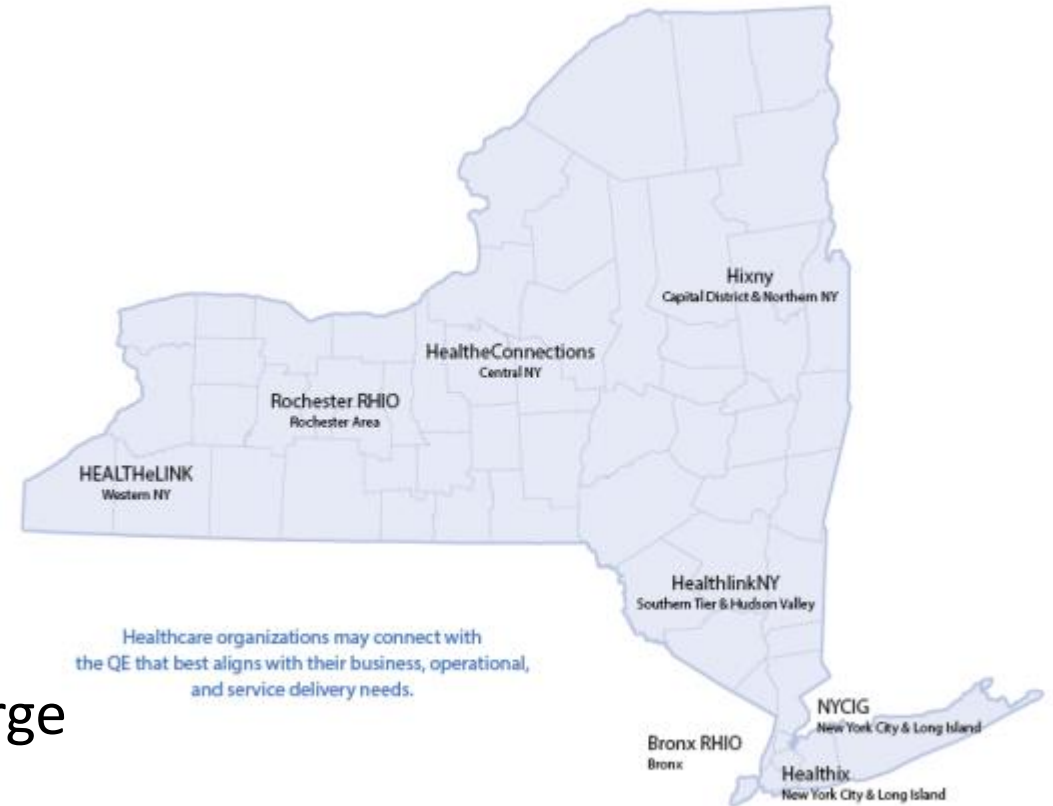
8 Qualified Entities (QEs) + NYeC

Sharing Clinical Information Across the State

QEs provide core services including:

- Secure messaging
- Notifications and alerts
- Results delivery
- Patient Record Lookup
- Consent management
- Provider & Public Health clinical viewers

QEs offer different value added services for a charge



Core Services

Secure Messaging

Gives participants the ability to seamlessly exchange authenticated and encrypted clinical data



Notifications & Alerts

Alerts allow participants to receive real-time updates about their patients



Results Delivery

Provides diagnostic results and reports to ordering clinicians and other designated to receive results



Patient Record Lookup

Allows participants to retrieve individual patient records from across the state after receiving consent from the patient



Consent Management

Tracks and verifies that a patient has provided consent to share their records per NYS and federal law and as defined by HIPAA



Provider & Public Health Clinical Viewers

Allows participants or authorized public health officials to search for patient records across all data sources on identifying information



Goal: Right Information at the Right Time

Before the Point of Care

- Improved public health emergency management and monitoring
- Support for administrative and reporting needs of health plans
- Improvements in population health
- Potential to inform scientific and medical research

At the Point of Care

- Reduced burden of physically transferring or recalling medical history
- More efficient ED treatment
- Reduction in unnecessary tests, procedures, and medications

