

Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

The New York eHealth Collaborative (NYeC) is a 501(c)(3) and the State Designated Entity (SDE) in New York State charged with the leadership, governance, coordination, and administration of the Statewide Health Information Network for New York (SHIN-NY). In that capacity, NYeC works as a public/private partnership with the New York State Department of Health (NYS DOH) on the development of policies and procedures that govern how electronic health information in New York State is shared via the SHIN-NY.

The SHIN-NY is a “network of networks” consisting of eight Qualified Entities (QEs), also known as regional health information organizations (RHIOs), and a statewide connector that provides secure sharing of important clinical data from participating providers’ electronic health records (EHRs). The QEs serve communities across the state. Participants include hospitals, clinics, labs, radiology centers, ambulatory physicians, home care agencies, nursing homes, long-term care facilities, public health departments, health plans, behavioral health providers, NYS DOH, and Federally-Qualified Health Centers (FQHCs), among others. Virtually all hospitals and over 80,000 other providers are part of our network. By making it possible to immediately share data with patient’s consent, the SHIN-NY helps streamline care and supports better patient experiences and outcomes while improving safety and lowering healthcare costs. With NYSDOH’s continued support of the enterprise, we believe that the SHIN-NY, as it reaches critical mass of clinical data, can continue to be leveraged for community-based organizations and be expanded to exchange nonclinical data sources such as the Social Determinants of Health (SDH). Last year, NYeC, in collaboration with key stakeholders from across NYS, developed the SHIN-NY 2020 Roadmap. This Roadmap is a high-level framework that presents ambitious goals and identifies a variety of tools and strategies for their achievement, which includes the following related activity:

- Value-Based Care (VBC) support to assist providers with additional functionality and data such as SDH data;
- Innovation and interoperability, such as exploring new standards to allow providers the ability to select targeted data elements as opposed to receiving an entire medical record, like open APIs, including Fast Healthcare Interoperability Resources (FHIR);
- Creation of a Community-Based Organization (CBO) and VBC workgroup to determine statewide technology and data needs, including the discussion of standards;
- Connecting the SHIN-NY to statewide data sources like the All Payer Database (APD) to streamline access to providers across the state and support quality measurement.

NYeC and SHIN-NY’s shared mission to improve healthcare by collaboratively leading, connecting, and integrating health information exchange across the state makes the organization an ideal partner to promote usage of and exchange of nonclinical data elements like SDH by leveraging the existing SHIN-NY infrastructure.

Q3 Please indicate which category your organization falls under.

Technology Solutions

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

The SHIN-NY is available statewide. Each QE works with their respective communities and offers the following SHIN-NY core services: Alerts, Patient Record Lookup, Results Delivery, Secure Messaging, Public Health Clinical Viewers, and Consent Management. Alerts provide real-time notifications for care teams when their patients are admitted and discharged from the emergency room or hospital while patient record lookup allows providers to access the entire health record when a patient has provided written consent.

Over the past ten years, there has been significant investment in secure clinical data sharing through the SHIN-NY to improve patient safety and quality of care. ICD-10 includes z-codes that represent factors influencing health status and contact with health services, such as SDH, and could be currently exchanged via the SHIN-NY. We believe that the SHIN-NY can be further leveraged to transport nonclinical data such as SDH, as well as support CBOs. Supporting this sector is critical as the shift to value based care continues forward in New York. By supplementing the available clinical data with SDH information to care teams, the ability to make care decisions can be drastically improved.

The QEs that comprise the SHIN-NY each have made efforts to incorporate SDH into care processes, and have aided community-based organizations in efforts to assist those in need. The following are a few examples of how this work has been implemented:

- Rochester RHIO and Lifespan

A project team was assembled to include Lifespan, Rochester RHIO, and NYU/NYAM to implement the Community Care Connections Program. This program aimed to address issues facing older adults in the Rochester area by integrating Lifespan's community-based aging services with the health care delivery system. Rochester RHIO was integral to this project by providing health data management. Findings showed that the adults targeted in the study had fewer hospital admissions and ED visits, and saved on costs to the system.

- Healthix and NYC Jail Alerts

In partnership with NYC Correctional Health Services (CHS), Healthix can alert an inmate's community healthcare provider or care manager anywhere in the SHIN-NY when he or she is incarcerated and released. This information is valuable to the provider or care manager so they can plan appropriate outreach to the patient. In addition, CHS has access to an inmate's medical history through Healthix.

- Bronx and Housing

Bronx RHIO has been working with all participant sites to identify homeless patients in their data via a variety of methodologies, including having providers directly identify patients by an indicator and linking addresses to shelters. Used by DSRIP PPS sites, these data are used to both identify ED High Utilizing patients and assist homeless patients in finding support.

In addition, NYeC and the QEs have participated in national initiatives to learn processes that engage stakeholders in the development of standards and use case for SDH data in clinical settings. This includes efforts both across the country and within NYS in Rochester that are dedicated to creating a community information exchange with data from sectors spanning education, housing and others.

In addition to leading the Statewide network, we also assist providers in the field and can help facilitate, through these partnerships, the exchange and usage of SDH data and coordination with CBOs. NYeC's Healthcare Advisory Professional Services (HAPS) team is dedicated to helping providers enrolled in programs that assist Medicaid providers and patients including the NY Medicaid EHR Incentive Program, the Data Exchange Incentive Program, and Behavioral Health Information Technology program. These efforts bridge the gap between providers and new, innovative payment models and systems that ultimately benefit the patients they serve, many of whom are high-needs patients.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

The SHIN-NY has been operational and exchanging data since 2010. The current and anticipated success of the enterprise demonstrate that the effort dedicated to building a solid foundation serves as a strong tool to ensure the right information at the right time is available for care teams to provide the best care for their patients. Most recent participation statistics show that approximately 100% of hospitals, 65% of diagnostic and treatment centers, 50% of ambulatory physicians, and about 70% of long term care providers in New York State are participating in the SHIN-NY. In the last twelve months, over 24 million clinical alerts have been sent to providers, 7 million patient records have been viewed by providers, and 63 million lab results have been delivered to providers electronically via the SHIN-NY. Over 12 million New Yorkers have also opted in to grant consent for at least one of their healthcare providers to access their clinical data through the SHIN-NY.

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

Social and Community Context ,
Health and Health Care

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared

