



**Department
of Health**

Health Information Technology, Evaluation & Transparency Workgroup

Meeting #17

September 18, 2018

Agenda

| | Topic | Time | Leader |
|---|---|---------------|---|
| 1 | Welcome and Introductions | 10:30 – 10:35 | James Kirkwood |
| 2 | SHIN-NY Update | 10:35 – 10:50 | Val Grey |
| 3 | HIT-Enabled Quality Measurement Progress | 10:50 – 11:15 | James Kirkwood Mike Edmonds – NYSTEC |
| 4 | Cyber Security Conference | 11:15 – 11:30 | Mahesh Nattanmai |
| 5 | All Payer Database <ul style="list-style-type: none">▪ Release▪ NYS Health Connector▪ Consumer Engagement | 11:30 – 12:15 | Mary Beth Conroy Natalie Helbig |
| 6 | Discussion and Next Meeting Topic Suggestions – Survey to Follow | 12:15 – 12:30 | James Kirkwood |



Call in: 1-866-292-9308 / Conference ID# 965 87 67

WEBEX:

<https://meetny.webex.com/meetny/j.php?MTID=mbdb79a101f822c088d4ab1728420eb94>

Opening Remarks

SHIN-NY Update



NEW YORK eHEALTH
COLLABORATIVE

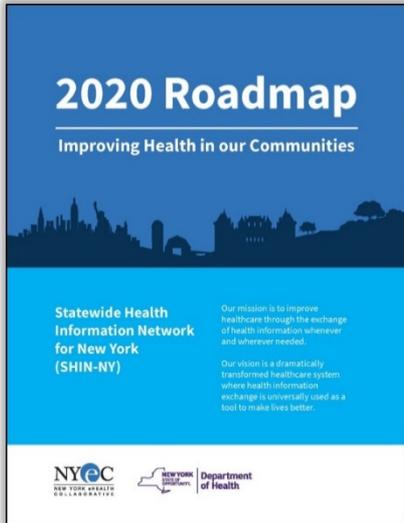


DOH Transparency, Evaluation & HIT Workgroup SHIN-NY 2020 Roadmap Update

Valerie Grey

September 18, 2018

2020 SHIN-NY Roadmap Strategies



1 Ensuring Strong HIE Foundation

2 Supporting Value-Based Care (Tools, Supports, and Services)

3 Enabling Interoperability and Innovations

4 Promoting SHIN-NY Efficiency and Affordability

5 Advocating Collectively

Roadmap Strategy 1 Highlights

Ensuring Strong HIE Foundation

- Implemented New 2018-19 QE Performance Based Contracts, with goals and associated payments for participation, consent and data quality and completeness
- Awarded High Gap Closure projects to help QEs attain these targets, including:
 - Additional gateways, EHR hubs, e-consent, and subsidy program to temporarily reduce charges some downstate QEs charge providers to connect
- Progress is being made on these metrics, quarterly report cards have been developed, and everyone is focused on these priorities, especially downstate
- NYeC and the QEs have done significant work to ensure we are well-positioned to be HITRUST certified later this year
- New 2019-20 performance metrics for customer satisfaction, SHIN-NY usage, and enterprise reliability are under development and should be ready to be incorporated in next year's model

Roadmap Strategy 2 Highlights

Supporting Value-Based Care (Sampling)

Functionality

- Cross QE Alerts implemented
- Treating relationship consent policy change implemented
- Provider survey done by Ai
- NYeC Provider advisory group established
- I-Stop & EHR Integration pilot started
- sPRL expansion to CCDAs

Additional Data & Services

- DSRIP Medical Record Review assistance by QEs underway
- SIM quality measurement awards are imminent and will support NYS PCMH
- Expect to expand DEIP to EMS and pharmacy soon
- SDH data needs, CBO advisory group, and consent analysis for non-clinical data beginning now
- Plans to connect to all payer database under development
- National network options whitepaper will be completed by end of SFY

