

NYeC

NEW YORK eHEALTH
COLLABORATIVE



SHIN-NY

The Network of Networks

**“Better Healthcare Through
Technology”**



Elise Kohl-Grant
Manager of Statewide Services

Presenter



Elizabeth Amato
Director of Statewide
Services
DIRECT

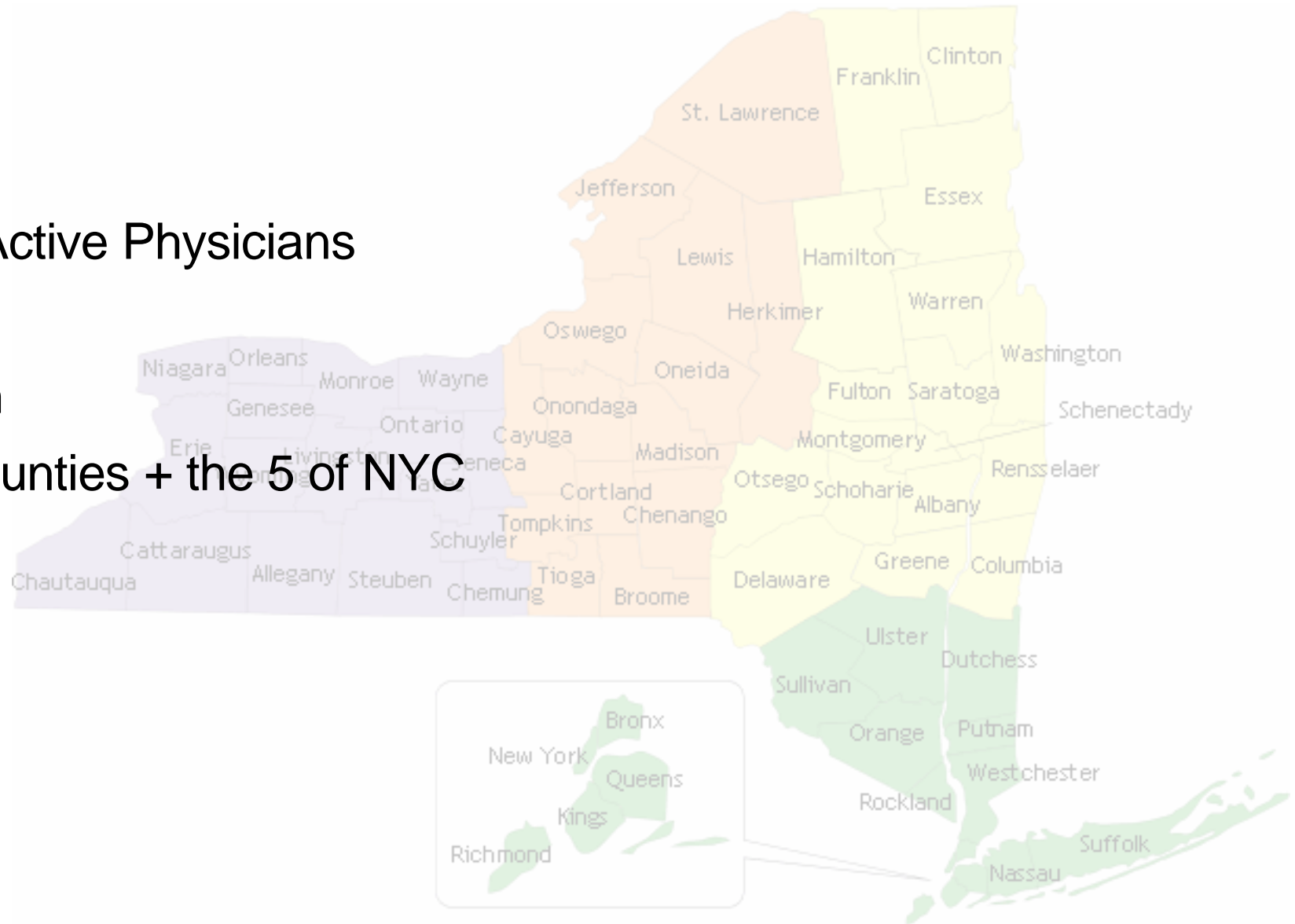


Peggy Frizzell
HIT Implementation Project Manager

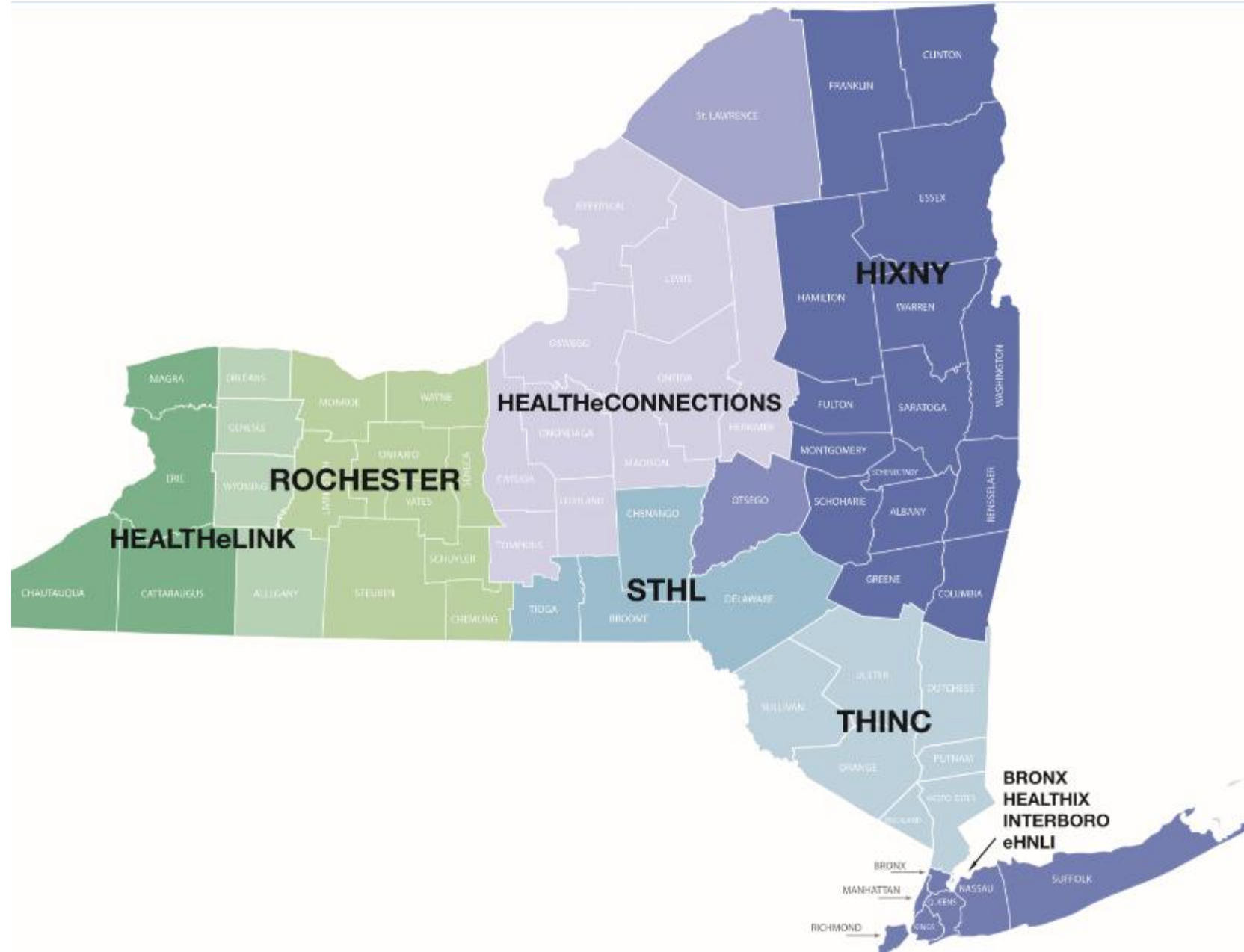
Incentive programs
EP2 and Data Exchange

New York at a Glance

- Hospitals: 240
- Practices: 20,000
- Physicians: 67,000 Active Physicians
- Payers: 40
- Patients: 19.5 Million
- Public Health: 57 Counties + the 5 of NYC
- Visits: 70M per year

