NEW YORK STATE OF OPPORTUNITY. | Department of Health

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #5
April 17, 2015

Agenda

#	Topic	Time	Leader
1	**Welcome and Introductions**	10:05 – 10:10	Patrick Roohan
2	**Opening Remarks** • Legislative/Budget Update	10:10 – 10:20	Courtney Burke
3	**Updates on Issues from Last Meeting**	10:20 – 10:50	Patrick Roohan
4	**SHIN-NY Regulations Discussion**	10:50 – 11:45	Jim Kirkwood
5	**All Payer Database Discussion** a) APD Study b) APD Request for Proposals c) Data Release	11:45 – 12:40	Chris Nemeth Mary Beth Conroy
6	**SIM/SHIP Common Measure Set** • Quality Institute	12:40 – 12:50	Hope Plavin Andy Cohen, UHF
7	**Discussion and Next Steps**	12:50 – 1:00	Patrick Roohan

Legislative/Budget Update

Courtney Burke
Deputy Secretary for Health
Executive Chamber

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Budget Update

Appropriations:

- $45 million - SHIN-NY
- $10 million - All Payer Database

HIT Workgroup Requirements:

- Final Workgroup Report due 12/1/15
- Requires the addition of a county health commissioner to the Workgroup

Budget Update

Other Requirements:

- Quarterly program and spending reports for the SHIN-NY (beginning 9/1/2015)
- Must include how funds are used to:
  - Support hospitals, physicians, and other providers in achieving MU requirements
  - Support DSRIP health information exchange and data requirements to help performing provider systems and the state meet DSRIP quality goals
  - Increase participation in regional health information organizations at reasonable costs to the providers

Updates From Last Meeting

Patrick Roohan
Director
Office of Quality and Patient Safety

SHIN-NY Regulations

James Kirkwood, Director
Health Information Exchange Bureau
Office of Quality and Patient Safety

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Revising the Proposed SHIN-NY Regulations

Considerations

- Allow for flexibility in implementing the SHIN-NY
- SFY17 budget
- Simplify and clarify activities of the Department and requirements of RHIOs
- Regulation and policies should assure safety/security of information, promote health information exchange, without hindering adoption

Changes in the Regulation

- Removal of reference to the State Designated Entity (SDE)
  - Focus on activities of the Department
- Removal of the contracts between Department and SDE and SDE and RHIOs
  - Focus on requirements of Qualified Entities (RHIOs)
- Removal of policy documents incorporated by reference
  - Documents will be policy guidance/standards
- Allow for community-wide consent

SHIN-NY Regulation: NYSDOH Responsibilities

- Oversight of the SHIN-NY
- Implement infrastructure for RHIO-RHIO communications
- Administer statewide collaboration process
- Perform audits of RHIOs
- Provide for services that are secure
- Assess healthcare provider participation in the SHIN-NY
- Implement a certification process

SHIN-NY Regulation: Statewide Collaboration Process

- NYSDOH establishes workgroups, forums and committees to make recommendations on SHIN-NY policies and technical standards
- NYSDOH may accept or reject the recommendations
- SHIN-NY Policy and Technical Standards include:
  - Privacy and security
  - Monitoring and enforcement
  - Minimum service requirements
  - Organizational characteristics of RHIOs
  - Certification process

SHIN-NY Regulation: Requirements of Qualified Entities

- Maintain a network to securely exchange health information
- Connect to statewide infrastructure
- Submit to regular audits
- Ensure data is made available according to law
- Submits to audits
- Enter into agreements with participants
- Allow participation of healthcare providers seeking to connect
- Submit reports on healthcare provider participation

SHIN-NY Regulation: Minimum Set of Core Services

- Allow for search of patients on the network
- Permit secure messaging
- Track consent
- Provide notification services
- Provide identity management services (to allow appropriate access)
- Support public health reporting
- Deliver diagnostic results and reports to providers
- Make a clinical viewer available

SHIN-NY Regulation: Sharing of Patient Information and Consent

- Allows for consent to access
- Any new provider joining the system must receive consent or the patient must be told that future participants will have access and the patient must receive a notification about new participants (allows for community wide consent)
- Exceptions for consent
  - Emergency access (break the glass)
  - Public health investigation
  - Disclosure during a disaster

