Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #13

June 6, 2017
## Agenda

<table>
<thead>
<tr>
<th>#</th>
<th>Topic</th>
<th>Time</th>
<th>Leader</th>
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<tbody>
<tr>
<td>1</td>
<td>Welcome and Introductions</td>
<td>10:00 – 10:05</td>
<td>Anne Schettine</td>
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<tr>
<td>2</td>
<td>APD Update</td>
<td>10:05 – 10:20</td>
<td>Mary Beth Conroy</td>
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<td>3</td>
<td>Transparency and Consumer Engagement</td>
<td>10:20 – 11:00</td>
<td>Natalie Helbig</td>
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<td>4</td>
<td>SHIN-NY Update</td>
<td>11:00 – 11:35</td>
<td>Valerie Grey (NYeC)</td>
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<td>Jim Kirkwood</td>
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<td>5</td>
<td>Health IT Integrated Quality Measurement</td>
<td>11:35 – 11:50</td>
<td>Jim Kirkwood</td>
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<tr>
<td>6</td>
<td>Discussion and Next Steps</td>
<td>11:50 – 12:00</td>
<td>Anne Schettine</td>
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All Payer Database (APD) Update
APD Stakeholder Meeting

- Held in Albany on April 26
- Over 310 registered participants
  - In person and WebEx
- All meeting materials are available online at:
  http://www.health.ny.gov/technology/all_payer_database/meetings/2017-04-26/
Purpose of the Stakeholder Meeting

- Bring together internal and external stakeholders of the NYS APD project for an update on:
  - Where we have been
  - Where we are now
  - Where we are going
- Elicit feedback and engagement from participants
  - Facilitated Discussions
Inputs, Stakeholders, Outputs

APD Data Sources (Inputs)

- Commercial Payers (Claims, Benefits, Enrollment)
- Public Payers (Claims, Benefits, Enrollment data)
- Non-Claims Health Data

APD Data Users (Stakeholders)

- Government
- Researchers
- Consumers
- Employers
- Providers
- Payers

APD Data Uses (Outputs)

- Informing Policy
- System Performance (Quality Assurance, Cost of Care)
- Population Health
- Health Reform Evaluation
- Consumer Engagement
Who Attended?

- Government
- Vendors
- Organizations
- Consumers
- Academics
- Researchers

- Both Crain’s Health Pulse and Politico picked up the story and published articles on the event.
We received approximately 120 comments on these facilitated discussion topic areas, which are currently being analyzed.

All comments will be posted to the APD webpage on the DOH public website.
Regulation Update

- On August 4, 2016 the APD regulations were presented to the State’s Public Health and Health Planning Council (PHHPC)
- The APD regulations were posted for public comment on August 31, 2016
- A 45 day public comment period ran through October 17, 2016
- We hope to have regulations adopted this summer and publish the APD Guidance Manual on the APD website
All Payer Database Key Milestones

- **Optum Warehouse and Analytics Contract Signed**
  - May 27, 2016

- **Design Sessions and Deliverable Quality Assurance and Monitoring**
  - Summer 2016 – Early Spring 2017

- **Internal Release of Counts and Amounts Data Visualizations**
  - Spring - Summer 2017

- **Warehouse and Analytics Solution Implementation**
  - Winter 2017

- **Begin Release Schedule for Data Warehousing**
  - Summer 2017

- **Continued additional data sources, enhancements and expansion of users**
  - Winter/Spring 2017-2018 and forward
Questions/Comments
Transparency and Consumer Engagement
## Participation, Transparency & Engagement

### Strategies

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<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
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<tr>
<td><strong>Consumer Participation</strong></td>
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<tr>
<td>• Website SIM (newsletters, presentations)</td>
<td>• HIT Meetings</td>
<td>• APD Advisory Group</td>
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<tr>
<td>• Website APD</td>
<td>• Transparency Roundtable (consumer advocacy groups)</td>
<td>• APD Data Release Committee</td>
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<tr>
<td>• Website SHIN-NY</td>
<td>• Focus Groups</td>
<td>• ROMC (Regional Oversight and Management Committee)</td>
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<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Disseminating Data</th>
<th>Data Made Actionable</th>
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<tr>
<td><strong>Transparency &amp; Consumer Engagement</strong></td>
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<tr>
<td>• SPARCS</td>
<td>• Health Plan Performance Reports</td>
<td>• Health Plan Performance Consumer Guides</td>
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<tr>
<td>• QARR</td>
<td>• SPARCS Stat Briefs</td>
<td>• Hospital Quality Compare Tools</td>
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<tr>
<td>• VS</td>
<td>• Health Data NY (open data)</td>
<td>• Nursing Home Quality Compare Tools</td>
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<tr>
<td>• Redesign PNDS</td>
<td>• Quality Metrics</td>
<td>• Home Care Agency Quality Compare Tools</td>
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<tr>
<td>• Commercial</td>
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<td>• Provider/ Health Plan Lookup</td>
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<td>• EHR</td>
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<td>• APC Scorecard</td>
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Data Made Actionable: Digital Tools

