



**Department  
of Health**

# **Transparency, Evaluation, and Health Information Technology Workgroup**

**Meeting #2**

**September 30, 2014**

# Presentation Agenda

#	Topic	Time	Presenter
1)	Welcome and Introductions	10:05-10:15	Patrick Roohan
2)	Opening Remarks	10:15-10:20	Courtney Burke
3)	Review of Next Steps from Meeting 1 <ul style="list-style-type: none"> <li>- Outstanding Issues</li> <li>- Legal Sub-workgroup</li> </ul>	10:20 -11:00	Hope Plavin
4)	APD Draft Regulations <ul style="list-style-type: none"> <li>- Overview and discussion</li> </ul>	11:00 -11:45	Chris Nemeth
5)	SHIN-NY Considerations and Discussion	11:45-12:15	Steve Smith
6)	Workgroup Report <ul style="list-style-type: none"> <li>- Review of Charge</li> <li>- Outline</li> </ul>	12:15-12:45	Patrick Roohan
7)	Questions and Discussion	12:45 - 1:00	All



# Review of Issues Identified from Meeting #1

Hope Plavin, Division Director  
Office of Quality and Patient Safety

# Issues and Challenges: Overview

- In Meeting #1, issues and challenges were identified pertaining to:
  - Legal issues
  - All Payer Database (APD)
  - Medicaid Data
  - Electronic Health Records (EHRs)
  - The Statewide Health Information Network of NY (SHIN-NY)

# Issues and Challenges: Legal

1. Consent
2. Liability
3. Security
4. Confidentiality
5. Antitrust issues
6. Matching and linking
  - Master Patient Index
  - Linking to other data sources (i.e., social determinants, etc.)



# Issues and Challenges: APD

1. Data sources and collection:
  - a. Exclusion of the uninsured
  - b. Authority to collect data for the self-insured market
  - c. Anti-trust and confidentiality
  - d. Should the APD secure data directly from physicians?
  - e. Collection of price data
  - f. Social determinants of health: How best to link data across disparate collection mechanisms including housing, health, employment etc.
  - g. Bundled payments: How to dig beneath the bundle and is it necessary?
  - h. Self-funded and ASO issues: Not just large employers in these plans, also smaller employers that are self-funded and the issues for both of them vary
  
2. Data Access and Use:
  - a. APD Price information - Antitrust concerns

# Issues and Challenges: Medicaid

- Medicaid Data Access and Use:
  - Accessibility and timeliness of Medicaid data for purposes of attribution and for use promoting population health PPS initiatives noted as a barrier to effective implementation.
  - Identifiable data at the Performing Provider System (PPS) level needs clarification

# Issues and Challenges: EHRs

1. Standards:
  - a. EHRs still don't communicate well with one another despite existence of data standards
  - b. Must leverage existing standards where possible
  
2. Data Fatigue:
  - a. Providers don't want/need all of the data - instead they want useful data, with analytics, to provide care.
  - b. Plea for common set of measures to be reported across insurers.
  - c. Suggested priority data elements include: labs, Rx, X-ray, inpatient and ED visits.
  
3. Provider Immunity for:
  - a. Using incorrect data provided to the SHIN-NY correctly.
  - b. Providing correct data to the SHIN-NY that gets used incorrectly.





# Issues and Challenges: SHIN-NY

1. SHIN-NY and Meaningful Use (MU) need to be better aligned to assure hospitals are able to be compliant and are not subject to penalties (often the hospitals least able to afford penalties)
2. Overlapping in downstate RHIOs
3. DSRIP / SHIN-NY integration and supports for providers is key
4. SHIN-NY and telehealth integration should be explored (i.e. home health monitors)

# Proposed Next Steps

1. Develop Legal Sub-workgroup consisting of subject matter experts to provide legal interpretation on authority to:
  - Explore price data issues and antitrust concerns
  - Address mechanisms for securing data from the self-insured
  - Secure data from private physician practices
  - Include data from Article 31 facilities
2. Explore how other states handle these issues
3. Once legal authority is determined, the State will need to lead policy discussions about the use of:
  - Access to and use of price data; antitrust issues
  - Confidentiality
  - How to best collect data from sources under scope of law
4. Determine need for and propose legislation as needed



# APD Draft Regulations

Chris Nemeth, Director  
All Payer Database Development Bureau  
Office of Quality and Patient Safety

# Proposed Regulation Structure

- Definitions
- Data Submission Requirements
  - Submission Extensions, Variances, and Waiver Requests
  - Submission Exclusions
  - Submission Specifications
  - Compliance
- Maintenance of APD Data
- Use and Release of APD Data
- Fees for Data Use
- Audits
- Violations

# Data Submission Scope - Current Issues:

New Legal sub-workgroup to provide guidance re:

- Regulations addressing Self-insured claims data - ERISA 2nd Circuit decision (present court ruling is against state stance on APD mandate)
- Right to data from Non-NY policies with respect to NY claims (carrier outside state - care and patient within)

Possible Exclusions:

- Insurance types (i.e., claims under policies providing coverage for only accident or disability)
- Benefit types (i.e., TRICARE or one provided under separate policy or certificate)

# Policy Issues – Data Submission

- Process and Content - a Submission Specifications document shall be developed to define general reporting requirements including but not limited to submission of: adjustment records, capitated service claims, co-insurance/co-payment, coordination of benefit claims, denied claims and exclusions. Revisions to the Submission Specifications shall be made by the Commissioner in consultation with the Insurance Superintendent and shall be published to the NYSDOH's public website. Revisions will become effective 90 days following publication on the public website
- Frequency - Health Care Payers shall submit complete, accurate and timely eligibility data files, medical and pharmacy claims data files and provider files, at minimum monthly, to the APD pursuant to the Submission Specifications.



# Policy Issues – Data Access and Use

*Non Identifying Data Access* – an executed data use agreement will be necessary for the APD to share data

*Identifying Data Access* – the APD Administrator shall review and make recommendations on requests for APD Data with identifying data elements to an external data release committee established by the Health Commissioner. Approved projects will have the name of the project director, organization, and project title published by the APD.

- Three elements are key for committee approval:
- the purpose of the request is consistent with the purposes for which APD Data may be used;
- the applicant requires such identifying data elements for the intended project and is able to ensure that patient privacy will be protected;
- the applicant is qualified to undertake the project (*how to develop qualifying standards?*)

# Policy Issues – Data Access and Use

## Associated Fees and Penalties:

- **Fees** – the Health Commissioner shall charge a reasonable fee to all persons and organizations receiving APD data based upon costs incurred and recurring for data processing, platform/data center and software. The Commissioner may discount the base fee or waive the fee upon request to the APD program (*how best to arrive at a “reasonable” fee structure?*)
- **Penalties** - Any person or entity that violates the provisions of their data use agreement may be liable pursuant to the provisions of the Public Health Law, including, but not limited to, sections 12 and 12-d of the Public Health Law (*are these penalties sufficient user motivation for safeguarding APD data?*)



# Policy Issues – Data Access and Use

Utilization Transparency – it is expected that all NYS Agencies be granted APD data for ‘public health or oversight activities mandated by state law or regulation’; *should the APD continually publicize, inform, and update stakeholders specifically on State use and application of APD data, including non-identifying data?*

# Proposed Timeline for Regulations

## Workgroup Review:

- Release draft to workgroup: October 15
- Discuss at Workgroup meeting #3: October 27
- Receive workgroup comments through: November 15

## Begin SAPA Process:

- Begin SAPA Process
  - Late 2014: Publish in State Register
  - 45-day comment period
  - DOH reviews comments; if substantial comments must re-release for 30-day comment period
  - Final publication in state register (Target: June 2015)

# SHIN-NY Considerations

Steven Smith, Director  
NYS Health IT Coordinator  
Office of Quality and Patient Safety

# The SHIN-NY

- Tool to Support
  - DSRIP, PCMH, HH, ACOs
- Provide Support via
  - Patient Record Look-Up (PRL)
  - Direct Messaging
  - Subscribe and Notify
    - Hospital Admit, Discharge, ER Visit
- Value increases as the number of provides connected and sharing PHI in a meaningful way increases

# SHIN-NY Considerations

- Current on ramp to SHIN-NY is via a Qualified Entity.
- Mechanism(s) to increase utilization?
  - RHIO/QE provider adoption goals and objectives
  - Allow for an increased number of QEs?
    - Public versus Private QE

# Public versus Private QE

## Public Qualified Entity

- Current RHIOs
- Successfully achieved provisional certification
- Full certification in 2015
- Receive public funding to continue development of NY's investment to date

## Private Qualified Entity

- Current “private” HIEs
- Would need to become certified:
  - Ensure public trust – PHI confidentiality
  - Comply with all components of the draft 10 NYCRR, §300
- Share CCDA MU required elements (population health reporting)
- ADT Transactions – Subscribe and Notify
- Duplicative infrastructure – State would not financially support



# Required Workgroup Report

Patrick Roohan  
Director  
Office of Quality and Patient Safety

# Workgroup Charge

The commissioner shall:

(i) convene a workgroup to:

(A) evaluate the state's health information technology infrastructure and systems, as well as other related plans and projects designed to make improvements or modifications to such infrastructure and systems including, but not limited to, the all payor database (APD), the state planning and research cooperative system (SPARCS), regional health information organizations (RHIOs), the statewide health information network of New York (SHIN-NY) and medical assistance eligibility systems; and

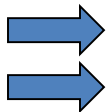
(B) develop recommendations for the state to move toward a comprehensive health claims and clinical database aimed at improving quality of care, efficiency, cost of care and patient satisfaction available in a self-sustainable, non-duplicative, interactive and interoperable manner that ensures safeguards for privacy, confidentiality and security;

(ii) submit a report to the governor and the temporary president of the senate and the speaker of the assembly, which shall fully consider the evaluation and recommendations of the workgroup, on or before December first, two thousand fourteen.



# Proposed Report Outline

1. Workgroup Membership
2. Workgroup Background and Charge
3. Executive Summary
4. Overview of New York State's Health IT Infrastructure
  - A. SPARCS
  - B. Medicaid
  - C. All Payer Database
  - D. SHIN-NY
5. How these systems fit together – New York's vision
6. Issues and Challenges
7. Recommendations
8. Conclusion
9. Appendices



# Report Outline: Issues and Challenges

- Arrange issues and challenges by “system” in report:
  - SPARCS and Medicaid
  - APD
  - EHRs and
  - SHIN-NY
- Report should propose recommendations and next steps for the State, stakeholders, and workgroup to overcome challenges

Things to consider:

- *Any items that would require legislative action?*
- *Recommendations from efforts in other states or at national level?*



# Thank You

Questions and discussion

Next workgroup meeting:

October 27, 2014

1:00 PM – 4:00 PM

90 Church Street

New York, NY