SHIN-NY Regulation: Minor Consented Information

- Minor consented information must not be disclosed without the minor's consent
- Minor consented information
  - Family planning
  - Diagnosis/treatment of sexually transmitted disease and HIV test
  - Minor who is married, parent of a child or receiving prenatal care
  - Mental health services, alcohol/substance abuse services
  - Emergency care
  - Post sexual assault care
- Qualified entity participants may provide the option to withhold information from release
  - Includes minor consented health information

SHIN-NY Regulation: Requirements of Facilities to Participate

- Health care facilities must participate and allow bidirectional exchange within one year. Facilities include:
  - Article 28 facilities
  - Home care facilities
  - Hospice
- Includes an exception for in cases of economic hardship or technical reasons out of the control of the facility

SHIN-NY Policy Committee Activities

- Will continue to provide policy recommendations to the Department
  - Focus will be on policy recommendations
- The Department will own/curate policy guidance and standards
- More transparency
  - Agenda will be posted online prior to meetings
  - Minutes, recommendations posted following meetings
- Share SHIN-NY policies for public comment

All Payer Database

- APD Study
- RFP
- Regulations

Chris Nemeth, Director
All Payer Database Development Bureau
Office of Quality and Patient Safety

Mary Beth Conroy, Division Director
Information and Statistics
Office of Quality and Patient Safety

New York State Health Foundation APD Study

- The New York Health Foundation (http://nyshealthfoundation.org/) is supporting a study to help inform New York's development of APD regulations

- The study will be conducted by the All Payer Claims Database National Council (http://www.apcdcouncil.org/)

- Project timeline: March through July 2015

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Health Foundation/APCD Council Project Goal:

Goal: To inform New York State's efforts with respect to development and implementation of an effective and informative APD.

Project deliverables include:

- *Evidence-based guidance on a range of issues including governance regulations and key policy and operations issues.*
- *Identification of best practices for NY's planning and implementation process based on stakeholder interviews.*

Health Foundation/APCD Council Project Scope

Priority issues to be addressed, based on other states' experience, include:

Price and Quality Transparency

- Transparency tools in use by other states
- Mechanisms to address concerns that price transparency may disclose proprietary information.

Stakeholder Utility

- Ways to maximize utility of APD data for the broadest range of stakeholder groups.

Data Release, Use and Governance

- Data governance mechanisms for the collection, linkage and release of data,

Data Release Fee Structures

- Other states' experience with fee models including request and subscription based.

Council Timeframes & Activities 2015 (red=Council, black=DOH)

March

- Project Kickoff

April

- Regulation development and discussions with HIT Workgroup continue
- Initial summary of stakeholder interviews submitted to NYSDOH by Council

May

- Draft APD Regulatory Concept Paper Presented by NYSDOH to Regulatory Advisory Committee

June

- Council Interim Report including findings from interviews and reviews from other state APCDs
- Continue to develop and refine data governance & internal policies/procedures

July

- Final Report and Council Presentation

August:

- Formal State regulatory adoption process completed with input from Council report.

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APD Request for Proposals (RFP) released

RFP Overview:

The winning bidder "will provide a complete, outsourced solution to meet all of NYSDOH's needs regarding APD Data Warehouse functionality and APD Data Analytics capability."

- **Bidder Eligibility:**
  Proposals only accepted from organizations with 3 year minimum prime contractor experience with the following:
  - work with health care data
  - work with Data Warehouse projects
  - work with Data Analytics projects **(experience acquired concurrently is considered acceptable)**

- **Primary Components of Required Proposal:**
  - Project Management
  - Data Warehouse Solution
  - Data Analytics Solution (to be structured by User Story Matrix supplied in RFP)
  - Hosting Solution
  - Security and Privacy

RFP Project Scope:

- Project Segments – Up to 2 Years of Design, Development and Implementation Work; Up to 3 Years for Operations and Evolution