Health Plan Quality Began 1995

Health Data NY Launched 2013

Health Profiles Redesigned 2014 Hospitals Doctors Nursing Homes Home Care Hospice

Provider & Plan Lookup Available 2017

Health Nexus Prototype

APD User Portal & Public Website
Health Plan Performance & Quality Tool

- Provides data to help consumers make a decision. These guides have information about the quality of care offered, and people's opinions about the care and services provided.
- In 2017, we will improve usability through the use of filters, labeling, sorting, and expanding consumers' capability to compare data over measures, plans, and years.
- Consumers can explore which plans are doing better in the areas that are important to them.
- Leading the way with ‘Star Rating’ system for ease of understanding.
2016 Plan Performance - Commercial HMO Managed Care in Hudson Valley New York

- The 2016 Consumer Guide to Commercial HMO Managed Care in Hudson Valley New York is also available in Portable Document Format (PDF, 67.3 KB, 2pg.)
- More information about Commercial HMO Managed Care

## Ratings

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Preventive and Well-Care for Children</th>
<th>Quality of Care Provided to Members with Illnesses</th>
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<td>★★★★</td>
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<tr>
<td>Empire BlueCross BlueShield HMO</td>
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<td>★</td>
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<td>HIP (EmblemHealth)</td>
<td>★★★★</td>
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<td>MVP Health Care</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
<tr>
<td>Oxford Health Plans of New York</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
</tbody>
</table>

### Key

More stars mean better plan performance with 5 stars being the best.
Quality Assurance Reporting Requirements (QARR)

**PROPOSED PROCESS**

Data Collection From Plans → Research Scientists → Data Management & Analysis Using SAS code/macros → Analytic Output → HDNY Output → eQARR Tool on DOH Public Web

**Key Points**
- Saves 1 – 2 months of full FTE work for Research Scientists
- Saves 1-2 weeks of effort for Public Web team
- Improves interface
- Is single source driven
- Expands opportunities for more visualizations from the same source
# 2016 Plan Performance - Commercial HMO Managed Care In Central New York

- The [2016 Consumer Guide to Commercial HMO Managed Care In Central New York](#) is also available in Portable Document Format (PDF, 748 KB, 2pp.).
- More information about [Commercial HMO Managed Care](#)

## Ratings

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<th>Health Plan</th>
<th>Quality of Care Provided to Members with Illness</th>
<th>Preventive and Well-Care For Adults and Children</th>
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<td>★★★★★ ★★★★★ ★★★★★ ★★★★★</td>
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</tbody>
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Department of Health

Individuals/Families  Providers/Professionals  Health Facilities  Search

You are Here: Home Page > eCAPR 2015 > Managing Acute Illnesses - Statewide - Commercial HMO

Show Instructions

Region: Central

Plan: Commercial HMO
- Commercial PPO
- Medicaid and Child Health Plus
<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Plan Name</th>
<th>Metal Level</th>
<th>Coverage Type</th>
<th>County</th>
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<th>Price Per Month</th>
<th>Details</th>
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<td>Silver</td>
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Health Data NY

- Provides a range of health-related datasets, from hospital quality metrics to the results of lead levels in school drinking water for a range of stakeholders, particularly researchers, journalists, educators, and advanced citizen analysts.
- Since 2013, we have added over 83 topics and 150 visualizations, added new visualization tools.
- Between 2014 and present, more organizations, local health departments, bloggers, news articles and universities are connecting directly to the portal via links, embedded visuals, or APIs (Application program interface).
- In 2016, we improved the way consumers can discover datasets through “dataset landing pages”.
- In 2017, we will explore how to use our own health data on DOH’s public web site to create more connections between DOH programs and data.
View the Percentage of Adults with Asthma in New York

This chart shows the percentage of adults who report current asthma by county.
Tracking Site Analytics...

**Health Data NY**

Platform: Health Data NY; https://health.data.ny.gov/

Metric: # Users (Beginning 2015)

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<td><strong>154,085</strong></td>
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NYS Health Profiles

- Provides data and information on quality, utilization, surveillance and services
- In 2014 & 2015, we put all facility/provider type profiles within one portal. Improving search capabilities and display of information.
- In 2016, we added print and email results functionality
- In 2017, we released an improved ‘comparison’ tool to examine quality, procedure volume, and look up facilities with citations
Welcome to Health Profiles!

We make it easy to find quality and safety information on New York's hospitals, nursing homes, home care agencies, and hospice. You can also view information on doctors.
Overall Recommended Care

Measure Definition
This measure is a weighted average of all of the process-of-care, or "core" measures, reported on CMS Hospital Compare. Higher is better.

Report Period: January 1, 2015 to December 31, 2015

My Providers

- Albany Medical Center Hospital
- St Peters Hospital
- Ellis Hospital

My Measures

To add measures here, click on the icon by the measure name on the measure compare page.

Legend

- ▲ = High Performer
- ○ = Average Performer
- ▼ = Poor Performer
My Measures

To add measures here, click on the icon by the measure name on the measure compare page.

Legend

- △ = High Performer
- ○ = Average Performer
- ▼ = Poor Performer
- ○ = No Comparison Available

All NY Facilities Reporting This Measure:

Explore this data in greater detail

All Hospitals that report this measure
# Tracking site analytics

## NYS Health Profiles

<table>
<thead>
<tr>
<th>Platform:</th>
<th>NYS Health Profiles; <a href="https://profiles.health.ny.gov/">https://profiles.health.ny.gov/</a></th>
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<tbody>
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<td>Metric:</td>
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<td>246,237</td>
<td>T-15</td>
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</table>
WELCOME TO THE
NYS Provider & Health Plan Look-Up

Use this tool when you are deciding which health plan to enroll in or when you are looking for a provider, for example a hospital or doctor, that works with your plan. The tool is updated with information sent to New York State directly by health plans. BUT, to be on the safe side, you should still ask the provider if they accept your health plan and participate in your network before receiving health care services or before enrolling in a health plan.
Provider & Health Plan Lookup

- Launched in May 2017
- Stand-alone site, link on Exchange, and link on Health Profiles
- Takes advantage of new requirements for Provider Network Data submission, including more frequent reporting by both Medicaid and commercial health plan providers
Single Sign-On Using NY.Gov

APD Portal

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June 6, 2017

Welcome

What is in the NY APD?

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Data Source</th>
<th>Load Date</th>
<th>Data Range</th>
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<tbody>
<tr>
<td>Provider - Facilities</td>
<td>HIP3</td>
<td>12/13/16</td>
<td>01/01/10 - 09/23/16</td>
</tr>
<tr>
<td>SPARCS</td>
<td>HIP3</td>
<td>12/13/16</td>
<td>01/01/14 - 03/31/16</td>
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<tr>
<td>Vital Statistics - Deaths</td>
<td>NYSDOH</td>
<td>02/21/17</td>
<td>01/01/14 - 12/31/16</td>
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</table>

Announcements

- 03/02/2017: A new file for Business Specification Document have been loaded to NYAPD Portal for UAT testing.
- 02/27/2017: A new file for both Business and Technical Specification Documents have been loaded to NYAPD Portal for UAT testing.
- 02/23/2017: A new file for both Business and Technical Specification Documents have been loaded to NYAPD Portal for UAT testing.
- 02/13/2017: The NYAPD Interim Release 2 is scheduled to roll out on June 1, 2017.

