



NEW YORK eHEALTH
COLLABORATIVE



MSSNY Governing Council SHIN-NY Briefing

March 7, 2017

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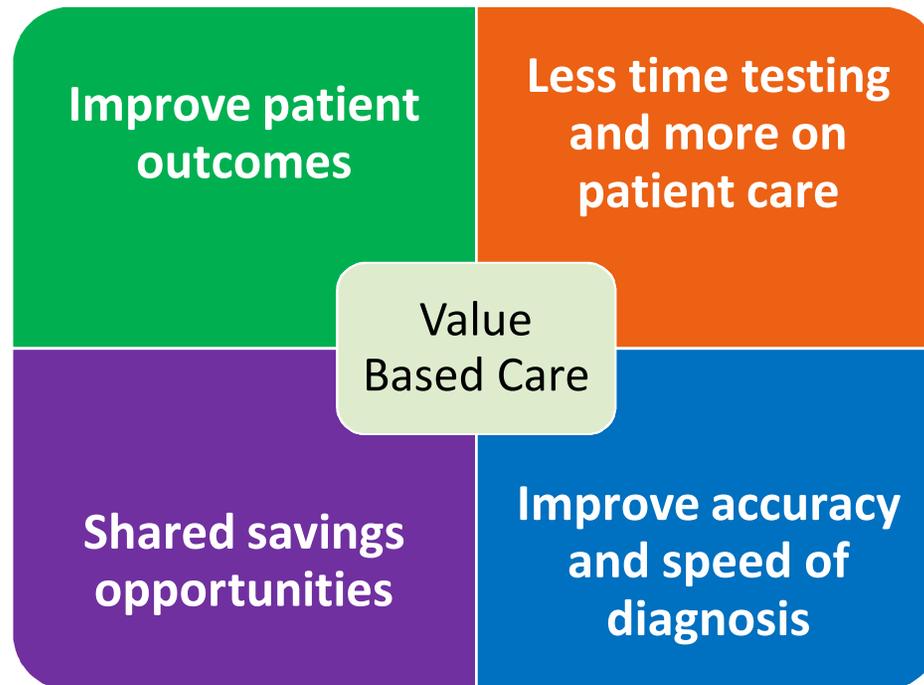
HIE Value

For Doctors & Patients



Hospitalization Event Notifications and Reductions in Readmissions of Medicare Fee-for-Service Beneficiaries in the Bronx, New York

Journal of the American Medical Informatics Association
October 7, 2016

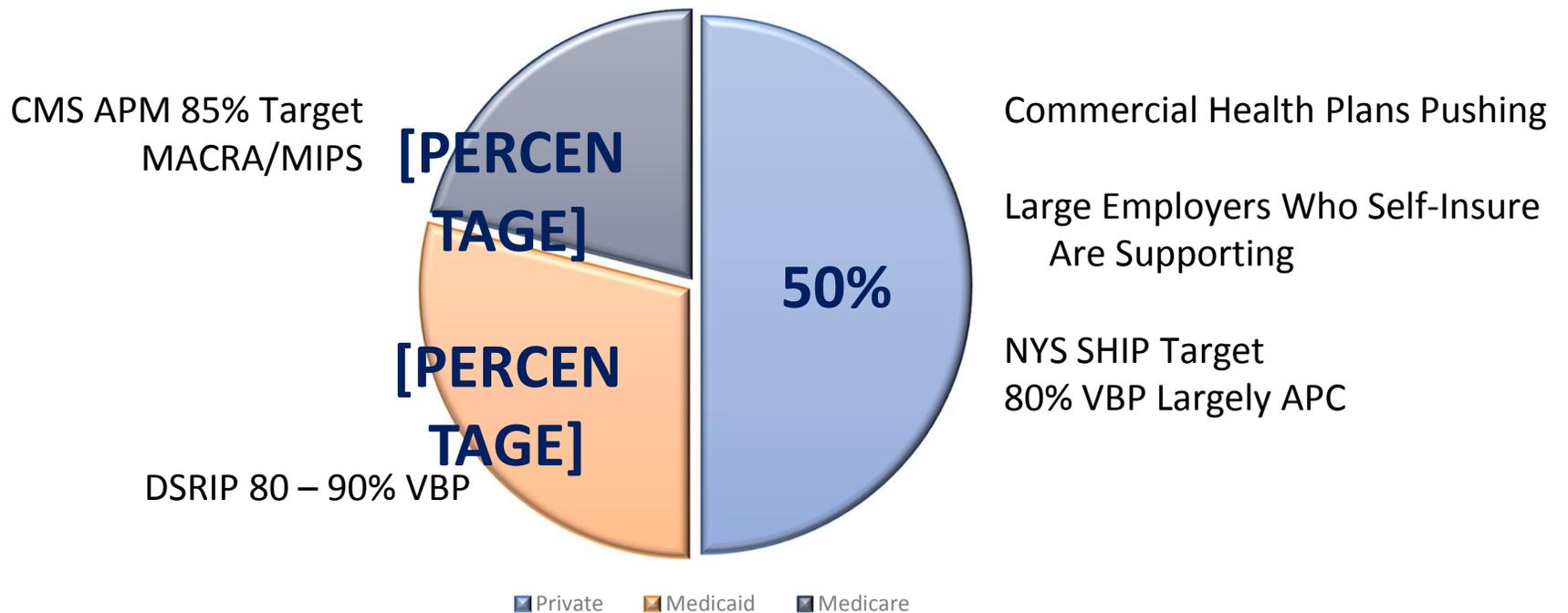


An Empirical Analysis of the Financial Benefits of Health Information Exchange in Emergency Departments