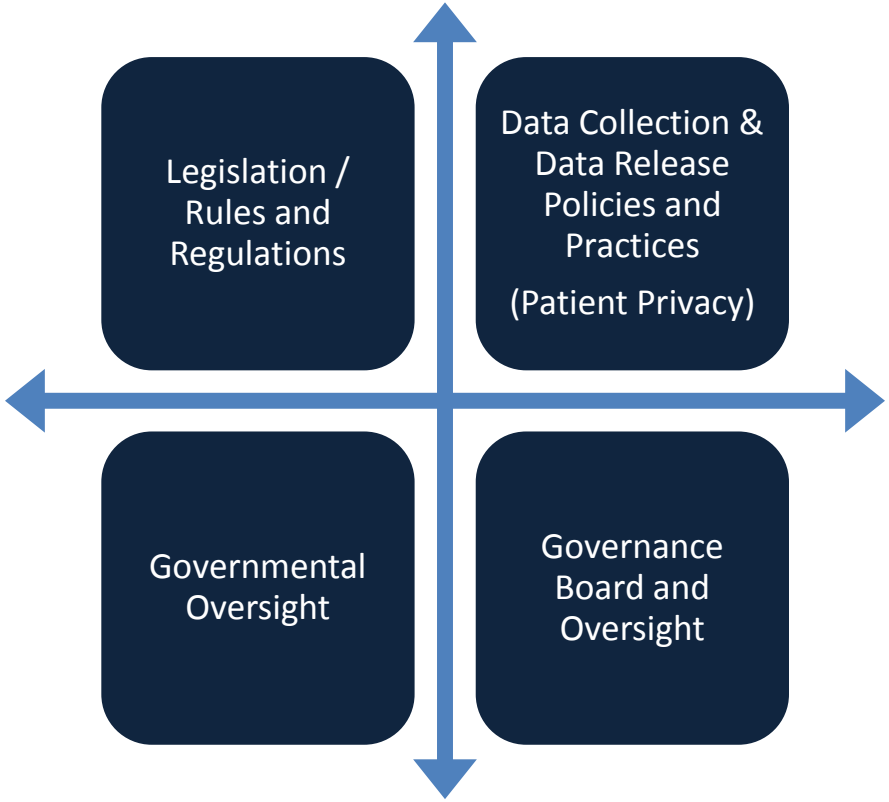
- Estimated Source Data Distribution:

  - QHP (NYS Health Exchange) = 1,000,000 covered lives
  - Medicaid and CHIP = 6,500,000 covered lives
  - Large Group Commercial = 4,500,000 covered lives
  - Medicare = 3,100,000 covered lives

APD RFP Timeline

RFP Release Date	April 7, 2015
Written Questions Due	April 30, 2015 at 4:00 PM ET
Response to Written Questions Due	May 19, 2015 (On or about)
Letter of Intent to Bid (Optional)	May 22, 2015
Proposals Due (Not later than)	June 9, 2015 by 4:00 PM ET
Contract Start Date (Anticipated)	September, 2015

APD Governance Framework



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APD Regulations: Data Release

Regulations will include language on how the state plans to protect patient data and what/how data may be available to researchers.

- NY is building upon a long standing history of secure SPARCS data analytics and release.

Regulations: Data Release Decision Points

- What information, if any, will be shared
- With whom data reports will be shared
- When data and reports will be shared
- Restrictions on public release and access
- In what formats data will be released

Citation: APCD Council / West Health

Data Release Considerations

- Identifiable Data Files
- Limited Use Data Files
- Public Use / Open Data Portals
- Suppression/ Masking / Encryption of Sensitive Data
- Tiered Approach / Standard Reports
- Custom Reports
- Consumer Facing Transparency Website
- Web Query System
- Inter-agency Intra-agency Agreements
- Data Use Agreements / MOUs
- Authorized Use / Restrictions on Access
- Legal and Financial Penalties
- Citation Requirements
- Fee Schedules / Licensing
- Management of Requests / Dissemination