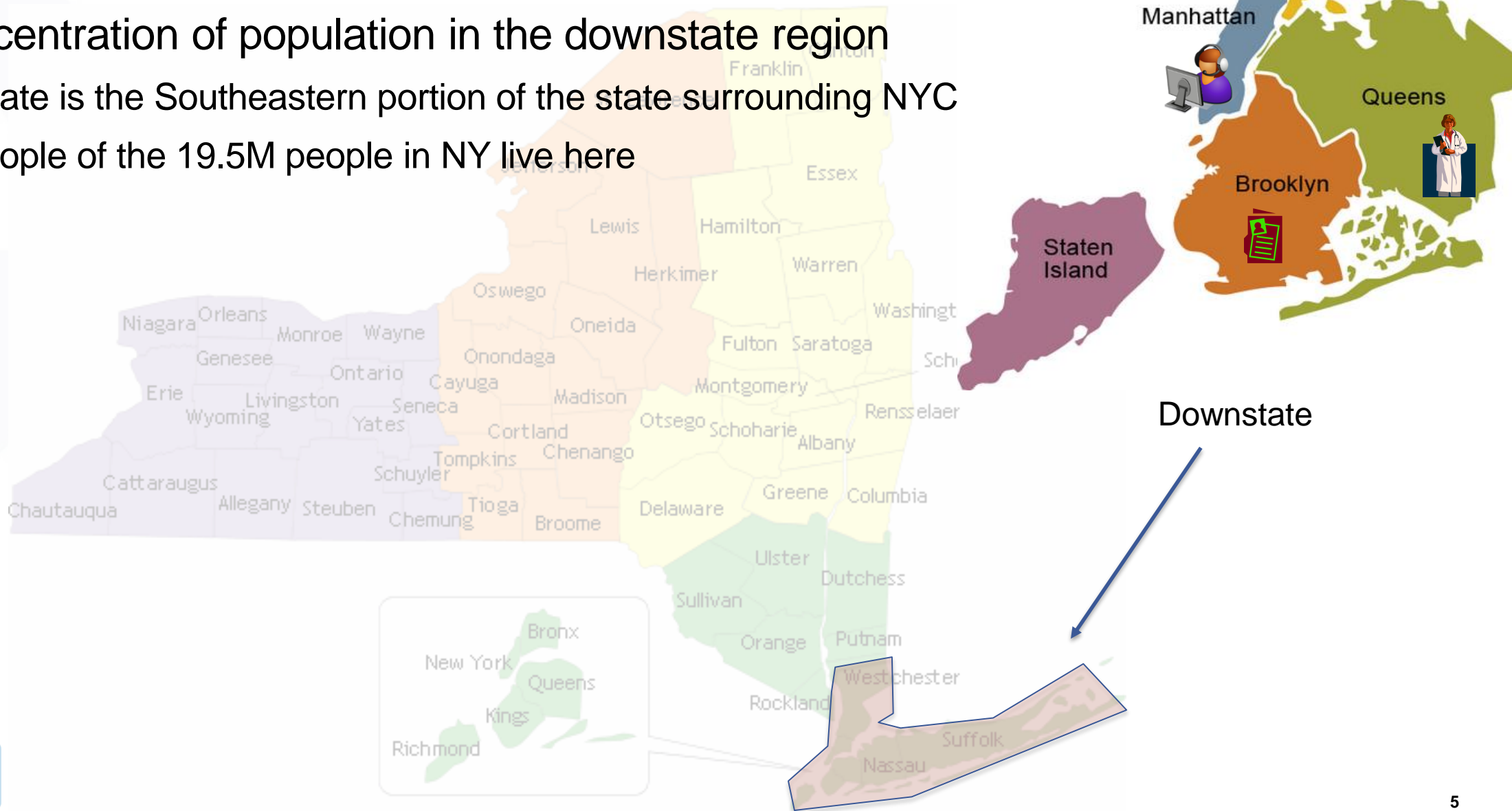


- Each RHIO has built a local network of stakeholders including hospitals, practices, long term care and payers and is actively connecting participants in its region to enable sharing of data
- Downstate RHIOs are on a consolidated infrastructure
- All the RHIOs together form the SHIN-NY, the largest HIE in the USA



Upstate vs Downstate

- High concentration of population in the downstate region
 - Downstate is the Southeastern portion of the state surrounding NYC
 - 12M people of the 19.5M people in NY live here