Journal of the American Medical Informatics Association
June 27, 2015

Effective SHIN-NY is a Critical Tool for VBC

Major Payers by Share of Total NYS Healthcare Spending and Their Focus on Value Based Care



SHIN-NY: A Network of Networks



Department
of Health



NYeC
NEW YORK HEALTH
COLLABORATIVE

Qualified Entities (QEs)
Core Services (funded by
government) include:

- “ Secure messaging
- “ Notifications & alerts
- “ Results delivery
- “ Patient record lookup
& clinical viewer
- “ Consent management
- “ Public health access

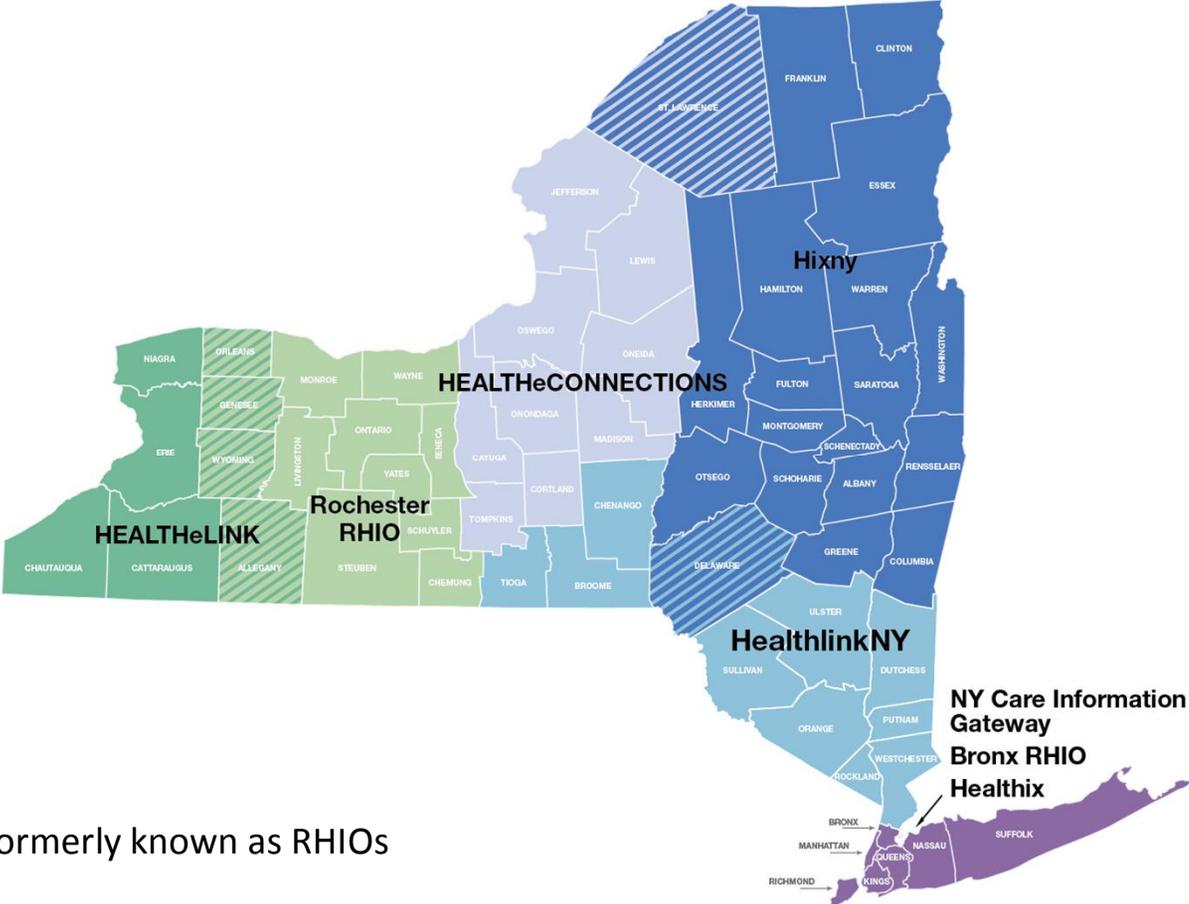


Some QEs offer value
added services
(for a charge)
including:

- “ Analytics
- “ Risk-scoring
- “ Patient portals
- “ Data
standardization

The infrastructure is now in place that allows information flow across QEs

Qualified Entities* Across the State

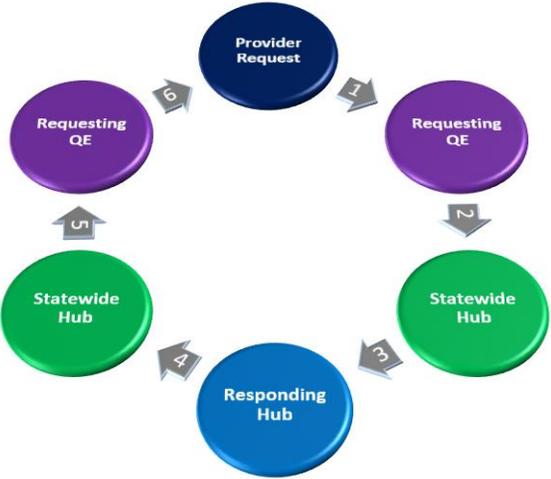


* Formerly known as RHIOs

Why Do We Need SHIN-NY & NYeC?

Patients Are Mobile & EHRs Are Not Interoperable

Statewide Patient Record Lookup Implemented in 2015 & Working



Allows QEs to query and get important clinical information from other QEs to share with providers

QE	% of Patients Overlapping other QEs
HEALTHeLINK	13
Rochester	12
HealthConnections	19
Hixny	11
HealthlinkNY	34
Bronx	41
Healthix	12
NYCIG	46

Cross QE Alerts Being fully implemented in 2017

Wave 1	<ul style="list-style-type: none"> Healthix Hixny NYCIG 	Live and working
Wave 2	<ul style="list-style-type: none"> HealthlinkNY HealthConnections 	Qtr. 2
Wave 3	<ul style="list-style-type: none"> Bronx HEALTHeLINK Rochester 	Qtr. 3

Allows QEs to receive, without querying, important clinical information from other QEs to share with providers

Statewide Adoption

Significant Progress But More Work to Do



We need to focus on increasing adoption

97% of FQHC

92% of Hospitals

69% providing complete minimum data

86% of Home Care Agencies

81% of Public Health Departments

50% of Long Term Care Facilities

New expanded DEIP program designed to help

23% of Clinical Practices *

* We estimate, based on QE reports, that this represents a little more than half of all doctors

Statewide Usage

Core Services in Past Year



OVER 3.5 MILLION
alerts delivered to clinicians
(e.g. emergency room visit, inpatient discharge)