At the Point of Discharge

- Enhanced care coordination and transitions

Consent & Alerts Based on a Treating Relationship

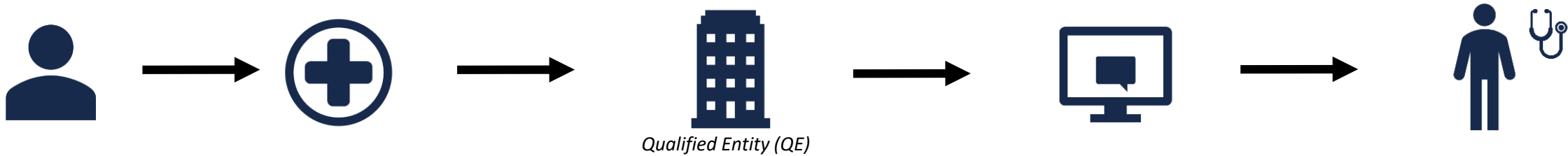
Consent Overview & QA

- In New York State, access to patient's records is governed by written affirmative consent
 - There are several exceptions:
 - One-to-one exchange
 - Public health reporting and access for purposes allowed by law
 - Access for tracking and locating missing persons in a declared disaster/emergency
 - Break the glass access in an emergency
 - De-identified data
 - Organ procurement organization access
 - And alerts based on a treating relationship

*Data containing sensitive PHI are excluded from consent exceptions

Consent

Patient Care Relationship Alert Process



Step 1

Patient goes to the ER, admitted to the hospital for inpatient treatment, or receives scheduled outpatient surgery.*

**Subject to restrictions on alerts coming from facilities subject to the mental hygiene law 33.13(c)(7), (c)(9)(i), (c)(9)(ii) or 42 C.F.R Part 2*