Help Desk

The NYAPD Help Desk will be available starting implementation of Release 2 on June 1, 2017.
APD Public Facing Website: Early conceptualization

05.10.2017 Proposed Combined Site Map

1. Overview
   - Overview
   - History
   - Vision and Benefits
   - Oversight and Governance
   - Timeline
   - Privacy and Security
   - Technical Overview

2. Data Submission
   - FAQs
   - Technical Webinar Documents
   - Payer Submission Rules
   - Payer Submission Instructions

3. Regulatory
   - Rules [RUL]
   - Policies [DOT]
   - DIRR Process and Forms
   - Public Use Data
   - Limited Use Data

4. Data Access
   - Internal Use Data

5. Reports
   - Request History
   - [Data User Group]

6. Our Team
   - APD Staff
   - APD Partners
   - State Partners

Site Footer
- Listerv Manager
- Email Hyperlink
- Address / Phone
- Links
- Social Media

DRAFT
The NYS APD and Consumer Transparency

- NYS Health Foundation sponsored a study in September 2015: New York's All-Payer Database: A New Lens for Consumer Transparency
- Conducted through the national APCD Council, completed in September 2015.
- The report provides insight and analysis of challenges and barriers specific to the NYS APD environment, and recommendations for ensuring a quality system that achieves goals and meets stakeholder needs and expectations.
- Available on the APD page on the DOH website under “Reports” or at the direct link: http://nyshealthfoundation.org/resources-and-reports/resource/new-yorks-all-payer-database-a-new-lens-for-consumer-transparency
Phase 1 Consumer Focus Groups

- Presented results at the December 2015 APD stakeholder meeting
- Phase 2 work is building off of findings from Phase 1
- Report is available on the APD page on the DOH website under “Reports or at the direct link:
  
Phase 2 Consumer Focus Groups

- “Shoppable” goods and services
- Internal report and presentation
- Results will continue to inform the development of consumer tools
- 2nd round focus groups to start this summer
Next Phase: Concept & Prototyping

- Conduct a series of meetings with DOH to gather information on the priorities for New York’s health care consumer work including existing and future efforts to inform consumers about cost and quality for physicians, facilities, drugs, and health plans.

- Collect tools available within New York including those currently provided by the state and by health plans within the state to compile links for the available resources.

- Create a wireframe of a centralized resource for New York to be approved by the DOH. These will be used to develop a working prototype for a centralized resource within the state of New York for health care consumers.
Mapping APD data to open datasets

- Create recommendations for the eventual use of the APD data to support consumer-focused price transparency including mock-ups of different levels of data collection and disclosure. This includes provider-level, carrier-level, etc.

- A set of written technical documents recommending specific data for collection and its organization in the APD warehouse
Questions/Comments
Draft 2020 SHIN-NY Roadmap
Version 1.0
High Level Summary
DOH HIT, Evaluation & Transparency Workgroup

Val Grey
Executive Director
June 6, 2017
Tremendous public benefit
• Supports Triple Aim, levels playing field, addresses non-interoperability

Fewer RHIOs & more sophisticated services
• But wide variation

Idea became reality
• Statewide connectivity

Strong government support
• Significant NYS and federal funding
• NYS regulatory requirements & policy decisions push connections
SHIN-NY = The Network Of Networks
8 Qualified Entities (QEs) + NYeC

QEs provide core services, including:
- secure messaging
- notifications & alerts
- results delivery
- patient record lookup & clinical viewer
- consent management
- public health access

QEs offer different value-added services (for a charge)

Sharing Clinical Information Across The State

<table>
<thead>
<tr>
<th>QE</th>
<th>Region</th>
<th>% of Patients Overlapping Other QEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>Bronx</td>
<td>40</td>
</tr>
<tr>
<td>HealtheConnections</td>
<td>Central NY</td>
<td>20</td>
</tr>
<tr>
<td>HEALTHeLINK</td>
<td>Western NY</td>
<td>13</td>
</tr>
<tr>
<td>Healthix</td>
<td>NYC &amp; Long Island</td>
<td>13</td>
</tr>
<tr>
<td>HealthlinkNY</td>
<td>Southern Tier/ Hudson Valley</td>
<td>32</td>
</tr>
<tr>
<td>Hixny</td>
<td>Northern NY/Capital District</td>
<td>11</td>
</tr>
<tr>
<td>NYCIG</td>
<td>NYC &amp; Long Island</td>
<td>53</td>
</tr>
<tr>
<td>Rochester</td>
<td>Rochester</td>
<td>12</td>
</tr>
</tbody>
</table>

Statewide Patient Record Lookup (SPRL) is operating
Cross QE Alerts are being fully phased-in

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2020 SHIN-NY Roadmap
Our **shared vision** is a dramatically transformed healthcare system where health information exchange is universally used as a tool to make lives better.