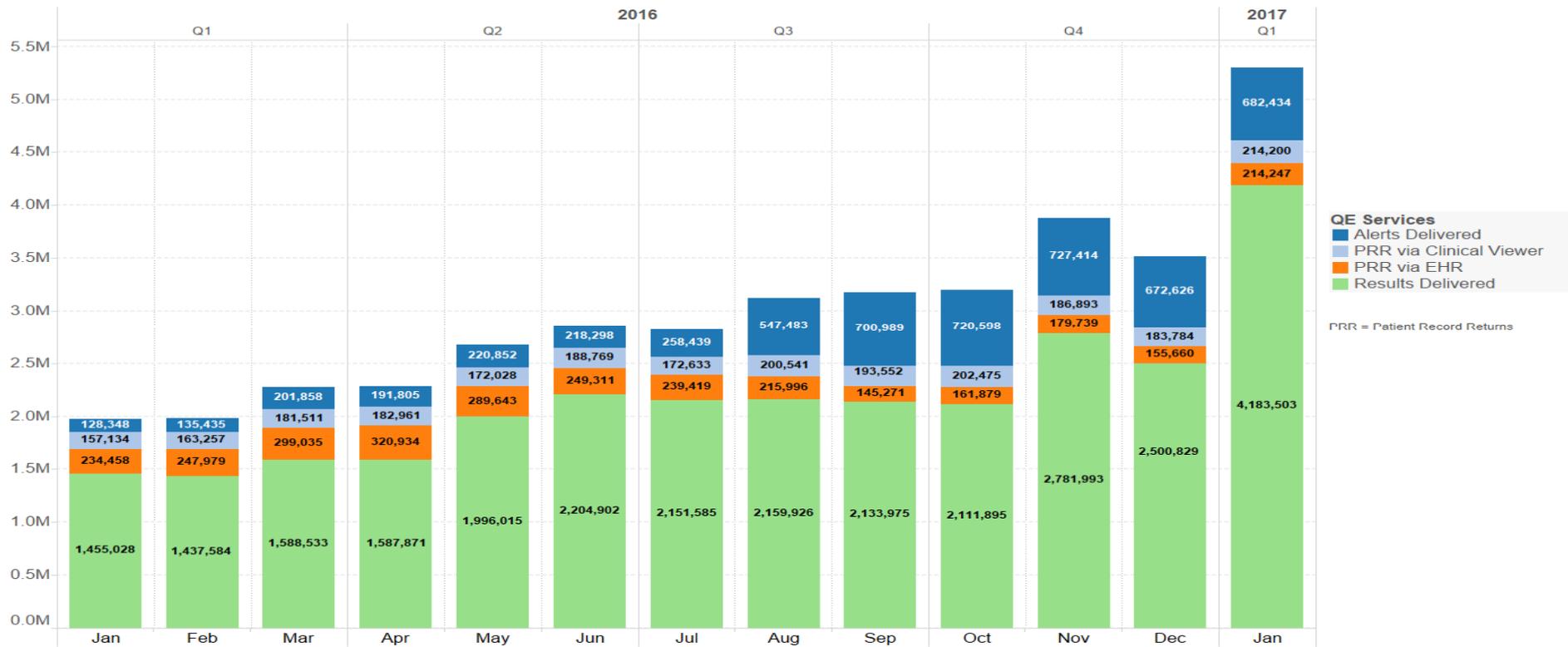


ALMOST 5 MILLION
patient record retrievals



OVER 20 MILLION
diagnostic and
lab results delivered

SHIN-NY Service Utilization is Growing



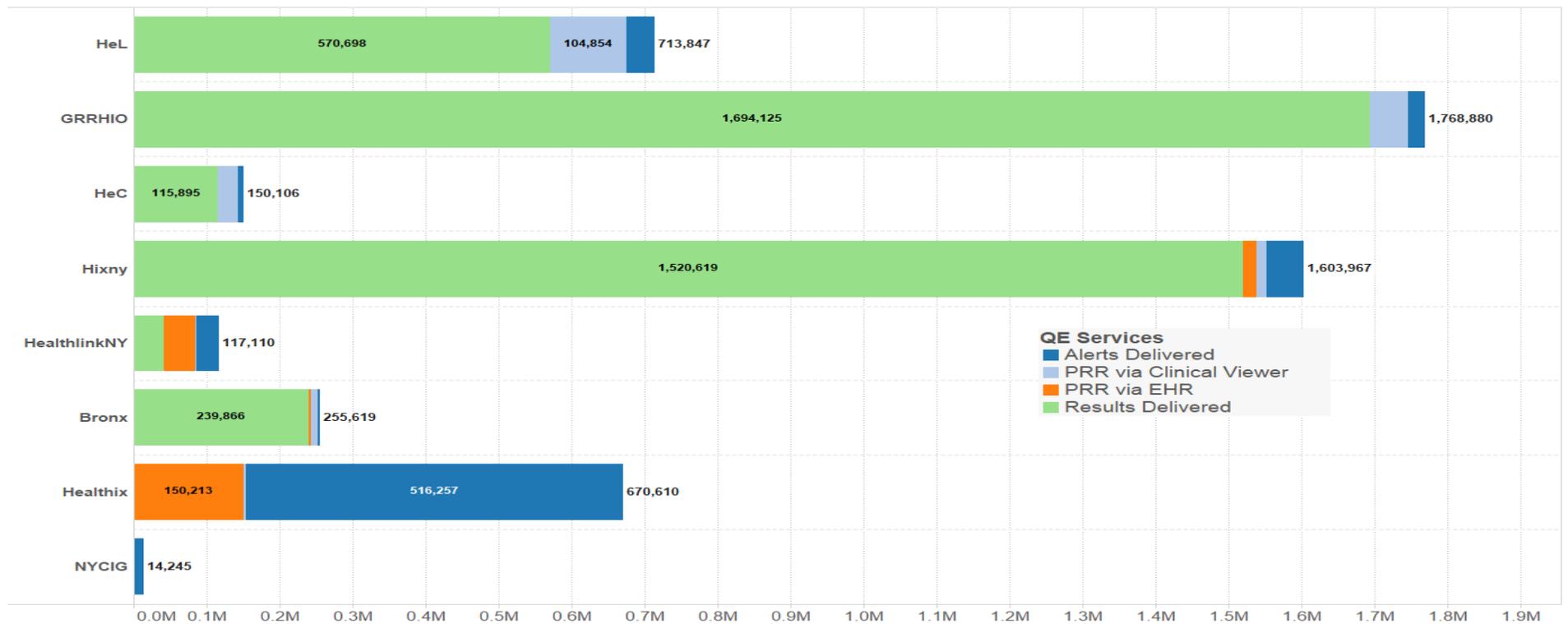
QE Services
 Alerts Delivered
 PRR via Clinical Viewer
 PRR via EHR
 Results Delivered

PRR = Patient Record Returns

~ This chart shows how often a SHIN-NY user has interacted with SHIN-NY patient data by service utilization type.
 ~ Hixny corrected the way they calculate Results Delivery, resulting in a higher count for January. Historical corrections are pending.

SHIN-NY Services Used Differently Across Regions

January 2017



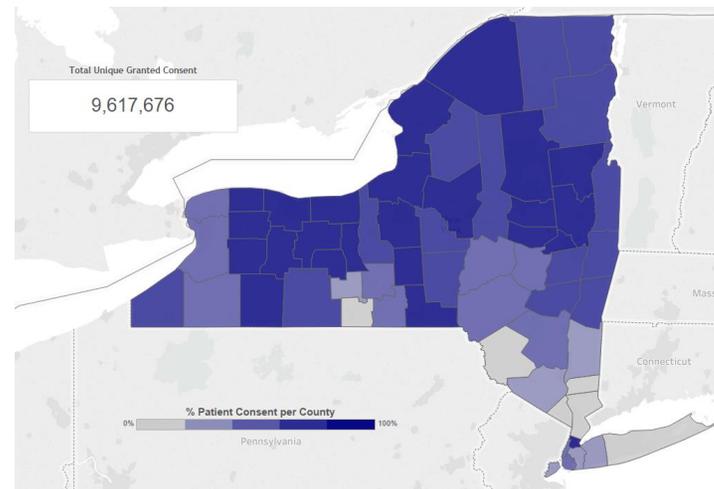
~ In January, HIXNY altered their method of measuring results delivery which resulted in increase of volume. It may be adjusted historically for future reports.

