MSSNY Governing Council
SHIN-NY Briefing
March 7, 2017

Val Grey
Executive Director
New York eHealth Collaborative
HIE Value
For Doctors & Patients

Improve patient outcomes
Less time testing and more on patient care
Value Based Care
Shared savings opportunities
Improve accuracy and speed of diagnosis

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

- CMS APM 85% Target
- MACRA/MIPS
- DSRIP 80 – 90% VBP
- [PERCENTAGE] 50%
- Commercial Health Plans Pushing
- Large Employers Who Self-Insure Are Supporting
- NYS SHIP Target 80% VBP Largely APC
SHIN-NY: A Network of Networks

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

<table>
<thead>
<tr>
<th>QE</th>
<th>% of Patients Overlapping other QEs</th>
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<tbody>
<tr>
<td>HEALTHeLINK</td>
<td>13</td>
</tr>
<tr>
<td>Rochester</td>
<td>12</td>
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<tr>
<td>HealtheConnections</td>
<td>19</td>
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<tr>
<td>Hixny</td>
<td>11</td>
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<tr>
<td>HealthlinkNY</td>
<td>34</td>
</tr>
<tr>
<td>Bronx</td>
<td>41</td>
</tr>
<tr>
<td>Healthix</td>
<td>12</td>
</tr>
<tr>
<td>NYCIG</td>
<td>46</td>
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Cross QE Alerts
Being fully implemented in 2017

Wave 1
- LIVE and working
  - Healthix
  - Hixny
  - NYCIG

Wave 2
- Qtr. 2
  - HealthlinkNY
  - HealtheConnections

Wave 3
- Qtr. 3
  - Bronx
  - HEALTHeLINK
  - Rochester

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

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

23% of Clinical Practices *

We need to focus on increasing adoption

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

New expanded DEIP program designed to help
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
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.
In January, HIXNY altered their method of measuring results delivery which resulted in an increase of volume. It may be adjusted historically for future reports.
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

- Some RHIOs/QEs are piloting integration of clinical data with Medicaid claims.
- GNYHA coordinating pilot to facilitate sharing of care plans.
- Some RHIOs are testing quality reporting via extraction from network.
- Work being done to integrate public health registries and cancer registry.
- Image exchange across the state is expanding.
- Statewide patient portal is being tested.
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
Driving Forces
Health System & HIE

Contraction in Funding

Care Delivery Changes

Consolidation

Continuous Technology Advances

Consumer Expectations

Competition (Opportunity?)
Future Considerations & Trends

- Data Quality Assurance
- Patient Engagement & Customer Needs
- Quality Reporting
- All Payer Database
- Social Determinants of Health
- Population Health
Interoperability And Standards

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.
Health IT Quality Reporting

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

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

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

**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.

**WHY?**

- 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?

- 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

YEAR 1

- Orientation & Listening Tour
  9/16 - 11/16

- Long-Term Vision
  12/16 - 3/17

- Multi-Year Roadmap
  12/16 - 7/17

- Stakeholder Engagement Throughout

IMPLEMENTATION OF TO BE DETERMINED PRIORITIES

NYEC Governance Changes
Through September 2017

NYEC/RHIO Contracting
Through October 2017
Proposed Vision & Mission

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

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

**Shared Vision**
Our vision is a dramatically transformed healthcare system where health information exchange is universally used as a tool to make lives better
## Proposed Guiding Principles

### Passionate Beliefs

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<th>Patient-centered</th>
<th>Operational excellence</th>
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<td>Public benefit</td>
<td>Trust, security and transparency</td>
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<td>Support reform initiatives</td>
<td>Efficiency – value engineering</td>
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<td>Stakeholder inclusive</td>
<td>Leverage private investment</td>
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<td>Consensus-building</td>
<td>Highest quality, integrated data</td>
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<td>Customer-focused</td>
<td>Leading technology</td>
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<td>Regional markets</td>
<td>Standardization</td>
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<td>Statewide good transcends individual interests</td>
<td>Alignment with federal standards</td>
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Strong advocacy and using all levers at federal, state, and local level to promote robust SHIN-NY
DRAFT SHIN-NY Long-Term Objectives

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

- Integration & accessibility
  - Clinical & other useful data can be integrated
    - Claims
    - Registries
    - Social determinants
    - Consumer reported

- 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

- Data standardized and normalized
- Data both pulled and pushed
- Useful tools for VBC (including care plans)
- Data used for quality reporting
- Integrated with APD
- Data available to patients/consumers
Provider Assistance
## NYeC Provider Assistance Contracts & Programs

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<tr>
<th>EP2</th>
<th>DEIP</th>
<th>TCPI (NYS PTN)</th>
<th>B_HIT</th>
<th>PQRS</th>
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<tbody>
<tr>
<td>• Free technical assistance for qualified providers / practices to assist with EHR adoptions</td>
<td>• Building EHR interfaces to NYS RHIOs to support data quality in the SHIN-NY</td>
<td>• Free technical assistance, training, support to transform clinical practices &amp; prepare them for the Medicaid shared savings program</td>
<td>Â Adult BH-HCBS provider organizations will receive payment assistance &amp; technical support for adopting a BHit qualified EHR / EBS &amp; up to 2 yrs. of user licensing fees</td>
<td>• One-on-one walkthrough of the Registry screens &amp; submission process</td>
</tr>
<tr>
<td>• Up to a total of $63,750 over the 6 yrs. that they choose to participate</td>
<td>• $10k or more in incentives for connecting to a RHIO</td>
<td>• Receiving training &amp; best practices to succeed with the Medicare Quality Payment Program</td>
<td>Â Those with a qualified system receive technical support &amp; upgrade at no cost and up to two years of user licensing fees</td>
<td>• Customized data collection templates</td>
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<tr>
<td>• 2017 is the last year to attest for the $21,250 AIU payment</td>
<td></td>
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<td>• Personalized reminders</td>
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For more information please visit: [http://www.nyehealth.org/explanation-of-services](http://www.nyehealth.org/explanation-of-services)
The Road Ahead

Better Health for the Population
Better Care for Individuals
Lower Cost Through Improvement
nyehealth.org

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