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

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

Approved by DOH and NYeC Board, March 2017
Use of the SHIN-NY to access patient information is associated with:

- 57% reduction in patient readmissions within 30-days after hospital discharge
- 30% fewer emergency department admissions
- 52% reduction in laboratory tests & a 36% reduction in the estimated number of radiology exams
- 25% fewer repeat images within 90-days of first imaging procedure

http://www.nyehealth.org/shin-ny/value-of-hie/
Current Core Services Delivery and Participation

95% of FQHC
98% of Hospitals*
79% of Public Health Departments
55% of Long-Term Care Facilities
47% of Home Care Agencies**
57% of Physicians

All data above as of May 5 ... data is continuously being updated, improved, & refined

* Some hospitals requested and obtained waivers from NYS DOH exempting them from the SHIN-NY Regulation to connect at this time (due to EHR capabilities and other factors)

** Unduplicated licensed Article 36 organizations. Earlier data was more broadly inclusive and included duplication across QEs

OVER 6.5 MILLION Alerts Delivered
OVER 4.9 MILLION Patient Record Returns (Via EHR & Clinical Viewer)
OVER 33.1 MILLION Results Delivered

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2020 SHIN-NY Roadmap

New expanded DEIP program designed to help

We need to focus on increasing participation
First year of new minimum data set target, low numbers of providers contributing full set today

**Common Clinical Data Set**

- **Patient Name**
- **Laboratory test(s)**
- **Sex**
- **Laboratory value(s)/result(s)**
- **DOB**
- **Vital signs – height, weight, blood pressure, BMI**
- **Race**
- **Care plan field(s), including goals and instructions**
- **Ethnicity**
- **Procedures**
- **Preferred Language**
- **Care team member(s)**
- **Smoking Status**
- **Encounter Diagnosis**
- **Problems**
- **Immunizations**
- **Medications**
- **Functional and Cognitive Status**
- **Medication Allergies**
- **Discharge Instructions**

NYeC has made number of policy recommendations to promote HIE use to improve healthcare

Only about ½ of New Yorkers have provided written consent

NYeC has made number of policy recommendations to promote HIE use to improve healthcare
Population Health Key Components

Social Determinants of Health Information

Quality Measurement Reporting

Data Integration

Patient Engagement

Interoperability & Standards

Interoperability is almost universally seen as a major obstacle to effectively using and meeting the potential of health IT.
Dynamic Industry & Challenges

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2020 SHIN-NY Roadmap

Epic, Carequality Challenge
CommonWell on EHR Interoperability

Massive 'WannaCry' cyberattack hits countries around world, cripples British health system

ONC Certified HIT

Your medical record is worth more to hackers than your credit card
Federal HIT Policy Landscape
Changing & Uncertain

Top 3 Federal Priorities:
- Interoperability
- Usability
- Payment Reform

Meaningful Use Stage 3 will change Transparency & patient engagement interest
Potential “Perfect Storm”
Funding Challenges

Moving to lower Medicaid match
HITECH Enhanced match expires 2021

Federal ACHA could cost NYS $7 billion

SHIN-NY (NYeC with QEs) will advocate for maximum funding

But current government funding levels cannot be maintained long-term

Tremendous potential pressure on NYS Budget, especially 2020-21

Up for Re-authorization in 2020

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2020 SHIN-NY Roadmap
Ongoing Customer & Stakeholder Input
Has Informed Draft Roadmap

Stakeholder Focus Groups

- All Provider Types
- Health Plans
- Consumers
- Qualified Entities
- DOH Workgroups

And many others .......
This 4 Year Roadmap is about:

- Ensuring top-notch infrastructure & platform to increase value & allow diversification of services & funding to reduce reliance on government funding
- Focusing on need for pipes/highways and robust/reliable data in a dynamic healthcare & technology industry that is always changing.
- Directly supporting State VBC goals which should help maintain some Medicaid funding (albeit at lower matching rates)
What Are The SHIN-NY Infrastructure Goals?

- Maximum Participation
- Complete & High Quality Data
- High Value & Satisfaction
- Efficient & Affordable

HIE Universally Used to Improve Healthcare

Accountability, Trust & Reliability
• Ambitious targets
• Emphasis on standards
• Performance based contracting
  o Incentivizes achievement
  o Balance of collaboration and competition
  o Experimentation--try before we buy
  o Deliverables-based approach with some flexibility*
• Consistent data-driven decision-making
• Continuous feedback loop from all
• Promoting partnerships and learning
• Roadmap that can be calibrated given uncertainties
• Strong education and advocacy for SHIN-NY funding and policy

* To the extent permitted by federal and state rules, full reporting and approvals will always be required
All metrics must have clear definitions followed by all consistently.