Consent Distribution By County

NYeC is recommending changes to consent policy to facilitate the use of HIE to improve healthcare delivery including:

- “ Patient alerts without consent to those with treating relationships
- “ SHIN-NY consent could be incorporated into other consents

Longer term: Exploring opt-out system like used by 38 other states

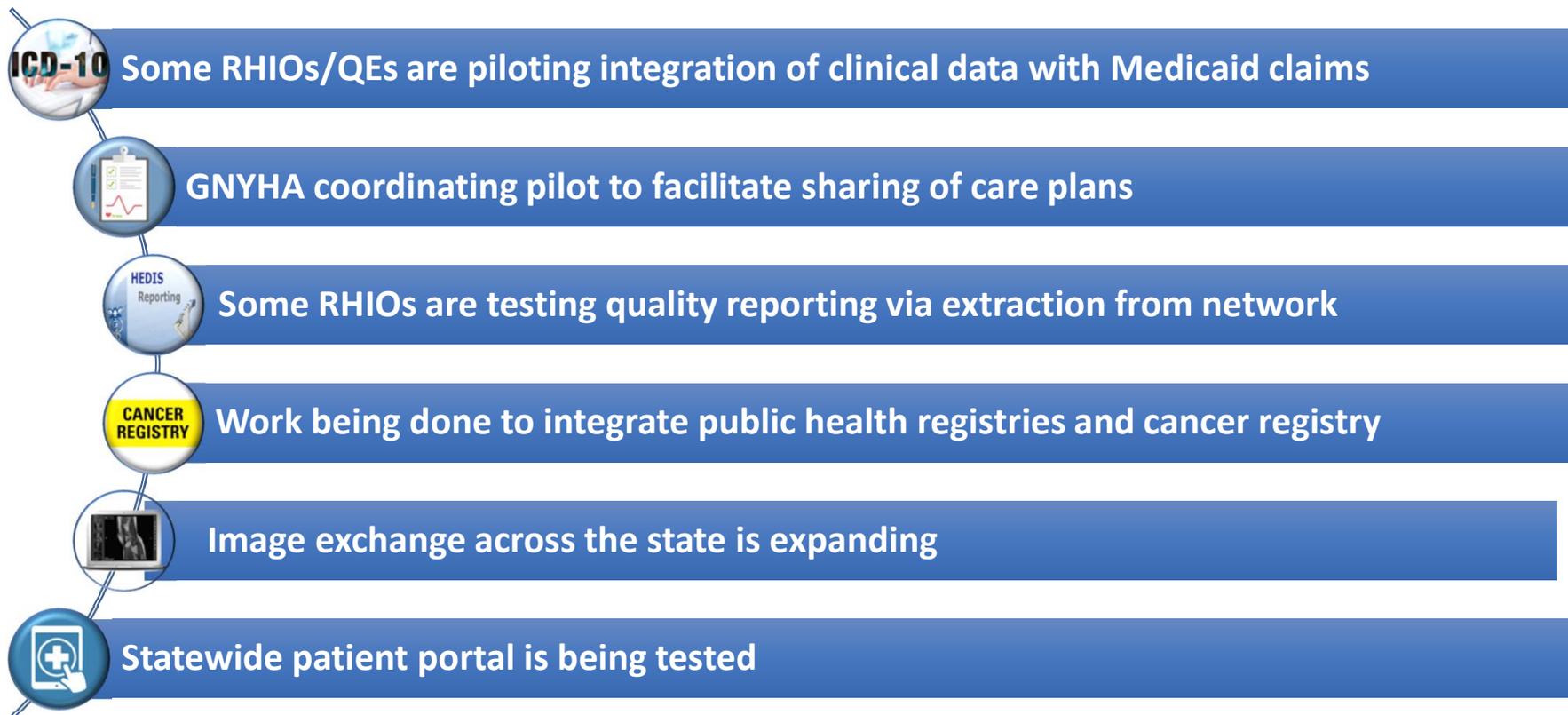


18 counties representing total population of 12 million people have less than ½ their population consented

Note: Aggregate Total Unique Patient Consent shown based on RHIO-reported consent metrics; not adjusted for cross-community consent values; may overestimate the total population of patients in New York that have consented.