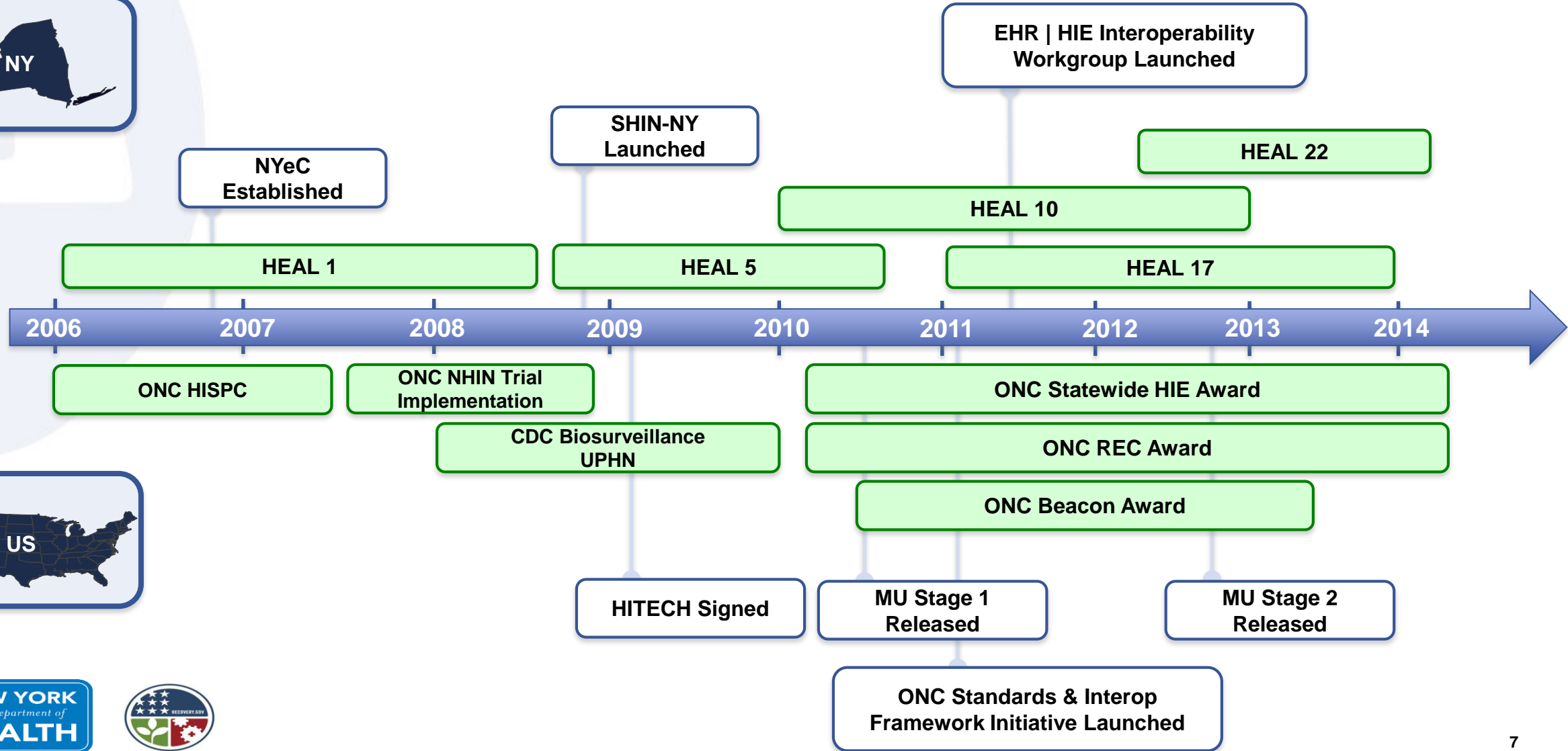


How the SHIN-NY makes life better

http://www.youtube.com/watch?v=_auVFYC7vNY

The Health IT and HIE Ecosystem

New York and National Milestones

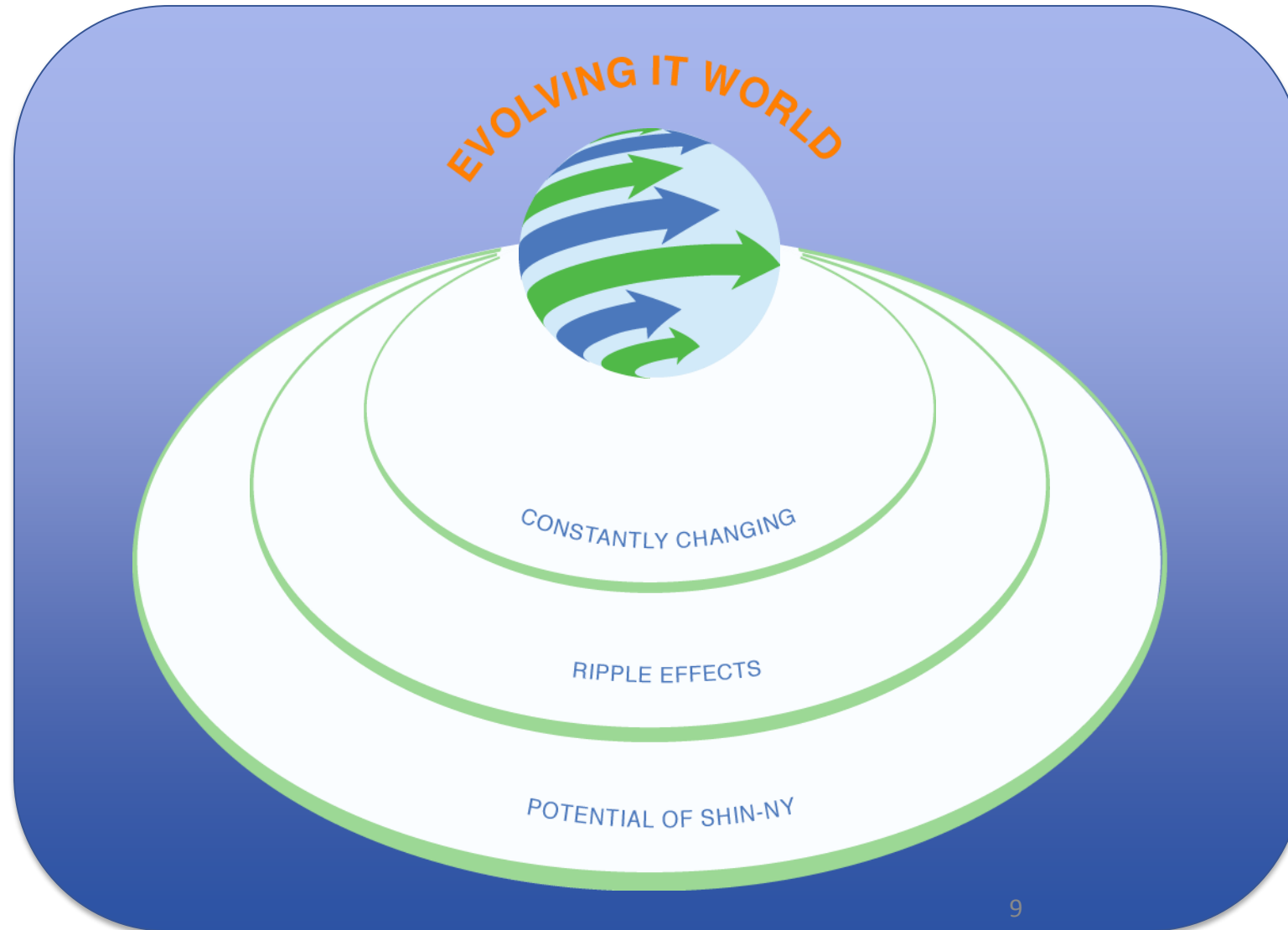


Building the Ecosystem

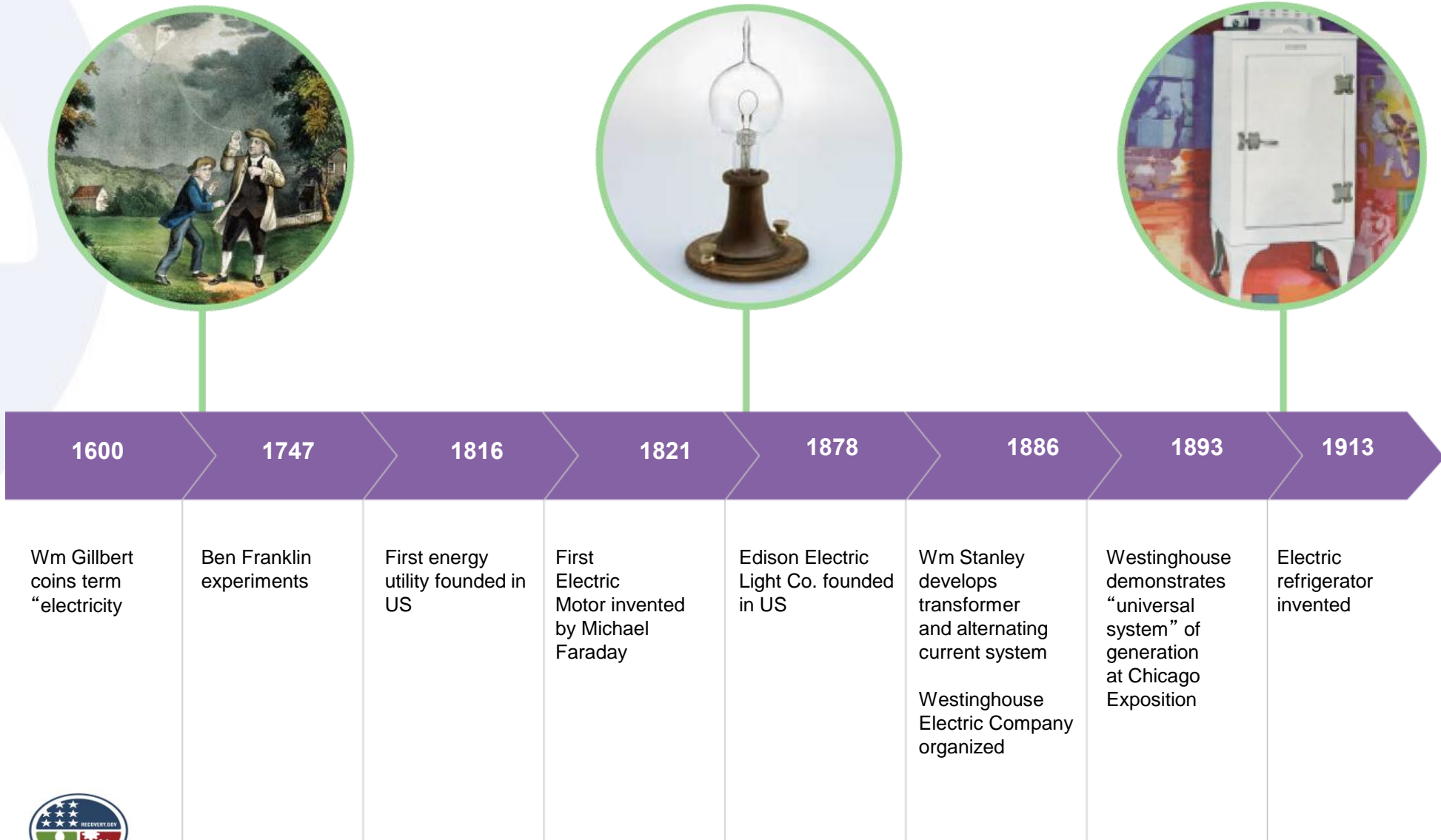
The Health IT and HIE Ecosystem: Thriving, Dynamic, Evolving



Evolving, Adapting, Innovating



Transformational Impact of Electricity



Transformational Impact of Electricity



1922

CONVEX pioneers first interconnection between utilities



1935

The Public Utility Holding Company Act passed

Federal Power Act passed

First Major League Baseball played at night with electric lighting



1936

The Rural Electrification Act is passed

The Electrical Infrastructure

By wiring the country, America significantly increased the standard of living of nearly every citizen at home, school and work.



The Power of the Ecosystem

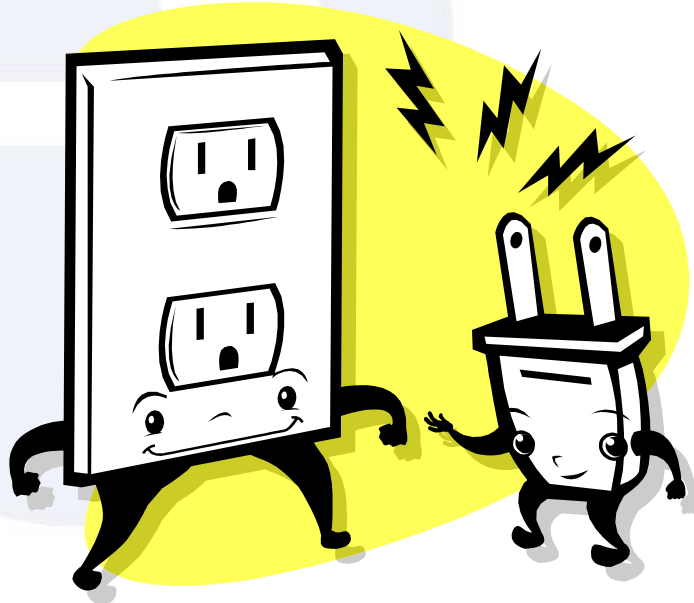
Why is the benefit of releasing a patient's medical files so powerful?

A screenshot of a medical software interface titled "handy patients enterprise edition". The interface is divided into several sections:

- Header:** "handy patients enterprise edition" and "Thursday, 22 Jan 2009".
- Patient Information:** Name: Anderson, David; Age: 8 month and 10 days; Birth: 5 January 2009.
- Forms and Sheets:** A list of medical forms and sheets including "Meeting (Doctor)", "Full status (Doctor)", "Assistant", "Billing", "Reports", "Statistics", "SOAP", "R-V", "Admission", "Agenda", "Neurologic", "Vascular", "Cardiac", "Respiratory", "Abdomen", "Exams", "Radiology", "Summary", and "Patient documents".
- Meetings:** A table listing medical appointments with dates and times.
- Diagnosis:** A section for recording diagnoses, including "Abdomen palp", "Cardiac auscult", and "Cardiac auscult".
- Notes:** A text area for notes, containing the text: "Father ask many questions, add 10 minutes to consultation".
- Digestive Examination Form:** A detailed form for a digestive examination, including sections for "Digestive inspection", "Digestive auscultation", and "Digestive palpation". The form includes fields for "Liver" (No hepatomegaly), "Rectal", and "Little pain on the right lower area".
- Diagrams:** Two anatomical diagrams of the human torso. The left diagram shows the abdomen with red lightning bolts indicating pain. The right diagram shows the digestive system with a red question mark and arrow pointing to the small intestine.
- Footer:** "Documents manager" and "Previous page Next page" buttons.

Standards? Just a Few...

Electricity Standard Plug



Driving Healthcare Standards

IHE

DICOM

5010

LOINC

RxNorm

HL7

ICD-9/10

CCD/CDA

SNOMED-
CT

AMT

Paths to Standards Development

- Regulations, policy and law
- Purchases
- Payment
- Taxation and Collection

**Moving the eHealth Interoperability Needle
Requires a Multi-Prong Attack!**

SHIN-NY As The Public Utility

A universally accessible, reliable, **public utility**
(the **Statewide Health Information Network of New York – SHIN-NY**)
of clinical health information on every New Yorker for every
New Yorker

Funding for the SHIN-NY

ALBANY, NEW YORK, March 31, 2014 – The New York State Legislature approved **\$55 million** in funding for the Statewide Health Information Network for New York (SHIN-NY) as part of its Fiscal Year 2014-15 budget.

The continued expansion of SHIN-NY, coordinated by the New York eHealth Collaborative (NYeC), will provide more effective coordination of care for an ever-growing community of patients across the entire state..



New York Leads the Nation

81%

NY Hospitals

50K

Providers

26.7M

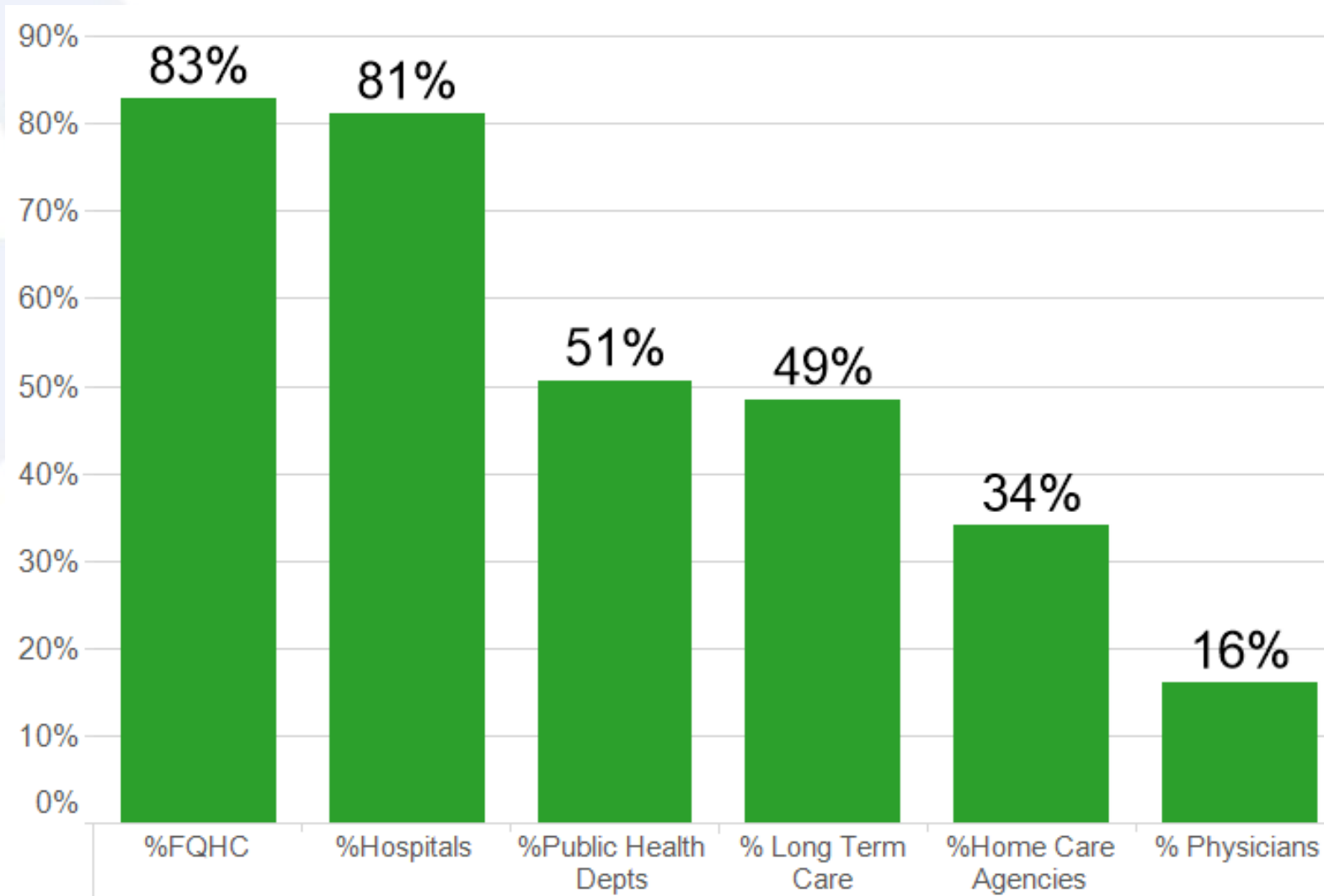
Patients

34K

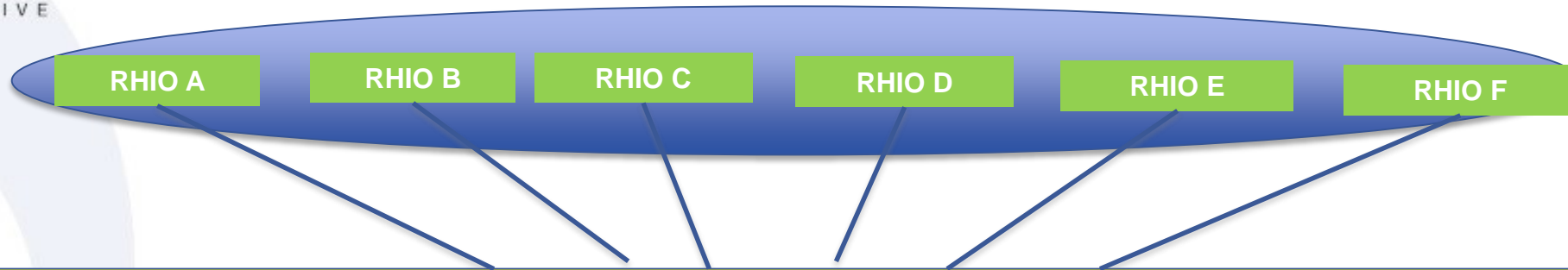
Clinical and
Administrative
Staff

SHIN-NY Stakeholder Adoption

% OF ENTITIES ACCESSING OR SUPPLYING DATA



SHIN-NY Information Flow and “Dial Tone” Services



Statewide Service

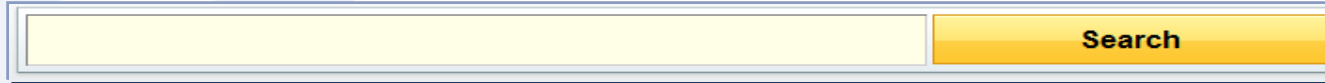
All RHIOs (Qualified Entities) must provide the following services:

- 1) Patient Record Lookup
- 2) Consent Management
- 3) Identity Management and Security
- 4) Public Health Integration
- 5) Secure Messaging (DIRECT)
- 6) Notifications (Alerts)
- 7) Provider & Public Health Clinical Viewer
- 8) Results Delivery

No charge for these services beyond initial set up

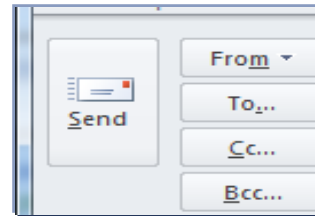
Customer facing Dial Tone services

Search: Patient Record Lookup



A search bar with a yellow input field and a yellow button labeled "Search".

Send: Direct Exchange



Subscribe: Event Notifications



Your RHIO already offers these services and more....