<table>
<thead>
<tr>
<th>Component</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating hospitals</td>
<td>100%</td>
</tr>
<tr>
<td>Participating providers (physicians + non-hospital facilities)</td>
<td>70%</td>
</tr>
<tr>
<td>Hospitals contributing full minimum dataset</td>
<td>100%</td>
</tr>
<tr>
<td>Providers contributing full minimum dataset</td>
<td>70%</td>
</tr>
<tr>
<td>Consent</td>
<td>95%</td>
</tr>
<tr>
<td>Elevate security</td>
<td>HITRUST certification</td>
</tr>
<tr>
<td>Highest quality data</td>
<td>New measurement TBD</td>
</tr>
<tr>
<td>Usage of core services</td>
<td>New measurement TBD</td>
</tr>
<tr>
<td>SHIN-NY enterprise system availability</td>
<td>New measurement TBD</td>
</tr>
<tr>
<td>Customer and stakeholder satisfaction</td>
<td>New measurement TBD</td>
</tr>
</tbody>
</table>

Other metrics will also be regularly monitored & reported.

Providers refers to physicians & non-hospital facilities.
### SHIN-NY Integral To Triple Aim

#### What Does Success Look Like?

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples include:</th>
<th>Measured by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced functionality</td>
<td>Single Sign On for Health Commerce System (I-STOP, others), smarter alerts,</td>
<td>Availability and meaningful usage metrics to be determined</td>
</tr>
<tr>
<td></td>
<td>MACRA/MIPs compliance, care plans, common data elements, data quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>measurement, exploration of patient centered data home</td>
<td></td>
</tr>
<tr>
<td>Additional important integration data</td>
<td>Claims, eMOLST, Rx, EDRS, registries, Social Determinants of Health</td>
<td>Availability &amp; meaningful usage metrics to be determined</td>
</tr>
<tr>
<td>Innovation experiments to identify highest value investments</td>
<td>Quality measurement reporting, smarter alerts, FHIR, Blockchain, AI, machine learning, patient engagement</td>
<td>Relevant milestones developed for each project with outcomes and work shared across the SHIN-NY enterprise</td>
</tr>
</tbody>
</table>
### Continuous Feedback: Value, Satisfaction & Usage

**What Does Success Look Like?**

<table>
<thead>
<tr>
<th>Component</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrating SHIN-NY value</td>
<td>Continued academic studies of SHIN-NY, use cases, healthcare improvement dashboard</td>
</tr>
<tr>
<td>Informing functionality &amp; customer satisfaction</td>
<td>Conduct statewide independent assessments of functionality &amp; workflow barriers, provider &amp; plan satisfaction</td>
</tr>
<tr>
<td>Consistent SHIN-NY messaging</td>
<td>Coordinated communication about the SHIN-NY system for both providers &amp; policymakers, new consumer education campaign</td>
</tr>
<tr>
<td>Continuous feedback loop</td>
<td>Regular feedback from newly-created broad-based Provider Advisory Group, Consumer Advisory Group &amp; Technology Advisory Group</td>
</tr>
<tr>
<td>Informing sustainability</td>
<td>Longer-term; understanding of what services providers &amp; plans are willing to pay user fees via independent assessment statewide</td>
</tr>
</tbody>
</table>

Above measured by system usage, newly-developed metrics, and stakeholder & patient engagement
Efficiency & Affordability
What Does Success Look Like?

Value-engineer the SHIN-NY system on a voluntary basis through the use of core infrastructure payments, to promote:

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group purchasing</td>
<td>Data quality, quality reporting, software &amp; systems, HITRUST</td>
</tr>
<tr>
<td>QE specialization</td>
<td>Leveraging QE demonstrated experience and excellence</td>
</tr>
<tr>
<td>Standardization</td>
<td>Based on state policies and QE best practices</td>
</tr>
<tr>
<td>Shared services</td>
<td>Training, legal, testing, monitoring, EHR interfaces, marketing</td>
</tr>
<tr>
<td>Potential QE mergers</td>
<td>Past mergers have included eHNLI + Interboro &gt; NYCIG; STHL + THINKC &gt; HealthlinkNY; LIPIX + NYCLIX + BHIX &gt; Healthix</td>
</tr>
<tr>
<td>“Wire once” policy</td>
<td>One connection instead of multiple - national HIEs, EHRs, statewide datasets, etc.</td>
</tr>
</tbody>
</table>

Success measured by system-wide savings & ability to continue to add SHIN-NY participants & other activities within budget
What Are The High Level Tools & Levers?
To Execute Roadmap

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2020 SHIN-NY Roadmap
Government Funding
2017-18 ... A Transition Year

**DOH Contracts with QEs**

**Base Funding**
Traditional budget-based approach*
NYeC serves as DOH SDE
Additional reporting & data collection
Consistent rules on allowable membership fees
DOH manages, administers and processes payments with NYeC assistance

**Performance**
Continued SHIN-NY Dashboard performance metrics monitoring

**NYeC Contracts with QEs**

**Additional Funding Pool**
Investments in process or technology innovations via competitive applications:
- To directly increase SHIN-NY connections, complete data contributions, or data quality
- Work & results shared w/ QEs
- QE partnerships encouraged
- QE must be in satisfactory standing
NYeC manages competitive applications & makes funding awards

*(includes SHIN-NY late stage implementation & IAPD projects)
**Government Funding**

**2018-19+ Performance-Based Contracts**

### Core Infrastructure Funding

Reasonable payment for*:
- Patient identity management
- HIE Platform
- Security
- EHR connectivity
- Data availability (standardized)
- Consent management

NYeC determines payments & encourages efficiencies

*Certain multi-year IAPD projects may be continued

### Performance Payments

Gap to Goal payments on:
- Some current metrics
- New metrics (including data quality and others)*

Bonus payment for all QEs if enterprise hits overall statewide targets

NYeC monitors real-time & audits

Defined escalation process for under-performance

* Note: Year 1 is pay for reporting

### Innovation Pool

Investments in process or technology innovations via competitive applications:
- Must align w/ statewide goals
- Work & results shared statewide
- Only high-performing QEs eligible
- QE partnerships encouraged
- Local match required

NYeC manages competitive applications & makes funding awards

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**BUILDING THE SUPER-CHARGED PLATFORM BY START OF 2021**
## How Does Gap To Goal Work?

### An Example Assuming Even Progression Over 3 Years

<table>
<thead>
<tr>
<th>Performance Metric</th>
<th>% Improvement Gap to Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Participation</td>
<td>33%</td>
</tr>
</tbody>
</table>

### Performance Metric Table

<table>
<thead>
<tr>
<th>Performance Goal (%)</th>
<th>QE Result Last Year (%)</th>
<th>Gap Amount</th>
<th>Annual Increment</th>
<th>Improvement Target (%) This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.0</td>
<td>50.0</td>
<td>20.0</td>
<td>6.6</td>
<td>56.6</td>
</tr>
</tbody>
</table>

- **Statewide goal has been established for each performance measure**
- **The previous year’s measurement result is used to calculate this year’s improvement target**
- **The gap amount is the performance goal minus the previous year’s result**
- **Annual increments are calculated from 33% of the gap amount**
- **Improvement targets are set by adding the annual increment & previous year’s measurement result**

100% divided by 3 years
- Set clear standards & definitions
- Implement regulatory requirements for regulated facilities to connect
- Continue support for SHIN-NY inclusion in reforms like DSRIP, APC & others
- Update certification requirements to include HITRUST & re-examine core services including which public health services are provided
- Evolve & modernize SHIN-NY policies
  - Short-term & longer-term consent
  - Data governance/access/usage
  - Wire once policy
  - Other changes related to market developments
- Promote interoperability & standards
State, Federal, Stakeholders & General Public

- Raise awareness and visibility of SHIN-NY, QEs & NYeC to showcase achievements
- Promote continued funding
- Advance new statutory, regulatory, or policy changes as needed
- Create unified voice statewide, national if possible, to address vendor issues
- Work together to advance better federal policies on interoperability
- SHIN-NY consistent messaging & new consumer education campaign
Additional Learning Forums

- Share & promote best practices among QEs
- Ensure learning & sharing of SHIN-NY pilots among QEs
- Work with SHIEC & other groups to share across the country
- Provider Advisory Group
- Consumer Advisory Group
Focused First On 2020 Roadmap

Future Sustainability Models Workgroup would be created in later 2018, after:

- start of performance-based contracting
- results of planned studies are available (workflow, satisfaction, market)
- availability of more data
- work underway on data governance, usage, fees
nyehealth.org

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Health IT Integrated Quality Measurement
Quality Measurement Continuum

- **Claims-based Quality Measurement**: Claims data quality measurement and/or HEDIS data collected from surveys, chart reviews, and claims data.
- **Self-reported**: Data captured, eCQM calculated in EHR and only numerator/denominator reported.
- **Live automated data**: Automated data acquisition from EHRs to central aggregator tool for calculation, comparison, reporting, and population level measures.
- **Integrated data**: Claims and clinical data integrated to analyze quality and address population health needs.