Innovation is Happening

A Sampling



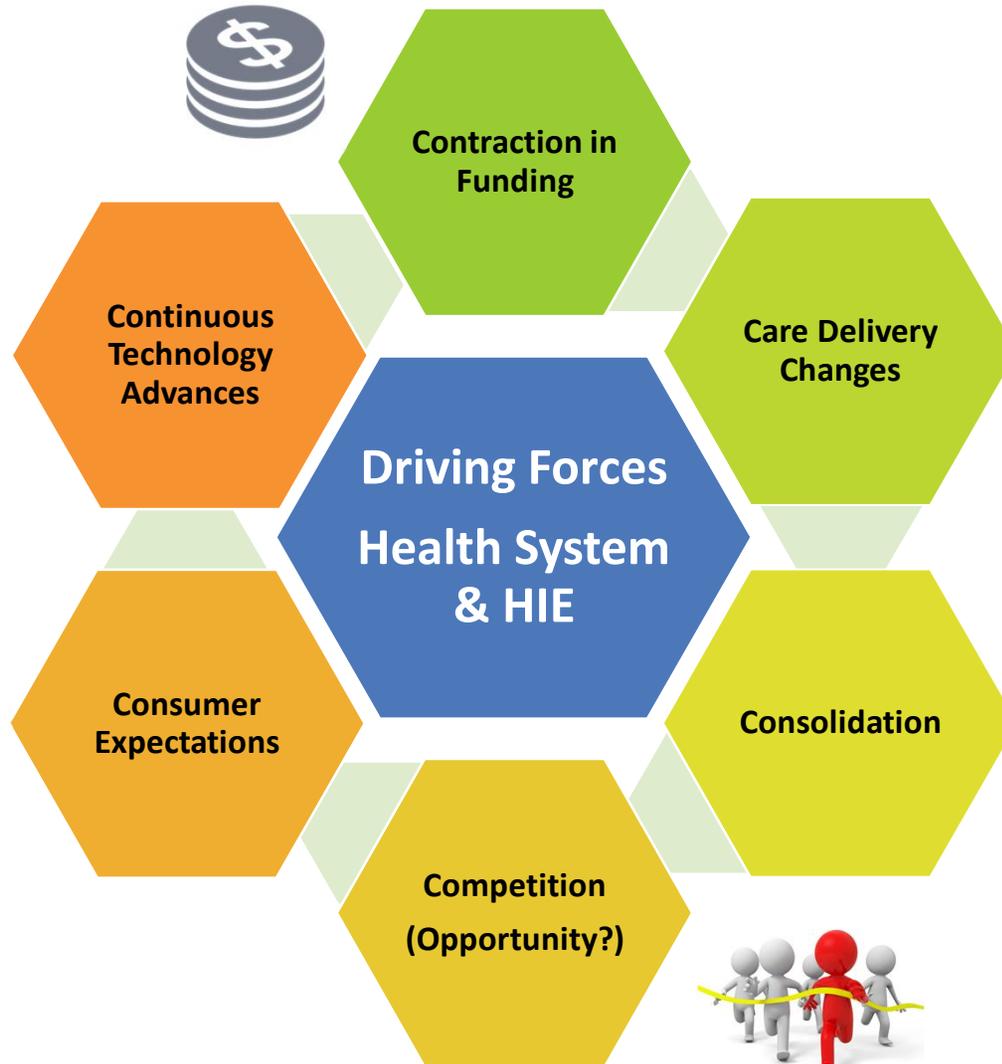
Our Burning Questions for Physicians

SHIN-NY & “Finishing the Job”

- “ What are the most significant barriers to adoption?
- “ If you are using RHIO/SHIN-NY services today what do you find most valuable?
- “ Are there functionality changes to improve workflow and make it easier to use?
- “ Are you able to receive, share, and use the data you and your partners need?
- “ Is there other statewide data that you would find beneficial?
- “ How can we be most helpful for value-based care and population health work?
- “ What is the best way to maximize SHIN-NY benefit and build-in a way that is flexible and evolving?

Future Thoughts





Future Considerations & Trends



Data Quality Assurance

Patient Engagement & Customer Needs

Quality Reporting

All Payer Database

Social Determinants of Health

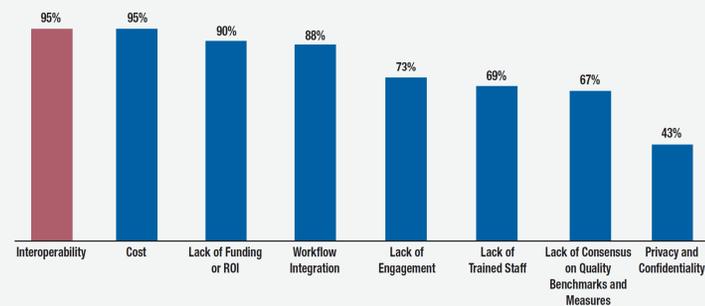
Population Health



Interoperability And Standards

Interoperability is almost universally seen as a major obstacle to effectively using and meeting the potential of health IT.

Chart 4: Percent of ACOs Reporting Largest Barriers to Using Health IT Effectively, 2014



Source: Premier, Inc. and eHealth Initiative survey of accountable care organizations fielded July – August 2014. 62 organizations responded to the survey.

WHY?

- “ 95% of ACOs reported largest barrier to using HIT effectively was interoperability
- “ Even with so-called “standards” EHRs often contain technical errors and data is not accurate

Electronic health record systems often embed technical errors that create barriers to interoperability.