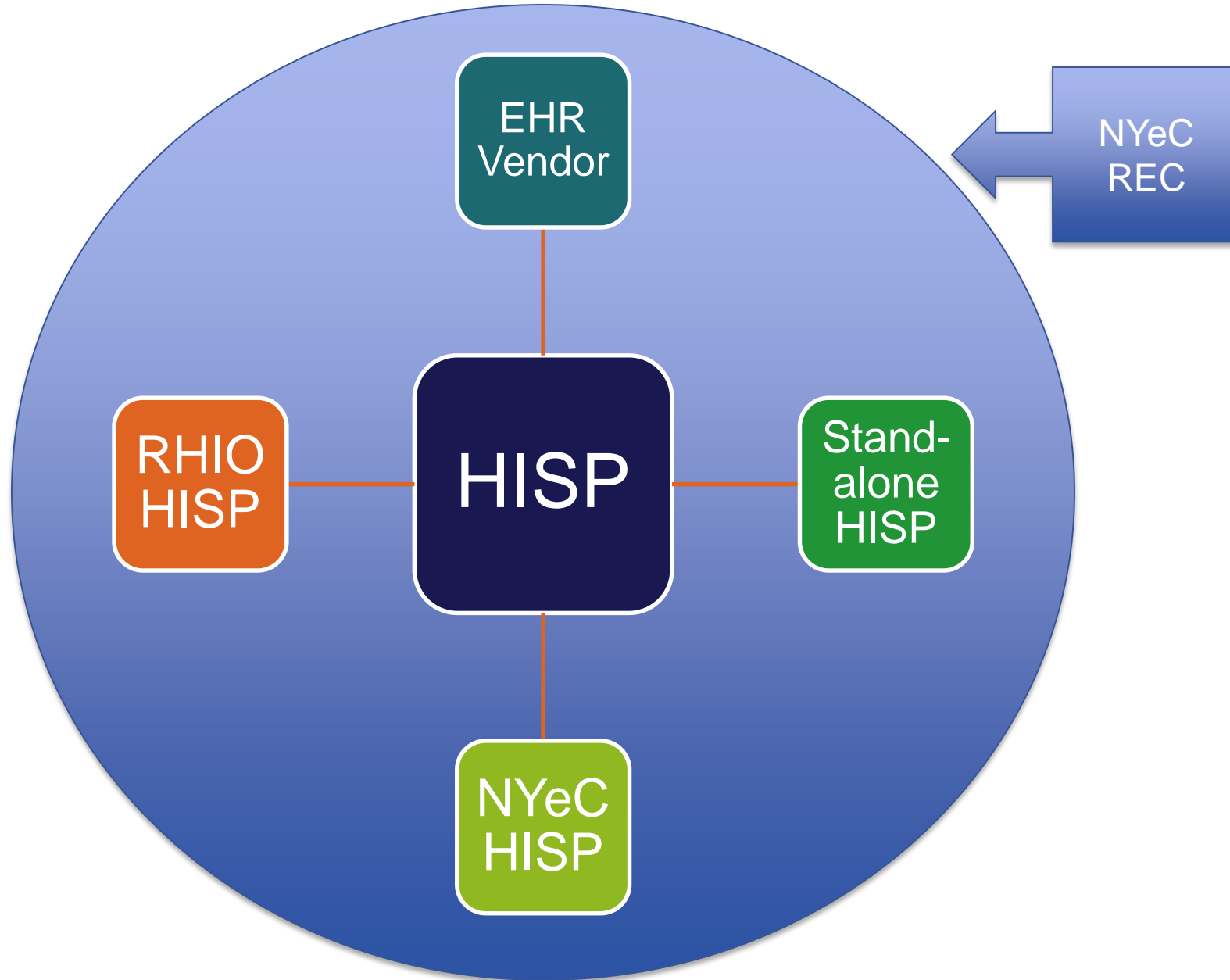
SHIN-NY will facilitate this Statewide



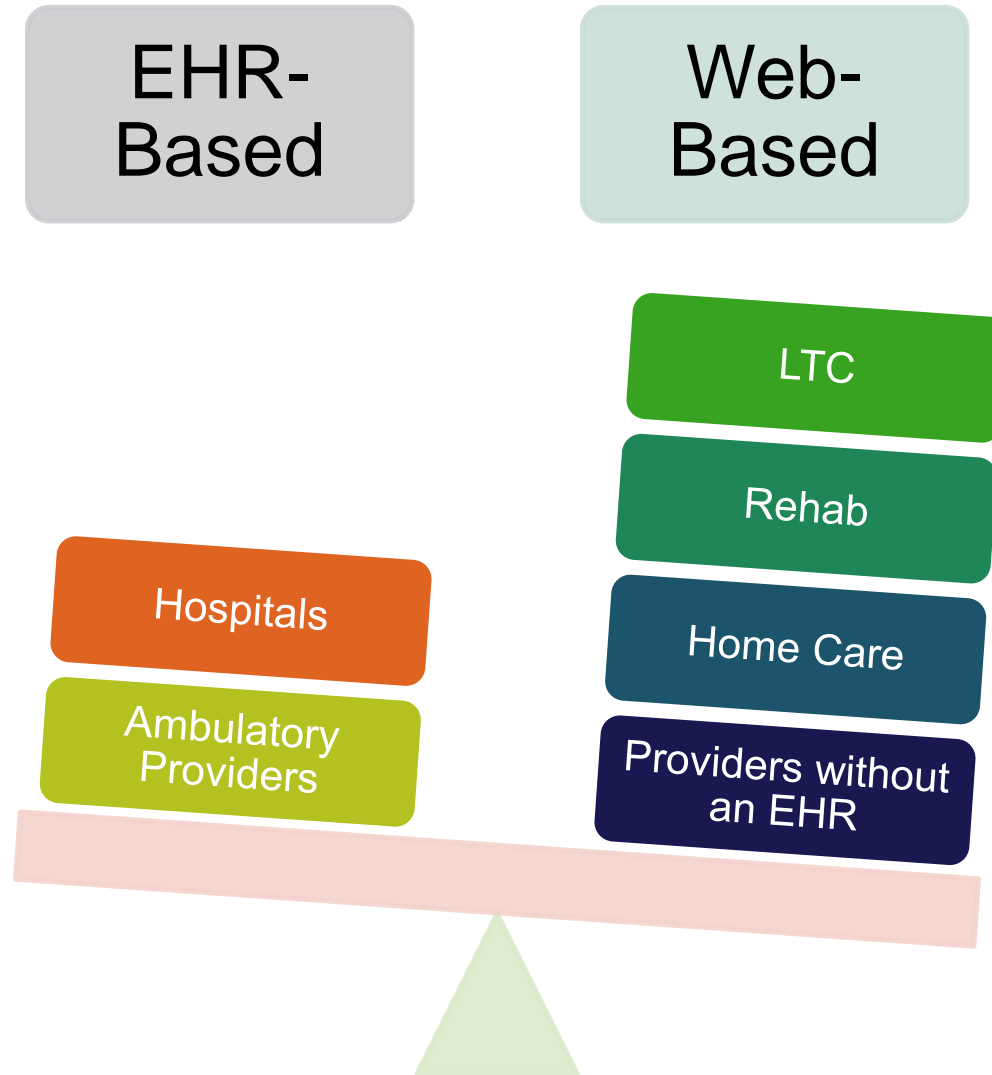
DIRECT

Deep Dive Into DIRECT

Direct Strategies in New York



Direct Options



Solution to Achieving MU2 Measures

- Direct is specifically designed to allow electronic exchanges of summary of care records
 - The capability is built directly into your MU2 certified EHR
 - Direct enables information exchange across disparate EHR vendors **helping you achieve MU2 requirements**



How Do I Get Direct For My Organization?

- **Step 1** – Consult with your **RHIO** to discuss connecting your organization on the direct network
 - Direct becomes truly useful when groups of trading partners are “online”
- **Step 2-** contact your **EHR vendor**
 - Organization must specify that they’re looking for MU Stage 2 version that is Direct capable
 - Ask about **when** EHR vendor will schedule your site for an upgrade to Direct capable version. **National initiative=long upgrade queues.**
 - Find out for yourself if your EHR vendor has received certification for a MU2 version (Direct-ready) : <http://oncchpl.force.com/ehrcert?q=chpl>
- **Step 3** – Fully understand the pricing to enable Direct for your organization as well as the workflow implications

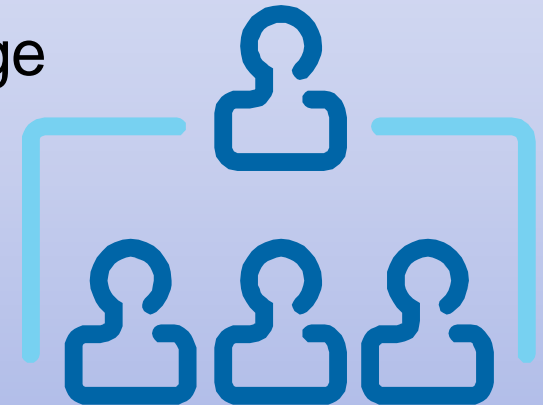
Step 1: How Can My RHIO Help?