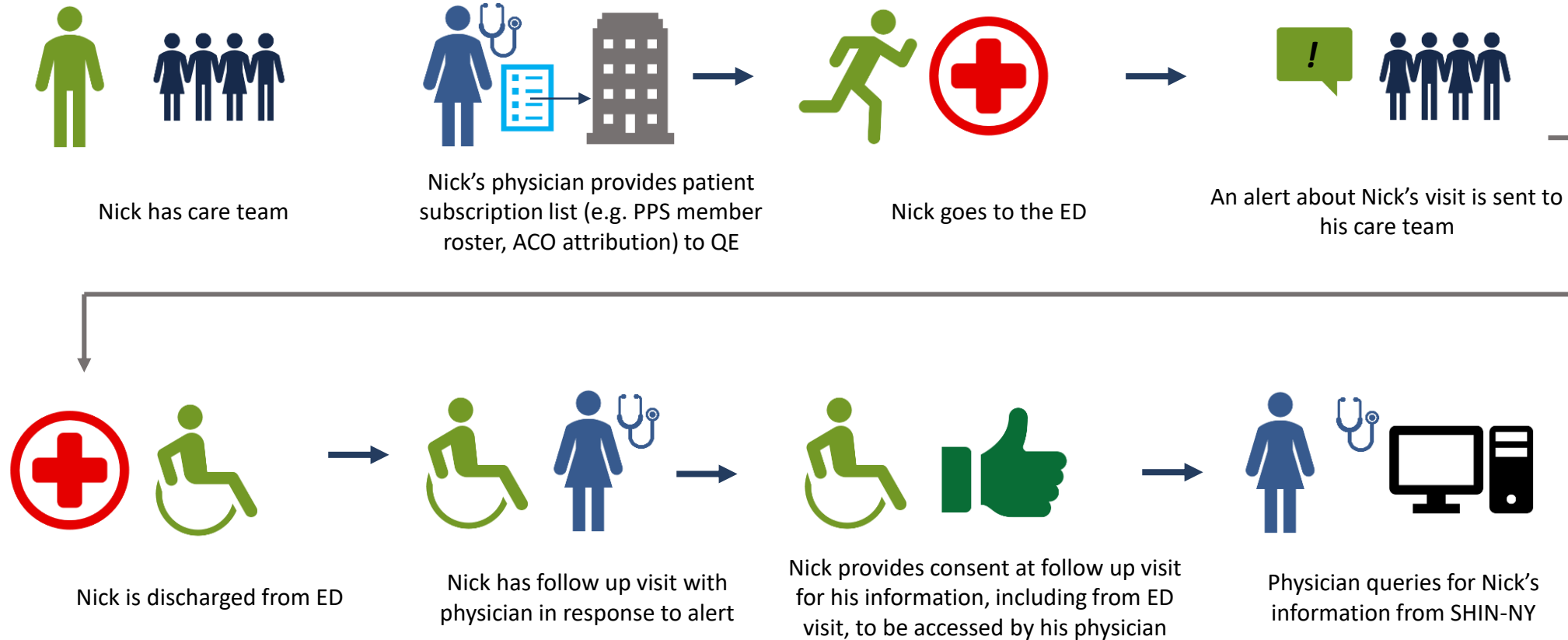
Step 2

A patient care alert is generated and sent by the QE to a provider/subscribing participant.

If an alert is sent based on a **treating relationship**, the recipient **can only access limited patient health information** included in the patient care alert.

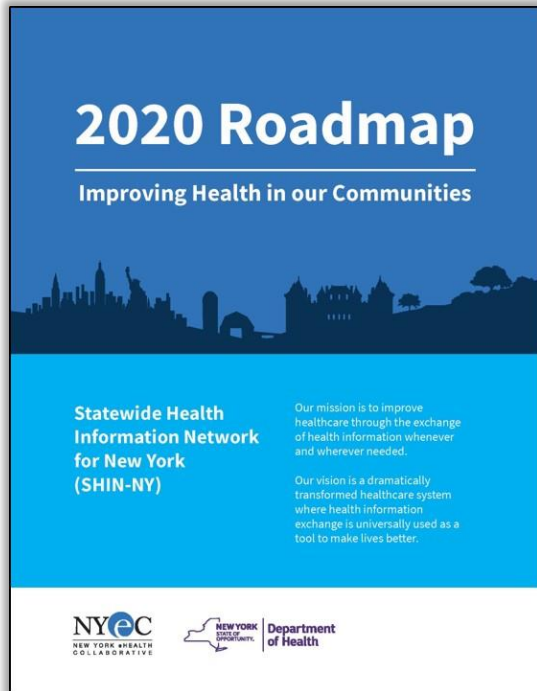
If a patient has given consent, the recipient can query the SHIN-NY for access to the full record (if the patient has not given consent, no full access to the record will be granted).

Example of How It Could Work



SHIN-NY 2020 Roadmap

SHIN-NY 2020 Roadmap – Five Basic Strategies Informed by Stakeholders



- 1 Ensuring Strong HIE Foundation
- 2 Supporting Value-Based Care (Tools, Supports, and Services)
- 3 Enabling Interoperability and Innovations
- 4 Promoting SHIN-NY Efficiency and Affordability
- 5 Advocating Collectively

Strategy 1: Strong Foundation

Ambitious Goals used in Performance-Based Contracting

- Adoption:
 - 100% participation by hospitals
 - 70% participation by other provider types
 - 100% full data contribution by hospitals
 - 70% full data contribution by other provider types

- Consent:
 - 95% for opt-out system & 85% for opt-in system

- SHIN-NY Utilization
- Enterprise Availability
- Customer Satisfaction

- All QEs and NYeC must obtain HITRUST certification

Performance payments 2018-2020



Pay-for-reporting for 2018 while work done on measures

Performance payments start for these metrics in 2019 and 2020



Strategy 2: Supporting Value Based Care



Up to 3 enhanced functionality projects, examples include:

- Medication fills
- Quality measurement reporting
- Standardized data formats
- Medical claims (via APD)
- eMOLST
- Registries
- Social determinants of health indicators



Up to 3 additional data & services projects, examples include:

- Single sign-on for Health Commerce System (I-STOP, others)
- Smarter, actionable alerts
- MACRA/MIPS compliance
- Care plan exchange
- Additional EHR integration
- Patient-centered data home

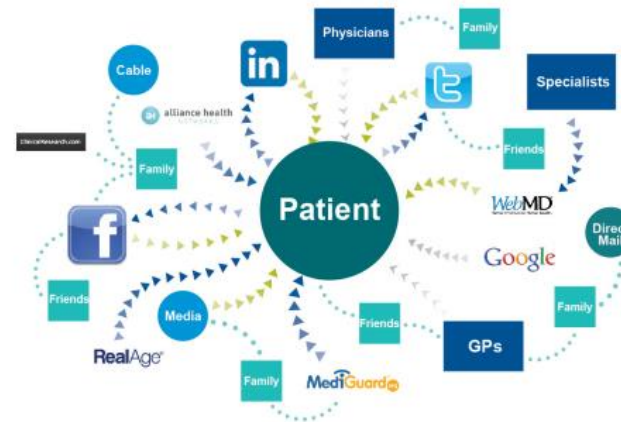


- Basic alerts available to those with treating relationships without written consent
- Incorporation of SHIN-NY consent with other forms
- Exploration of opt-out
- Data governance
- Others

Strategy 3: Enabling Interoperability and Innovations

Investments in process or technology interoperability & innovations via competitive applications to promote market-based solutions:

- Patient engagement tools
- Value-based care tools/services*
- HL7 FHIR pilot/discrete data
- Blockchain
- Artificial intelligence
- Machine learning
- Natural language processing
- Others



In SFY 2018-19, up to \$1.375M would be available for investments in process or technology that promote market-based solutions:

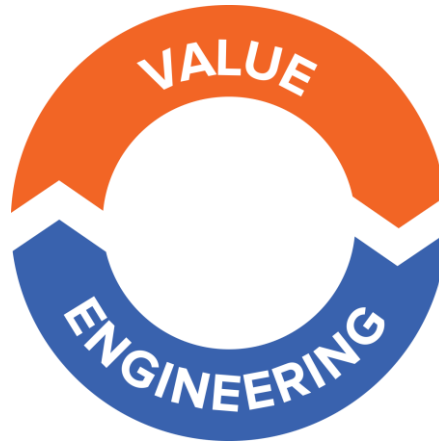
- Must align with statewide goals
- Work and results shared statewide
- QE partnerships encouraged
- Local match required
- Does not become part of permanent base funding
- If a QE receives HGC funding they are ineligible for I&I

Strategy 4: Promoting Efficiency and Affordability

Core Allocation to Encourage

- Group purchasing
- QE specialization
- Standardization
- Shared services
- Potential QE mergers

Also, a new state policy of “wire once” & “pay once”



Core Allocation provides:

- Formulaic method to distribute finite resources -- not intended to represent payment for “costs” or “budgets” but reasonable allocation
- QEs more flexibility* & ease administrative burden

Core allocation begins to address funding variation across the state

*Within statutory and regulatory requirements and with anticipated audits

Strategy 5: Advocacy For...

Value, Policy, & Funding



- Academic studies
- Consistent messaging
- Consumer education
- New Advisory Groups
 - Consumer, Provider, and Health Plans
- Strong advocacy with Executive and Legislature

EHR Vendors



- Aggressive collective work with EHR vendors on issues including:
- CCD/C-CDA, certified EHRs, prioritization of QE participants, responsiveness to development of gateways and inconsistent pricing, and charging for HIE connections

Interoperability & Standards



- Participate and influence federal discussions
 - Val Grey appointed by Senator Schumer to serve on Federal HIT Advisory Committee (HITAC)
- Collaborate with other states and regional HIEs
- Promote statewide standards