Unique Considerations on Release

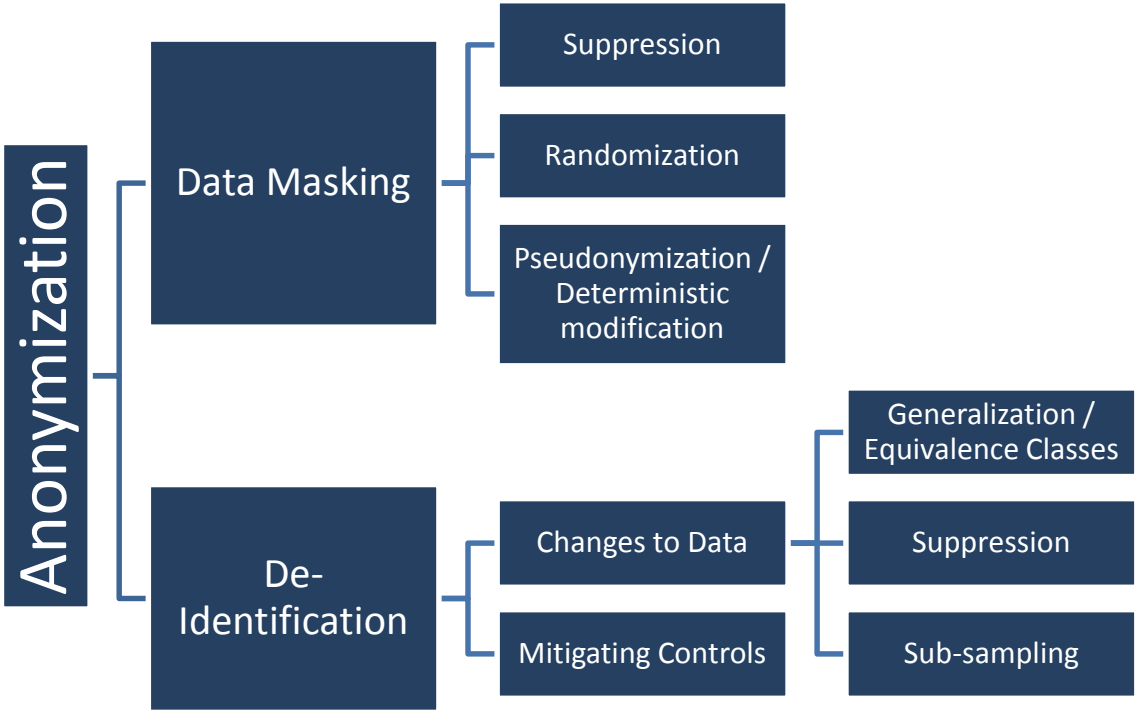
- Linkages
- Downstream Sharing
  - Medicaid
  - Medicare
- Sensitive Data
  - Fetal deaths
  - HIV/AIDS
  - Communicable diseases
  - Mental Health Treatment
  - Substance Abuse Treatment
- Expanded Content
  - Non-claims based payments
  - Plan benefit design
  - Premium information
  - Clinical/EHR data
  - Registries
  - Social determinants of health

Motivations to Anonymize Data

- Legal/regulatory
- HIPAA ‘minimum necessary’
- Maintain public / consumer / patient trust
- Staggering costs of data breach (direct and indirect)
- Rising awareness of re-identification and cybersecurity attacks on health data

Citation: Privacy Analytics.

Risk Management Strategies



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Citation: Privacy Analytics.

Existing APD State Release Policies

State	Release Policy
Colorado	Health care data on individual persons is not available for release
Kansas	Access to data is limited to select individuals
Maine	Restricted and unrestricted data made available through a data review advisory committee
Maryland	Data Release Policy Workgroup. Identifiable data available with IRB approval.
Massachusetts	Masking of provider and patient data elements
Minnesota	Data is for use exclusively within the state's Provider Peer Grouping project and is not available to outside researchers
New Hampshire	Limited and confidential health care claims research data sets may be requested through an application and approval process, each data element must be justified for use (custom release process).
Oregon	Privacy and Security Board. Protects and de-identifies personal and sensitive information. Limited and Public Use files.
Rhode Island	An anonymous unique identifying number is assigned to track an individual's claim information across payers and across time. Rhode Island's APCD is widely seen as having the most comprehensive personal information protections in the country.
Tennessee	Does not publicly disclose any individually identifiable health information.
Utah	De-Identified data made available for legitimate research purposes to qualified researchers. No provider or insurance carrier information.
Vermont	Researchers may apply for limited data files.

References

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- CSO Online. Health Records are the New Credit Cards. http://www.csoonline.com/article/2899215/data-protection/health-records-are-the-new-credit-cards.html
- HIMSS Analytics, 2012 HIMSS Analytics Report: Security of Patient Data, 2012.
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- Rhode Island. http://www.health.ri.gov/partners/collaboratives/allpayerclaimsdatabase/
- Health System Use Technical Advisory Committee. 'Best Practice' Guidelines for Managing the Disclosure of De-Identified Health Information. October 2010.