Your RHIO plays a pivotal role in implementing Direct

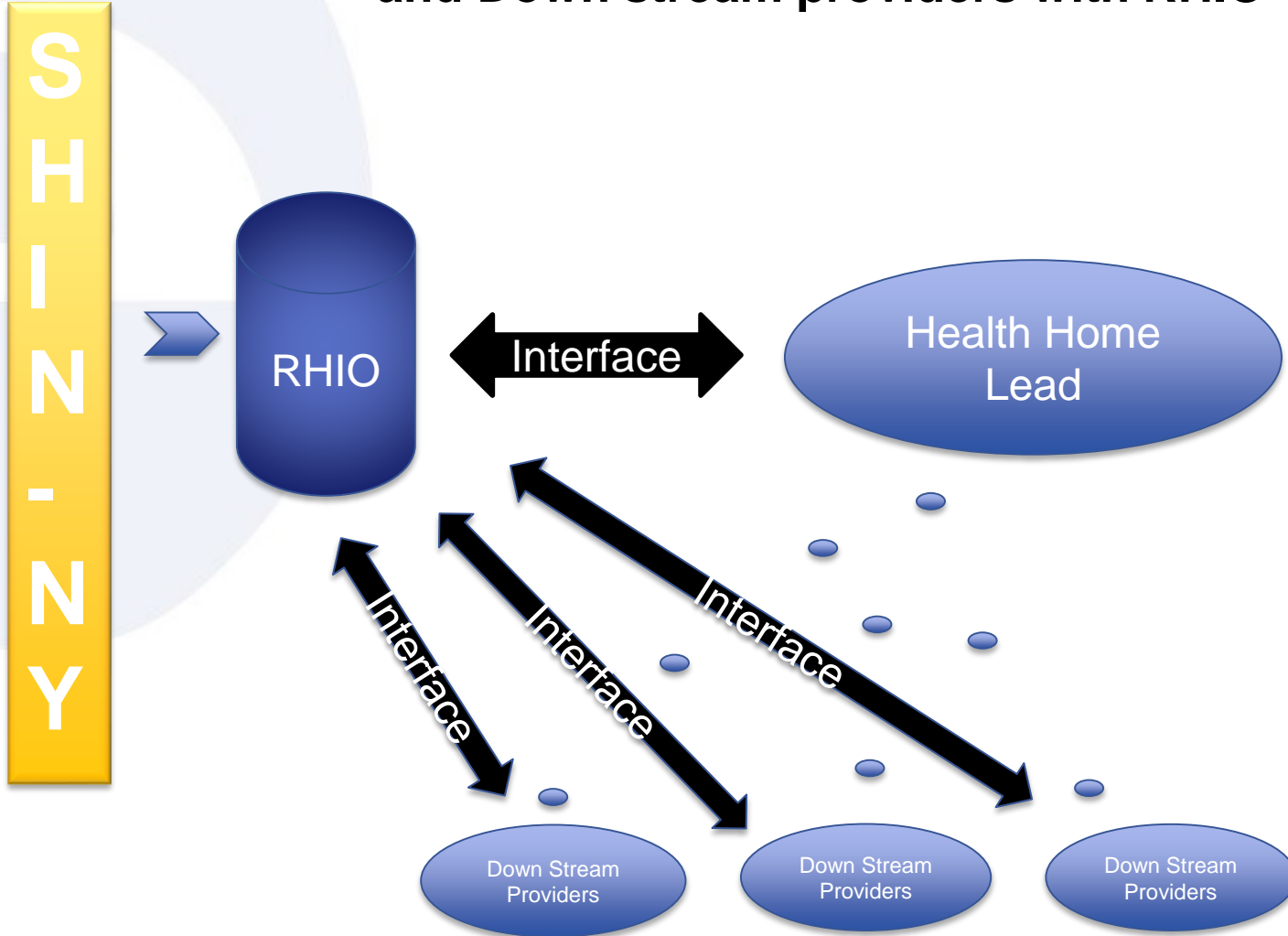
- The local RHIO offers a number of Direct options through various vendors
 - Capability for EHRs to connect to its Direct network
 - Webmail interface
 - Direct services are available to other RHIOs for them to offer to their members
- NYeC offers a number of Direct options
 - Capability for EHRs to connect to its Direct network (NYeC HISP)
 - Webmail interface
 - Direct services are available to other RHIOs for them to offer to their members

What do Statewide Services mean for Health Homes?

- SHIN-NY can alert Care Coordinators at Health Homes on key events of their members
- SHIN-NY can enable care takers to securely message other care takers
- SHIN-NY can distribute results to care team