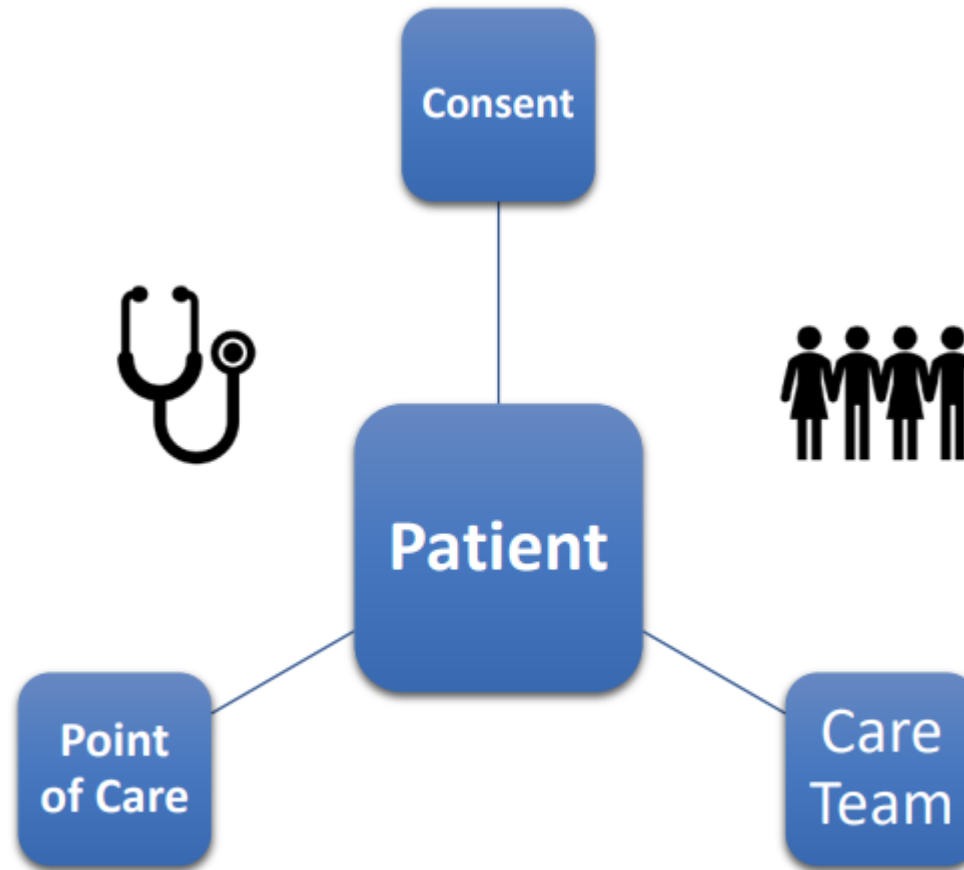
SHIN-NY 2020

High security and reliability



Critical mass of network offers patients the opportunity to provide consent so healthcare practitioners may:

- rely upon on comprehensive information for care; and
- reduce the burden on the patient of transferring medical records and recalling medical history



Maximum data contribution and usage to support the varied needs of different provider types by providing comprehensive patient information to and from:

- Hospitals
- Physicians
- Clinics
- Long-Term Care
- Home Care
- Hospice
- Laboratories
- Pharmacies
- Public Health
- Behavioral Health
- Community-Based Organizations

