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

- **2006**: HITECH Signed
- **2007**: MU Stage 1 Released
- **2008**: ONC Standards & Interop Framework Initiative Launched
- **2009**: SHIN-NY Launched
- **2010**: MU Stage 2 Released
- **2011**: EHR | HIE Interoperability Workgroup Launched
- **2012**: ONC Statewide HIE Award
- **2013**: ONC REC Award
- **2014**: ONC Beacon Award

- **2006**: ONC HISPC
- **2007**: ONC NHIN Trial Implementation
- **2008**: CDC Biosurveillance UPHN
- **2009**: NYeC Established
- **2010**: HEAL 5
- **2011**: HEAL 10
- **2012**: HEAL 17
- **2013**: HEAL 22
- **2014**: HEAL 10

NYeC

US
Building the Ecosystem

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

New care models identify and track measures of convenience, access and effectiveness using patient feedback.

System leaders are accountable for developing and improving care models that enhance the patient experience and outcomes.

Operational redesign achieves a streamlined, convenient, and consistent patient care experience that improves patient outcomes.
Evolving, Adapting, Innovating
Transformational Impact of Electricity

- 1600: Wm. Gilbert coins term “electricity”
- 1747: Ben Franklin experiments
- 1816: First energy utility founded in US
- 1821: First Electric Motor invented by Michael Faraday
- 1878: Edison Electric Light Co. founded in US
- 1886: Wm. Stanley develops transformer and alternating current system
- 1893: Westinghouse demonstrates “universal system” of generation at Chicago Exposition
- 1913: Electric refrigerator invented
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?
Standards?  
Just a Few…

<table>
<thead>
<tr>
<th>Electricity Standard Plug</th>
<th>Driving Healthcare Standards</th>
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<tr>
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<td>IHE</td>
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<td>HL7</td>
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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

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

- %FQHC: 83%
- %Hospitals: 81%
- %Public Health Depts: 51%
- %Long Term Care: 49%
- %Home Care Agencies: 34%
- %Physicians: 16%
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

**Send:** Direct Exchange

**Subscribe:** Event Notifications

*NYeC*

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

*SHIN-NY will facilitate this Statewide*
DIRECT
Deep Dive Into DIRECT
Direct Strategies in New York

- EHR Vendor
- NYeC REC
- RHIO HISP
- NYeC HISP
- Stand-alone HISP

HISP
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](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
Lead Health Home has contract in place and builds an interface with RHIOs.

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

- 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
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](https://www.emedny.org/meipass/ep/elig.aspx))

- Eligible Providers (EPs) types include:
  - Physicians: MDs and DOs
  - Dentists
  - Mid-Levles: 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

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

(3) Milestones:
- M1: Completing AU
- 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 DNs
- Dentists
- Mid-levels - Nurse Practitioners or Certified Nurse-Midwives
- Physician Assistants who practice in PQHS 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 AU and Attested for Stage 1 meaningful Use.
- Participating providers could not have been listed on Schedule A for any previous REC program
- Providers will be paid for Completing AU provided they sign their Medicaid Specialists’ PPA agreement prior to Reporting AU to CMS
- Providers who completed and reported AU prior to signing the Medicaid Specialists program PPAs still can qualify for M3 payments. (Agent 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
# Medicaid Data Exchange Incentive Program

## QE Contacts

<table>
<thead>
<tr>
<th>QE Name</th>
<th>Contact</th>
<th>Email</th>
<th>Office Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>THINC</td>
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<td>518 994-5042</td>
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<td>645 620-7925</td>
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<td>718 708-6633</td>
<td></td>
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<td>645 620-7925</td>
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<td></td>
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</tr>
<tr>
<td>eHNLI</td>
<td>Lisa Maldonado</td>
<td><a href="mailto:Lisa.Maldonado@stoneybrookmedicine.edu">Lisa.Maldonado@stoneybrookmedicine.edu</a></td>
<td>631 638-4073</td>
<td></td>
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</table>
The SHIN-NY Eco-System

MARKET PLACE of TOOLS

STANDARDIZED PROGRAMATIC INTERFACES (APIs)

SHIN-NY “THE PLATFORM”

INTERFACES

EHR  EHR  RAD  PUBLIC HEALTH  EHR  LAB  PHARMA
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/dspace/progress.nsf/4ac95b37108871e865289f0df085172fa/89f1172cd30b5822a52d7d42066e84277?OpenDocument

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

http://www.nyhealth.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.

REGSONA@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 V1.3 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/resources/nys-policies/

SHIN-NY Regulation
http://w3.health.state.ny.us/dbspace/proprops.nsf/4ac9558781006774852569bd00512fda/e00f1f2cd3b9582285257d43006a8427?OpenDocument

SHIN-NY Policy and Standards
http://www.health.ny.gov/technology/regulations/shin-ny/