Chart 7: Number of Technical Errors Found in Samples from 26 EHRs

Type of Data	Total Errors Found
Incorrect data within XML elements	97
Terminology misuse or omission	142
Inappropriate or variable XML organization or identifiers	110
Element optionality through inclusion or omission	161
Problematic reference to narrative text from structured body	45
Inconsistent data representation	52
Not elsewhere classified	8
Total Errors	615

Source: D'Amore JD, et. al. J Am Med Inform Assoc 2014;21:1060-1068.

Health IT Quality Reporting



WHY?

- “ Make providers & payers lives easier
- “ Simplify/align measures
- “ Continuous quality improvement for patients & communities

Healthcare Association of NYS (HANYS)



US Physicians spend > \$15.4B to report quality measures; 785 hours per doc; > \$50K per PCP; and, this doesn't count insurer costs

“Measure Madness” & “Quality Reporting Madness”: Hospitals are very frustrated and eager to simplify and streamline

Integrating Social & Medical Data

HEALTH CARE & POPULATION HEALTH

By Laura Gottlieb, Rachel Tobey, Jeremy Cantor, Danielle Hessler, and Nancy E. Adler

Integrating Social And Medical Data To Improve Population Health: Opportunities And Barriers



WHY?

ABSTRACT Recent efforts in medical settings to identify social determinants of health have focused primarily on screening for the purpose of improving care for individual patients and getting standardized data into electronic health records (EHRs). Relatively little attention has been given to processes needed to extract data on social determinants of health out of medical records with adequate validity and efficiency to facilitate analysis across individual encounters to inform population health efforts relevant to the health care sector. In this article we describe the rationale for extracting data on social determinants of health from EHRs, including the potential influence of aggregated data on quality improvement activities and health care payment reform. We then discuss opportunities and challenges to pulling these data from EHRs to enable population-level applications, focusing on the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*, as one potential data aggregation resource. Standardizing methods for extracting data on social determinants of health from EHRs will require understanding current challenges and refining existing translation tools.

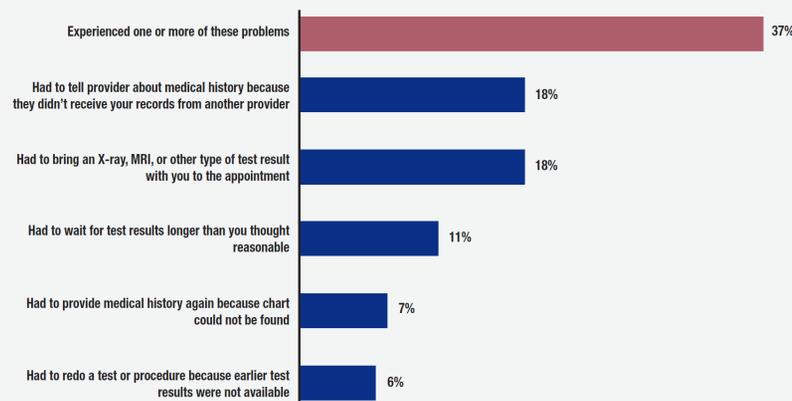
- “ Supports value based care
- “ Helps patients and allows holistic approach based on consistent information
- “ Promotes healthy communities
- “ Opportunities to connect and integrate data
- “ Newer ICD-10 claims data contains z-codes
 - Z-codes, eventually, should capture social determinants of health information that could help provide more holistic care and support
- “ New York State All-Payer Database

Patient Empowerment

WHY?

Over one-third of individuals report experiencing additional burden due to problems with provider information exchange.

Chart 5: Percent of Individuals Experiencing One or More Gaps in Health Information when Seeking Care for a Medical Problem, 2013