Roadmap Strategy 3 Highlights

Enabling Interoperability and Innovations

Bronx RHIO

Cross QE data sharing to support analytics

HealthLink

Combining commercial claims with QE clinical data for quality measures and more

HealtheConnections

Multiple Wegmans pharmacy sites cross QE borders with one HeC connection

Hixny

Expansion of Hixny gateway to telehealth and health home cross QE borders with one Hixny connection

Rochester RHIO

Deep dive legal analysis and recommendations for consideration for sharing of social determinants of health data

- FHIR standards assessment and potential pilot identification will begin soon
- A NYeC Technology Innovation Advisory Group will start up later this year

Roadmap Strategy 4 Highlights

Promoting SHIN-NY Efficiency and Affordability

- Efficiencies can include group purchasing, QE specialization, standardization, shared services and potential QE mergers
 - Current examples include: NYeC and multiple QEs contracting collaboratively for HiTrust support, pilots that test different “wire once” models and a white paper that is close to completion, and some QE exploration of mergers & partnerships
- The new core allocation methodology that used a regression model to objectively construct new payments is designed to further promote and encourage efficiencies especially as the share allocated to core decreases over time while performance share increases

Roadmap Strategy 5 Highlights

Advocating Collectively

State

- Regular dialogue with Executive branch, Legislature, and stakeholders
- Reinforcing value and general awareness message (statewide estimate of savings, patient leakage/movement, use case organization)
- NYeC Consumer advisory group, CBO/VBC advisory group, and multi-sector association group expected to launch in November
- EHR Vendor SHIN-NY Connection Scorecard by end of year

Federal

- NYeC appointment and active engagement in federal HITAC committee, USCDI sub-committee, and ISP sub-committee
- NYeC submitted extensive comments on TEFCA
- NYeC commented on promoting interoperability RFI, proposed federal hospital IPPS rule, home care rule, physician rule, and plans to comment on EHR reporting RFI
- Currently evaluating national network options for the SHIN-NY

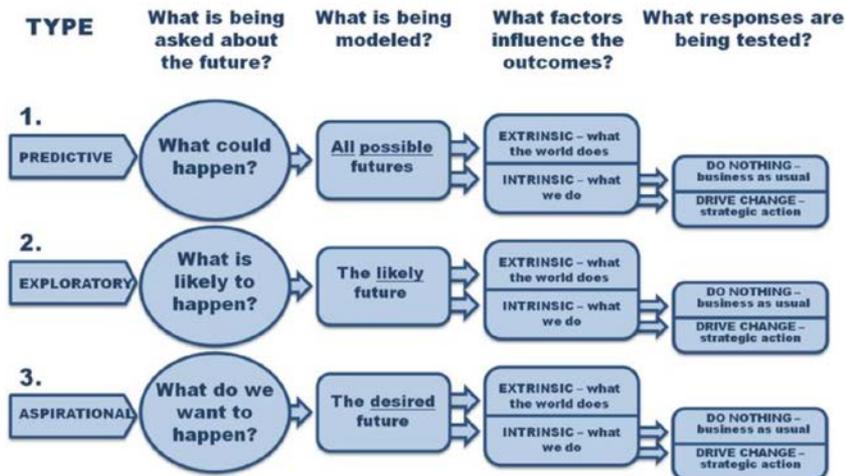
What's Next?