NYeC and SHIN-NY Updates

NYeC Performance-Based Contracting with QEs

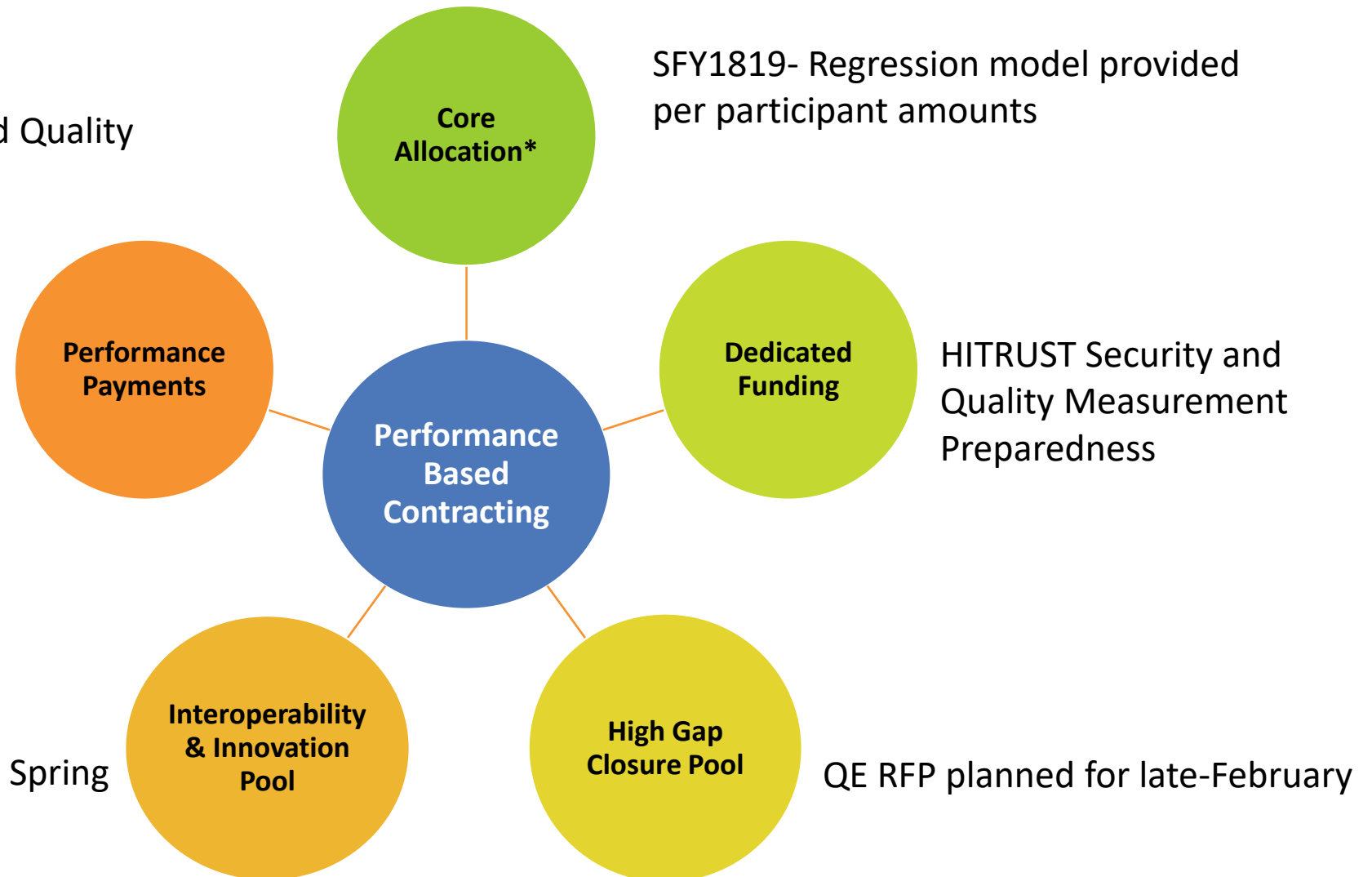
Current metrics:

- Participation
- Data Completeness and Quality
- Consent

Pay-for reporting metrics to develop for next year performance:

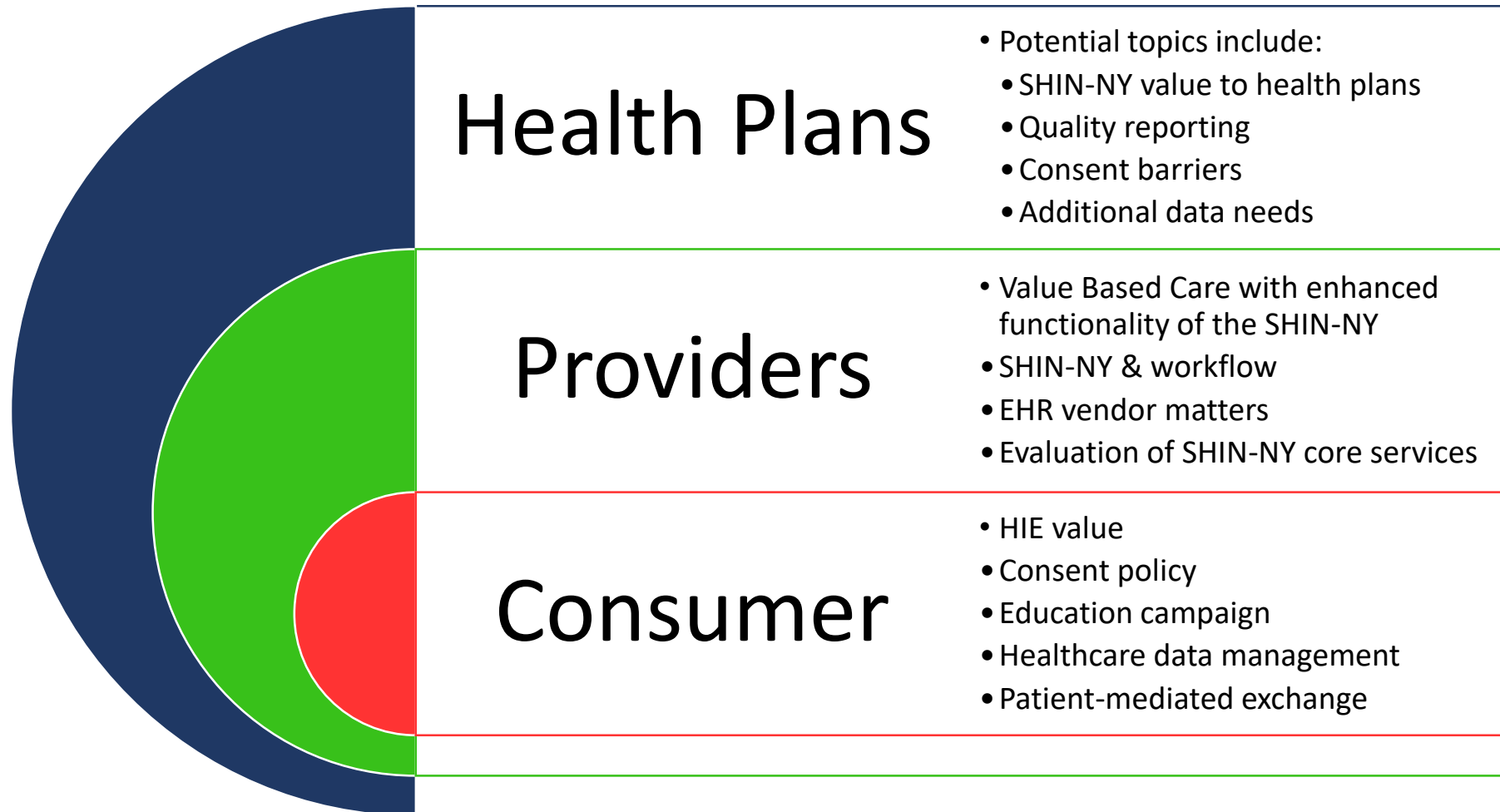
- SHIN-NY Utilization (alerts, results delivery, patient record returns)
- Customer satisfaction
- Enterprise availability

QE RFP planned for this Spring



Continuous Statewide Feedback and Advisory Groups

- As stated in the SHIN-NY 2020 Roadmap, NYeC will be forming Advisory Groups and will commence in early 2018



*Technology, CBO and VBC, and Quality Reporting to be formed in 2018 as well

SHIN-NY: It's About Achieving the Triple Aim



- 57% reduction in patient readmissions within 30-days after hospital discharge
- 30% fewer emergency department admissions
- 52% reduction in laboratory tests and a 36% reduction in the estimated number of radiology exams
- 25% fewer repeat images within 90-days of first imaging procedure

[NYeC website compilation of articles on value:
http://www.nyehealth.org/shin-ny/value-of-hie/](http://www.nyehealth.org/shin-ny/value-of-hie/)



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