**Use Case Scenario:
Interface between BOTH Health Home
and Down stream providers with RHIO**

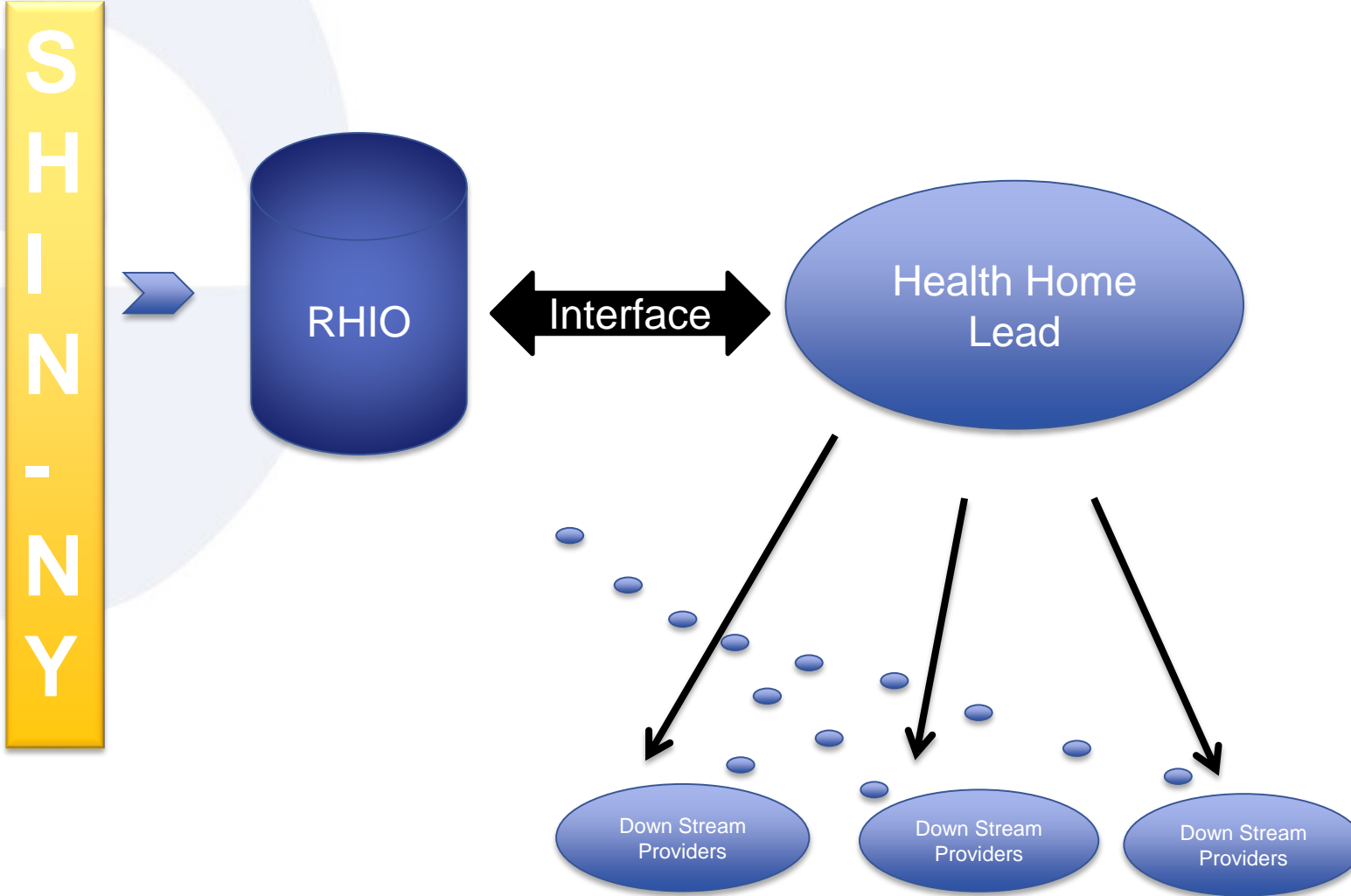


Lead Health Home has contract in place and builds an interface with RHIOS

Care Coordinators can update Member Care Plans

Receive alerts if one of their members were discharged from the hospital

**Use case scenario:
Health Home using DIRECT to push information to
Down Stream Providers**

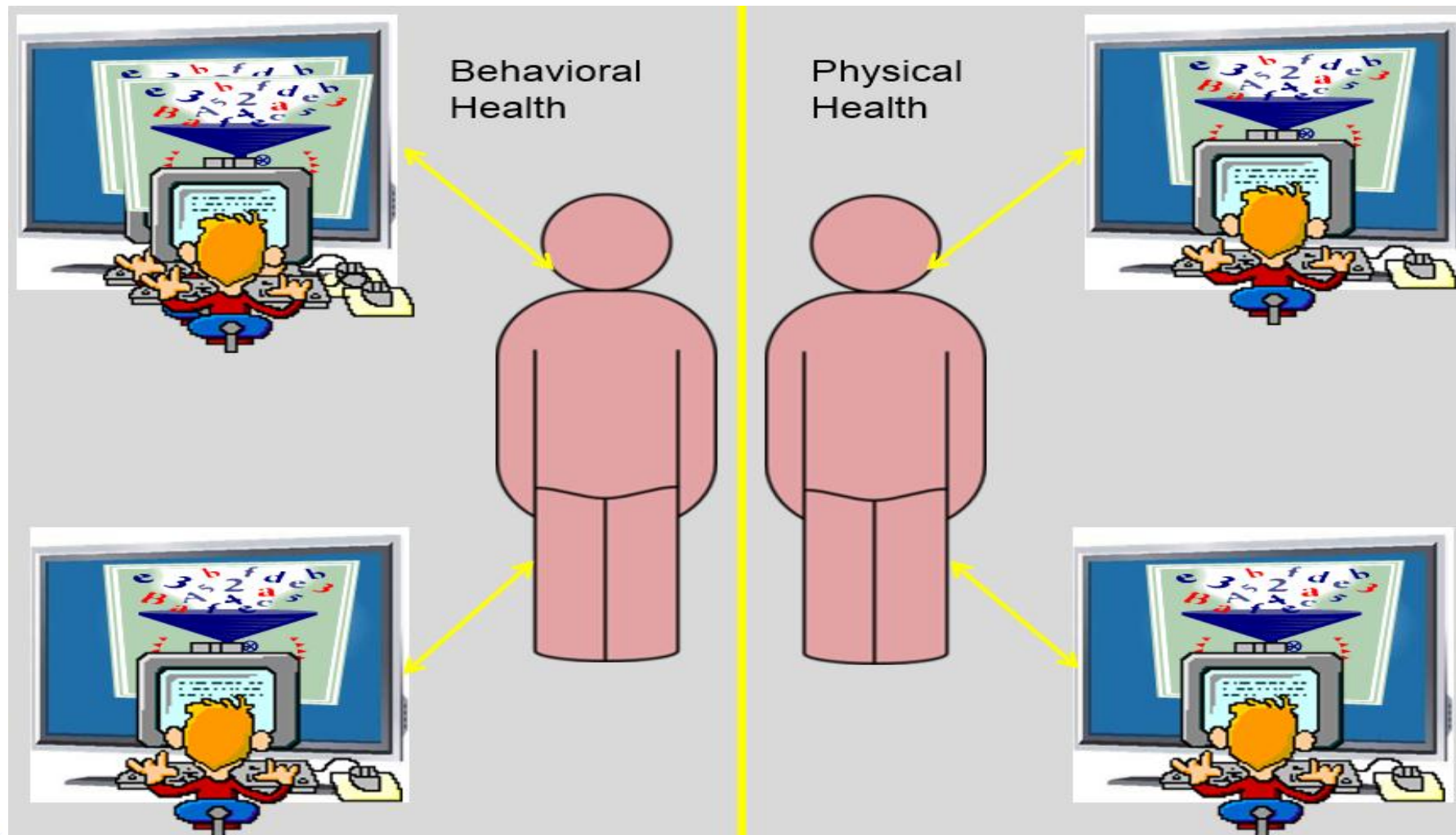


Health Home lead has contract in place and builds an interface with RHIOS

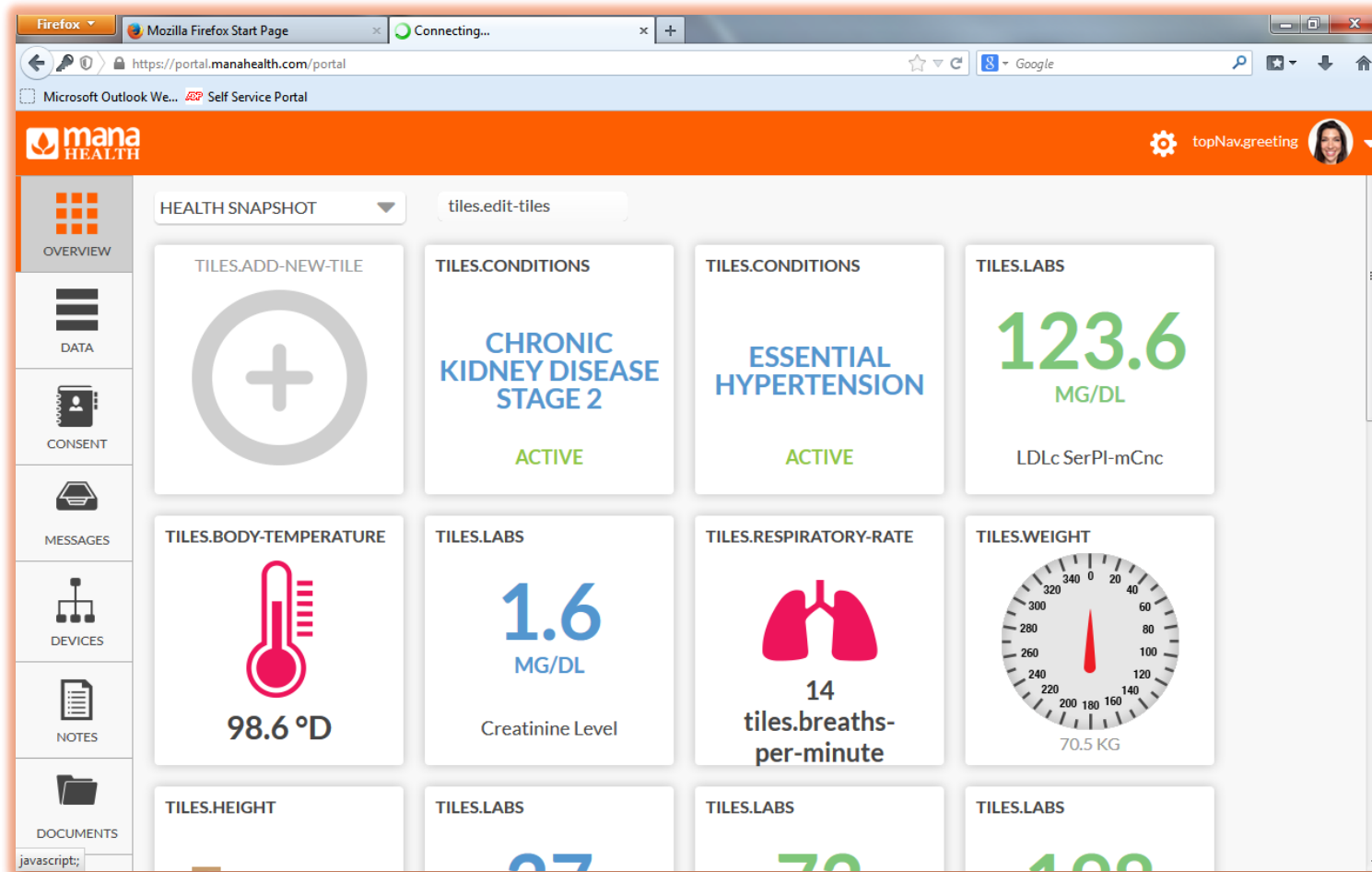
The Care coordinator at the Health Home can use DIRECT to alert and/or send an updated care plan to the Down Stream Providers

Care Coordination

Self managed Care through patient and family engagement



The Statewide Patient Portal



True data consolidations enables apps to present
Information instead of documents

Incentive Programs

Data Exchange and
Medicaid Eligible Provider
Programs

Overview

Data Exchange Incentive Program

Objective:

To increase Clinical Data Exchange contributions from Practices and their Medicaid Eligible providers.

Goal:

Enlist at least 3,000 new Medicaid providers who will be contributing Clinical Data, as the result of their Practices executing new Qualified Entity* (QE) Participation Agreements.

* Qualified Entity – Previously referred to as Regional Health Information Organizations (RHIO)

Medicaid Organizations Eligibility

- Medicaid Organizations that have Eligible Providers can Enroll Starting **Oct. 1, 2014**.
- Organization needs to have a signed QE Participation Agreement **AND** agree to contribute at least 5 of 7 Clinical Data Elements
 - Clinical Data Elements include: Demographics, Encounters, Labs, Allergies, Medications, Procedures, & Diagnoses
- The Go-Live of Clinical Data Exchange needs to occur **AFTER** 4/1/2014
 - If Organization was sending only ADT or Demographics prior to April 1, 2014, it may be eligible if it upgrades exchange capability to include at least 5 of 7 Clinical Data Elements required for this program
- A maximum of 40 Eligible Providers per Organization are eligible for Incentive payments
- Organizations need to attest they will keep the connection active and contribute data for a minimum of one year**

* NYeC/DOH reserves the right to change standards for the new organizations that participate.

** There will be a claw-back of incentive payment if organization terminates clinical data sharing before one year from Go-Live

Provider Eligibility

Medicaid providers who are registered as active fee-for-service providers via DOH MEIPASS System. These providers must meet the 30% Medicaid patient encounter threshold as defined by DOH. (<https://www.emedny.org/meipass/ep/elig.aspx>)

- Eligible Providers (EPs) types include:
 - Physicians: MDs and DOs
 - Dentists
 - Mid-Levels: Nurse Practitioners or Certified Midwives
 - Physician Assistants who practice in FQHC or Rural Health Clinic (RHC) led by a PA
 - Pediatricians (Can qualify at a 20% Medicaid patient volume as defined by DOH)
- Providers must be MU Stage 1 eligible

Incentive Payments

Requirement	Payment
Organization confirms that it has a signed QE Participation Agreement & Attests to contribute clinical data for 1 year	\$ 2,000 (20% of \$10,000)
Organization Attests EHR Interface's "Go-Live" date (i.e. It is contributing 5 of 7 Clinical Data Elements: Demographics, Encounters, Labs, Allergies, Medications, Procedures, & Diagnoses)	\$8,000 (80% of \$10,000)
Organization Attests on behalf of its EPs (up to a maximum of 40 providers)	\$500 per provider (Maximum of \$20,000)
Maximum Payment per QE-Organization Participation Agreement	\$30,000

Medicaid Eligible Professionals Incentive Program

Medicaid Specialist Program to EP2 Highlights

Program Terms:

Start Date: October 1, 2012 End Date: September 30, 2014 Total Target Providers: 1900
Extended with EP2 Program: October 1, 2014 End September 30, 2016

(3) Milestones:

- M1: Completing A/IU
- M2: Attesting for Meaningful Use Stage 1.
- M3: Attesting for Meaningful Use Stage 2

Who's Eligible:

Medicaid Specialists that are registered as active fee-for-service Medicaid Providers. These specialists must meet the 30% patient encounter threshold as defined by CMS. Following providers are eligible to participate:

- Physicians – MDs, and Dos
- Dentists
- Mid-levels - Nurse Practitioners or Certified Nurse- Midwives
- Physician Assistants who practice in FQHCs or Rural Health Clinics that are led by a PA.
- Pediatricians Can qualify with 20% patient visit threshold
- Primary Care Physicians – that were excluded from previous REC programs

Conditions of Participation:

- Must meet the CMS Medicaid patient volume thresholds
- Could not have received any REC funds for adoption or implementation support from another REC Grant/program.
- There are no-limits to the number of providers that can be signed up at any one site.
- Eligible Providers can co-exist in a facility where other Providers have already met AIU and Attested for Stage 1 meaningful Use.
- Participating providers **could not** have been listed on a Schedule A for any previous REC program
- Providers will be paid for Completing AIU providing they sign their Medicaid Specialists' PPA agreement prior to Reporting AIU to CMS
- Providers who completed and reported A/IU prior to signing the Medicaid Specialists program PPAs still can qualify for M3 payments. (Agents would qualify for M1 and M3 payments in this scenario).