Thing #1

- Continue to execute on the SHIN-NY 2020 Roadmap
- Significant and ambitious undertaking continues

Thing #2

- Given the changing market and funding dynamics, NYeC with NYS and Stakeholders is working on draft longer-term sustainability plans and anticipate use of scenario planning





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80 South Swan Street, 29th Floor Albany, New York 12210

HIT-Enabled Quality Measurement Progress

Future State Vision

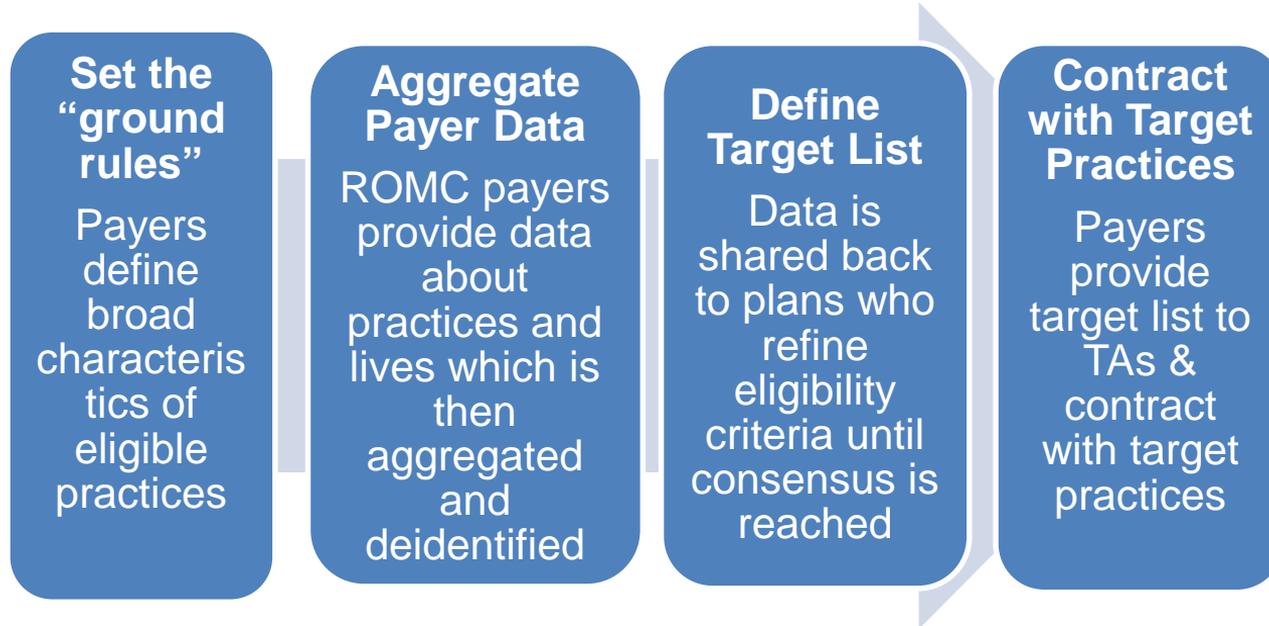
An infrastructure of ***technology and policies*** that allow ***multiple stakeholders*** to access ***high-quality data*** that represents a ***complete picture of the care*** delivered to a patient and enables ***measurement of the health outcomes of a population***