**Provider/Practice/Encounter Level Data**

**Patient-Centric Reporting**
- Provider-Centric Reporting
- Practice-Centric Reporting
- System-centric Reporting
- Population-level Reporting

From ONC Conference: *IT-enabled Quality Measurement (Aug 31 – Sep 1, 2016)*
Intermediate Scorecard

**Data Sources**
- Payers
- Registries

**Scorecard Contractor (IPRO)**
- Reporting Services
- Data Quality
- Data Aggregation
- Data Extraction
- Goverance
- Financing
- Policy/Legal
- Business Operations

**Priority Uses**
- Clinical Quality Measurement
- Pay for Value
- Clinical action and population health measurement
- Pt Cohort Decision support & management
- Program requirements and evaluation
- Cost and quality transparency public reporting

**Reporting Formats**
- ORDA
- Num
- Denom

**Data Sourcing**
- EHRs
- Immunizations HL7
- Claims X12
- Immunizations QE
- Immunizations QRDA
- Immunizations CCDA
- Immunizations ADT
- Immunizations Care plan

**Functions**
- Cleansing
- Calculation
- Consistent formatting
- Reporting

**From ONC Conference:**
*IT-enabled Quality Measurement (Aug 31 – Sep 1, 2016)*
CQM Data Sources & Intermediaries

Data Sources

- Payers/ APD
- Registries
- Claims X12
- Immunizations HL7
- Patient data

Data Intermediary (possibly state, payer, third party)

- Reporting Services
- Data Quality
- Data Aggregation
- Data Extraction
- Data Transport and Load (Warehouse/Repository)
- Provider Directory
- Policy/Legal
- Business Operations

Reporting Formats

- QRDA III/I
- Num Denom

Priority Uses

- Clinical Quality Measurement
- DSR
- Pay for Value
- Clinical action and population health measurement
- Pt Cohort Decision support & management
- Program requirements and evaluation
- Cost and quality transparency public reporting

Data Sourcing

- EHRs
- CCDA
- ADT
- Care plan

Functions

- Data Sourcing
  - Cleansing
  - Calculation
  - Consistent formatting
  - Reporting

From ONC Conference: IT-enabled Quality Measurement (Aug 31 – Sep 1, 2016)
Major Challenges to Implementing HIT-enabled Quality Measurement

- Increasing quality and completeness of data available through EHRs
  - EHR expectation vs. reality
  - How an EHR is used and implemented
  - Standardization
- Provider-Practice Site Problem
- Ensuring infrastructure is available and avoiding redundancy
Implementing Standards

SHIN-NY is focused on aligning with standards for Certified Health Information Technology

- SHIN-NY regulation
- Incentive programs for providers to connect to the SHIN-NY
- Supports providers and hospitals that need to meet MACRA and Medicaid Meaningful Use Requirements
- Aligns with national activities electronic quality measurement initiatives
Aligning with National Activities

Quality Data Model- Describes the relationship between the patient and clinical concepts to support standardized quality measurement

- Building blocks of electronic clinical quality measures
- Relies on multiple, recognized standards implemented in the community
Developing a Provider Directory to Support Measurement

- Numerous provider directory/provider index activities ongoing
  - PPSs, Plans, NYSDOH
- Importance to quality measurement:
  - Need standardized way of representing patient-provider-facility site-legal entity relationship
- Coordinating activity on Provider Index
- Data sources:
  - Practice Transformation Database, Provider Network Data System, Qualified Entity Information, EHR based data
Next Steps

Identify infrastructure currently in use that supports quality measurement

- Public, private and shared infrastructure
- Aligning with current measurement activities
- Avoid unnecessary duplication

Continue efforts to increase data quality

- Engaging APC providers on data necessary to support quality measure
- Identify more opportunities for standardization