Technical Assistance and Incentive Dollars available from NYeC REC:

- It's a performance based grant that requires milestones to be accomplished
- Technical Assistance is provided for the selection, adoption and implementation of CHERT technology for the goal of participating in the EHR Incentive Program.
- NYeC Agent representatives will work closely with Organizations to help them achieve these milestones so they can realize the benefits of the EHR incentive dollars which for eligible Medicaid Providers can be as much as \$ 63,750.

Program Facilitation

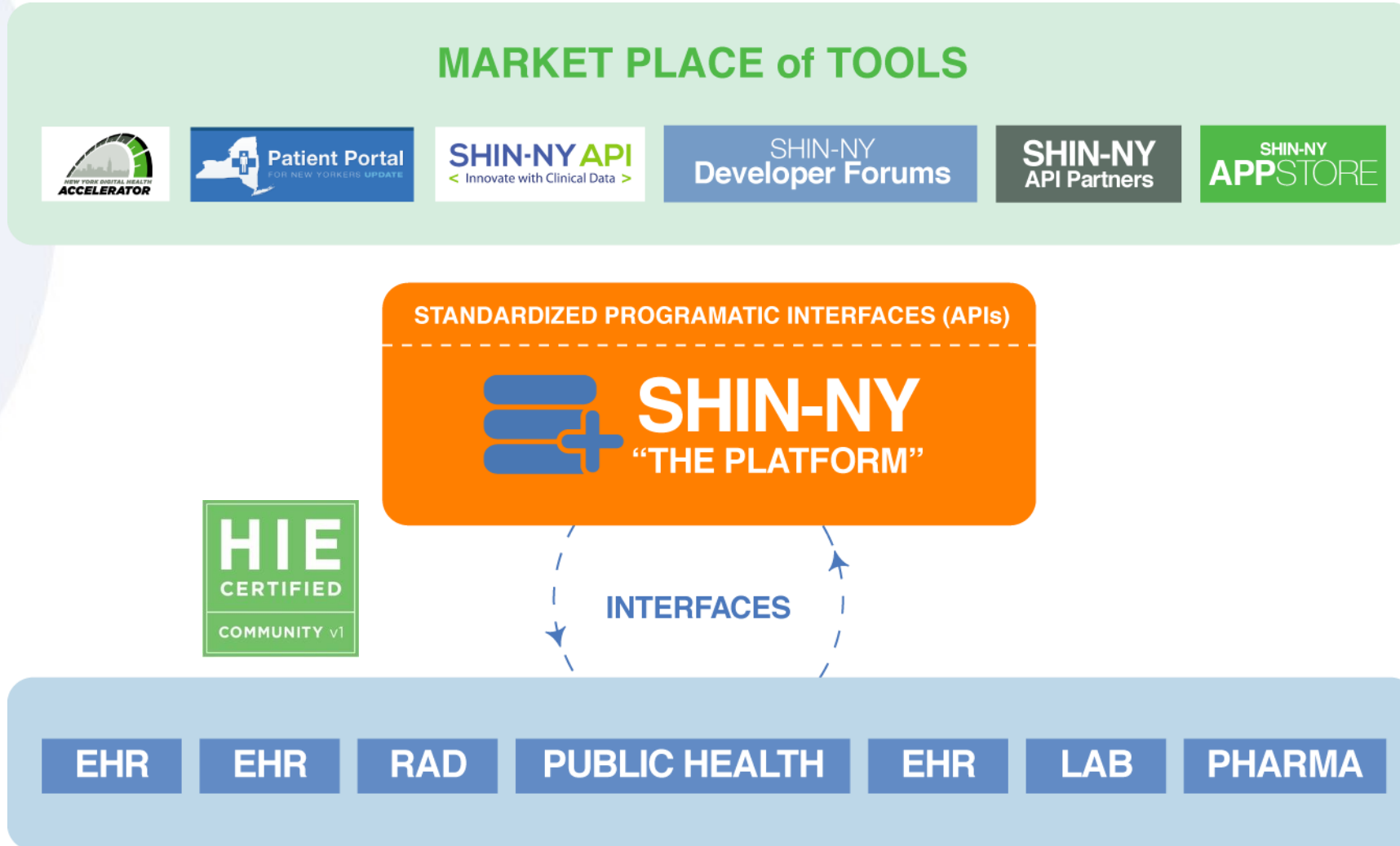
- NYeC is coordinating the Data Exchange Incentive Program
- Primary **NYeC** contact is:
Peggy Frizzell
pfrizzell@nyehealth.org
Phone: 646 619 6562
- Appendix List QE's Primary Contacts

QE Contacts

Medicaid Data Exchange Incentive Program QE Contacts

QE Name	Contact	Email	Office Phone	Cell Phone
THINC	Susan Stuard	SStuard@thinc.org	845-896-4726 x 3018	
HIXNY	Bryan Cudmore	bcudmore@hixny.org	518 783-0518 ext. 28	518 994-5042
BHIX	Adam Becker	abecker@healthix.org	646 432-3676	646 620-7925
BRONX	Charles Scaglione	cscaglio@bronxrhio.org	718 708-6633	
HEALTHeLink	Steve Gates	sgates@wnyhealthelink.com	716 206- 0993 ext. 312	
Interboro	Kathleen Kahn	kathleen.kahn@interbororhio.org	718 334-1216	
HEALTHeConnection	Karen Romano	kromano@healthconnectins.org	315 671-2241 ex. 250	
Healthix	Adam Becker	abecker@healthix.org	646 432-3676	646 620-7925
Rochester	Denise DiNoto	info@grrhio.org	1-877-865-7446	
STHL		info@sthlny.com		
eHNLI	Lisa Maldonado	Lisa.Maldonado@stoneybrookmedicine.edu	631 638-4073	

The SHIN-NY Eco-System



NYeC

NEW YORK eHEALTH
COLLABORATIVE



Resources

SHIN-NY Regulation Released

Comment Period Ends: October 20, 2014

The NYS DOH has published the proposed SHIN-NY Regulation in the State Register and it is now open for public comment. In addition to the Regulation the documents incorporated by reference are available on both the NYS DOH website and the NYeC website. The links to the proposed Regulation and to the documents incorporated by reference are:

<http://w3.health.state.ny.us/dbspace/propregs.nsf/4ac9558781006774852569bd00512fda/e00f1f2cd3b9582285257d43006a8427?OpenDocument>

<http://www.health.ny.gov/technology/regulations/shin-ny/>

<http://www.nyehealth.org/index.php/resources/nys-policies>

PUBLIC COMMENT

Individuals may send public comment via electronic mail to the email address listed in the box below.

REGSQNA@health.state.ny.us

When submitting your comments it is important to include:

- Rule number : Part 300 to Title 10 NYCRR (Statewide Health Information Network for New York (SHIN-NY))
- Your name and affiliation
- Note the specific Section of the Regulation that you are commenting on i.e. 300.1: Definitions

Part 300 List of Sections

- [300.1](#) Definitions.
- [300.2](#) Contract with state designated entity.
- [300.3](#) Statewide collaboration process and SHIN-NY Policy Standards.
- [300.4](#) Qualified health IT entities (QEs)
- [300.5](#) Sharing of patient information.
- [300.6](#) Patient rights.
- [300.7](#) Contracts between state designated entity and QEs.
- [300.8](#) Participation of health care facilities.
- [300.9](#) Financing of SHIN-NY.

Reference Documents

1. Privacy & Security Policies & Procedures for QEs and their Participants V3.1 June 2014
2. Oversight & Enforcement Policies for QEs V1.2 June 2014
3. QE Minimum Technical Requirements V1.2 June 2014
4. QE Member Facing Service Requirements V1.2 June 2014
5. QE Organizational Characteristics Requirements V1.2 June 2014

Resources

About the SHIN-NY

[Http://nyehealth.org/what-we-do/statewide-network/](http://nyehealth.org/what-we-do/statewide-network/)

<http://nyehealth.org/resources/nys-policies/>

SHIN-NY Regulation

<http://w3.health.state.ny.us/dbspace/propregs.nsf/4ac9558781006774852569bd00512fda/e00f1f2cd3b9582285257d43006a8427?OpenDocument>

SHIN-NY Policy and Standards

<http://www.health.ny.gov/technology/regulations/shin-ny/>