Source: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

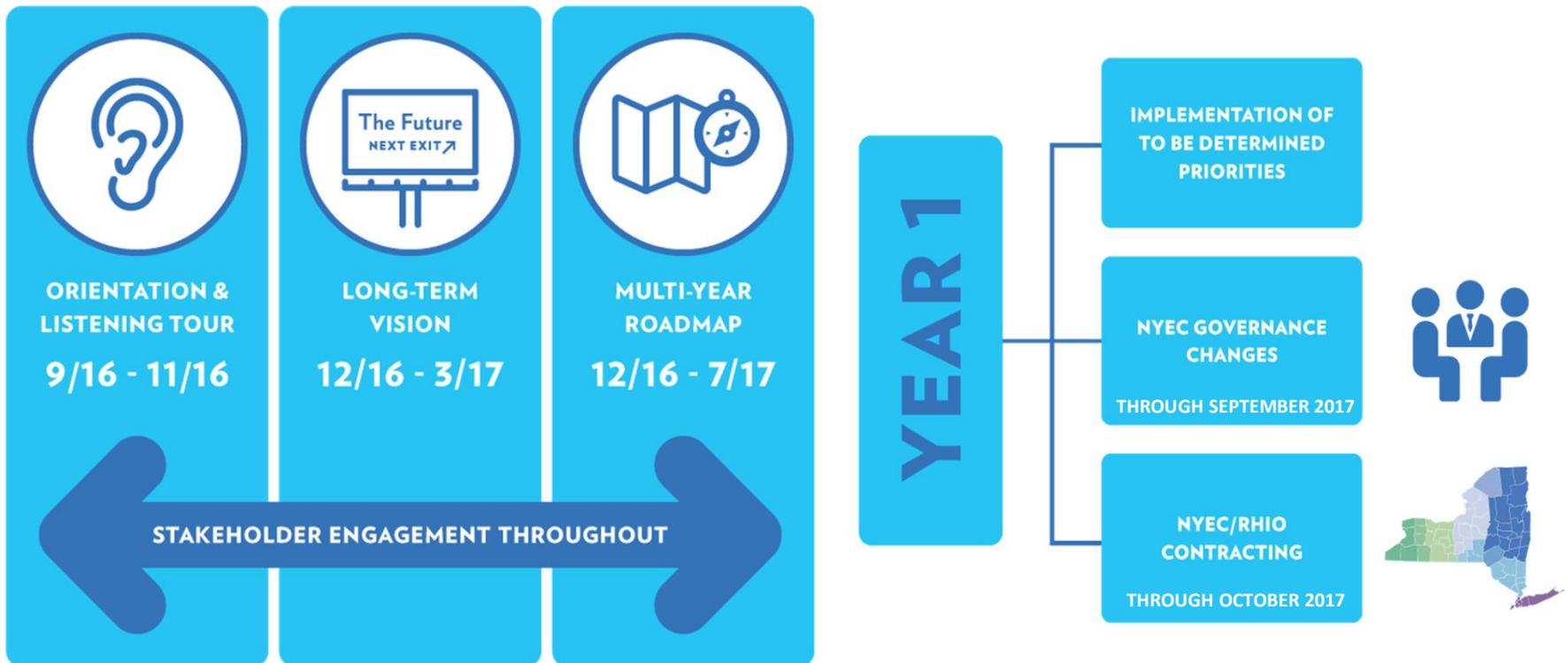
- “ Engaged patients do better
- “ Consumers want options and choice
- “ Promotes healthy communities
- “ Consumers want mobile medical records, don't like repeating medical history, prefer not to have to transport their test results, x-rays or MRIs



Strategic Planning



Strategic Planning Timelines



Proposed Vision & Mission

SHIN-NY

Our mission is to improve healthcare through the exchange of health information whenever and wherever needed

Shared Vision

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

NYeC

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

Proposed Guiding Principles

Passionate Beliefs

- “ Patient-centered
- “ Public benefit
- “ Support reform initiatives
- “ Stakeholder inclusive
- “ Consensus-building
- “ Customer-focused
- “ Regional markets
- “ Statewide good transcends individual interests
- “ Operational excellence
- “ Trust, security and transparency
- “ Efficiency – value engineering
- “ Leverage private investment
- “ Highest quality, integrated data
- “ Leading technology
- “ Standardization
- “ Alignment with federal standards

Strong advocacy and using all levers at federal, state, and local level to promote robust SHIN-NY

DRAFT SHIN-NY Long-Term Objectives



Reach maximum potential

- " Adoption close to 100%
- " Full data contribution by all (CCDA)
- " Highest data quality
- " Info shared for 95% of patients
- " Enhance functionality/customer satisfaction
- " Highest level security & system reliability
- " Effective, efficient, affordable

Integration & accessibility

- " Data standardized and normalized
- " Data both pulled and pushed
- " Useful tools for VBC (including care plans)
- " Clinical & other useful data can be integrated
 - o Claims
 - o Registries
 - o Social determinants
 - o Consumer reported
- " Data used for quality reporting
- " Integrated with APD
- " Data available to patients/consumers

Work toward sustainability

" Because SHIN-NY is of high-value, and used by virtually everyone, users will enthusiastically support

Provider Assistance



NYeC Provider Assistance Contracts & Programs

EP2	DEIP	TCPI (NYS PTN)	BHIT	PQRS
<ul style="list-style-type: none"> • Free technical assistance for qualified providers / practices to assist with EHR adoptions • Up to a total of \$63,750 over the 6 yrs. that they choose to participate • 2017 is the last year to attest for the \$21,250 AIU payment 	<ul style="list-style-type: none"> • Building EHR interfaces to NYS RHIOs to support data quality in the SHIN-NY • \$10k or more in incentives for connecting to a RHIO 	<ul style="list-style-type: none"> • Free technical assistance, training, support to transform clinical practices & prepare them for the Medicaid shared savings program • Receiving training & best practices to succeed with the Medicare Quality Payment Program 	<ul style="list-style-type: none"> “ Adult BH-HCBS provider organizations will receive payment assistance & technical support for adopting a BHIT qualified EHR / EBS & up to 2 yrs. of user licensing fees “ Those with a qualified system receive technical support & upgrade at no cost and up to two years of user licensing fees 	<ul style="list-style-type: none"> • One-on-one walkthrough of the Registry screens & submission process • Customized data collection templates • Personalized reminders • Early PQRS strategy planning • Support locating required clinical data in an EHR system

For more information please visit: <http://www.nyehealth.org/explanation-of-services>

The Road Ahead





nyehealth.org

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