SIM/SHIP Common Measure Set

Hope Plavin, Director of Planning
Office of Quality and Patient Safety

Andy Cohen, United Hospital Fund

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State Innovation Model (SIM) Common Measure Set Update

Transparency, Evaluation, and Health Information Technology Workgroup

Friday, April 17, 2015

Quality Measure Alignment Overview

- SIM grant includes development of a common measure set to evaluate health care quality and performance for use in NYS
- Common measure set has several connected goals and potential uses:
  - To benchmark and measure impact of the SHIP, over time and compared to other states
  - To reduce data collection burdens on providers and payers and associated administrative cost
  - To align measures across programs for maximum focus
- Beginning focus will be primary care

Initial Activities

- Review Existing State and National Measure Alignment Activities
- Review initial set of measures developed during SIM development
- Identify state successes in measure alignment activities and contact a sub-set
- Review national measure alignment initiatives (e.g., IOM, NCQA)
- Learn from these processes and identify an effective strategy for the NYS context

First Phase: Aligning Primary Care Measures

- Review initial NYS measure set, including measure framework and methods for aligning measures
- Inventory other primary care measures (e.g., DSRIP) and various national measure activities to include in alignment process (e.g., meaningful use, HEDIS)
- With stakeholders, develop draft, realistic measure sets for primary care providers to review
- Goal is to create a draft menu of primary care measures, using already-existing work as the foundation

Initial SHIP scorecard: 5 categories, 18 domains, 8 composite scores, 207 individual measures

				Number of composites	Individual measures
Triple Alm[1]	1 Health improve-ment	1.1	Behavioral risk factors	1	7
		1.2	Prevalence and Incidence	1	9
		1.3	Health outcomes	1	10
				3	26
	2 Care improve-ment	2.1	Patient experience of care	1	6
		2.2	Quality of care	1	51
		2.3	APC eligibility criteria	1	26
				3	83
	3 Cost reduction	3.1	Total cost of care	1	7
		3.2	Utilization	1	19
				2	26
Context	4 Landscape	4.1	Demographics	n/a	8
		4.2	Payer market structure	n/a	11
		4.3	Provider market structure	n/a	11
				--	30
	5 Transfor-mation	5.1	Improving access to care	n/a	5
		5.2	Ensuring integrated care for all	n/a	6
		5.3	Making healthcare transparent for all consumers	n/a	5
		5.4	Paying for value, not for volume	n/a	13
		5.5	Connecting healthcare with the community	n/a	3
		5.6	Workforce strategy	n/a	6
		5.7	Health Information Technology Adoption	n/a	4
				--	42

Develop Review Process for Primary Care Measure Set

- Identify a sub-set of expert stakeholders to provide guidance during measure alignment process
- Ensure activities are aligned with other SIM activities
- Obtain summary recommendations provided by sub-set of stakeholders about measures to focus on
- Develop the draft set of measures to vet through appropriate NYSDOH workgroup

Preliminary Next Steps

- Contact state and national organizations with successful measure alignment processes
- Begin measure alignment activities, including
  - Validating inventory of measures
  - Analyzing measures for duplication; data source; clinical condition
- Identify a sub-set of collaborators/stakeholders for review of measures

Timeline

Draft Workplan for May 2015 through January 2016

May/Jun 2015

- Review State and other measure alignment activities
- Draft measure framework focused on primary care
- Identify a sub-set of key stakeholders to provide expert guidance

Jul/Sept 2015

- Primary Care Measure Alignment Activities
- In consultation with expert stakeholders:
  - Develop draft "menu" of measures for standard measure set
  - Identify necessity of risk adjustment and/or other possible approaches
  - For each measure, develop draft of benchmarks for primary care providers' review

Sept/Oct 2015

- Present a draft list of a primary care standard measure set to NYSDOH workgroups for vetting

Nov/Dec 2015

- Revise and finalize measure set

Jan 2016

- Make primary care standard measure set available to providers and payers; begin to focus attention on how to use measures.

Discussion and Next Steps

Patrick Roohan
Director
Office of Quality and Patient Safety