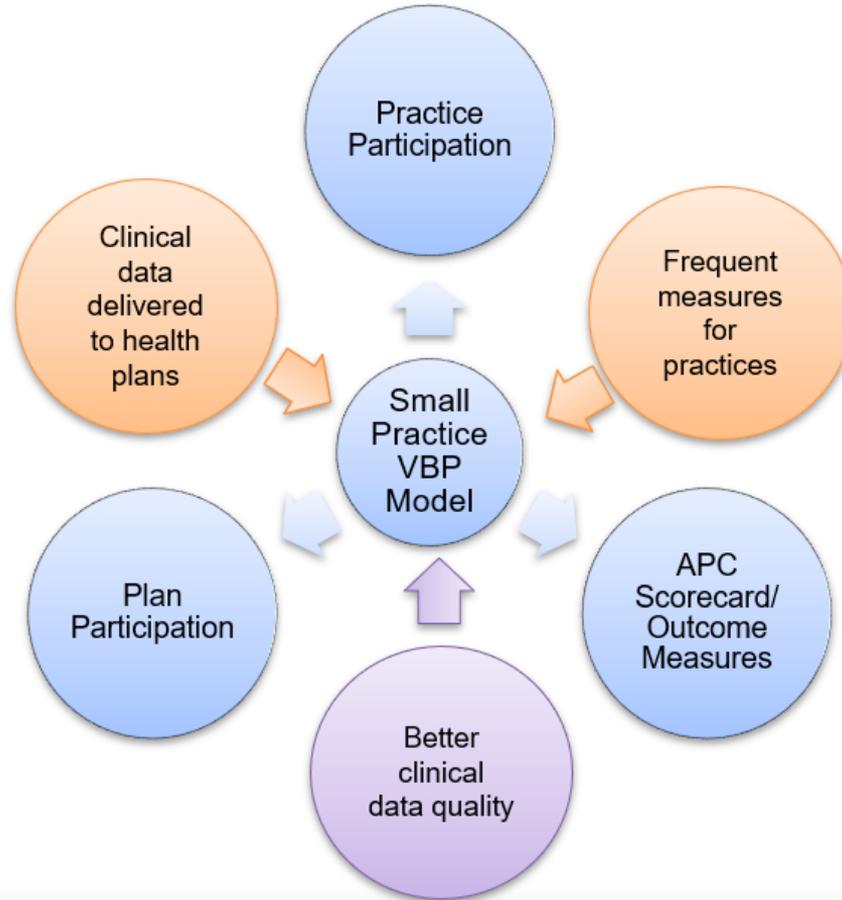
Regional Oversight Management Committees (ROMC)

- Stakeholder-led Regional Committees
 - Based on the ADK model
 - Focus on value based payment, advanced primary care, and NYS PCMH
 - Payers in each ROMC have met in separate “payer only meetings” since 2017
 - Purpose of meeting is to develop a multi-payer primary care payment model
- Models vary regionally—but each has the following features:
 - NYS PCMH certification required for payment
 - Common quality measures across all payers (APC Scorecard)
 - Aligned PMPM payments
 - A “target list” of small/medium practices



Developing the Target Practice List





- ROMC Initiatives
- QE Pilots
- SHIN-NY Data Quality Assessment

QE Pilot Use Case #1: Data Delivery to Health Plans



Use Case Goal:

- High quality supplemental data is available for use by health plans in calculating outcome measures to inform the APC Scorecard

QE Pilot Use Case #2: Generating Measures for PCMH Practices



Other Data Contributors

Use Case Goal:

- High-priority measures are available to practices on a timely basis

QE Quality Measurement Pilot



Goal:

- Demonstrate the potential value of clinical data to fulfill unmet needs
- Pilot the QE's potential as a source of high quality clinical data for quality measurement
- Support the quality measurement needs of the ROMC participants



Key

Activities:

- QEs will design, implement and test capabilities to deliver electronic clinical data to health plans
- QEs will generate and share quality measures with PCMH practices
- Document data standards, data quality and other lessons learned



Outcomes:

- A shared understanding of participant data needs
- An assessment of the feasibility of statewide scalability and potential barriers
- A shared understanding of measure specifications
- Meaningful improvement to measure results

Anticipated Pilot Schedule

- The RFP was released in early July with the anticipated announcement of awardees in September
- Pilot facilitators will be collaborating with stakeholders to build consensus, share pilot objectives and document needs
- Pilot kickoff is anticipated in the fall
- Funding currently ends January 31st, 2019. However, an extension is anticipated through January 31st, 2020

|  | Activities | July | August | September | October | |
|---|------------------------|-------------|--------|-----------|---|---|
| | RFP Release and Awards | In Progress | | |  | |
| | Consensus Building | Initiating | | | |  |
| | Pilot Kickoff | | | |  | |

SHIN-NY and NYS PCMH Recognition

NYS PCMH Recognition criteria includes components specifically related to this project and usage of the SHIN-NY:

- CC 14 (Core) Identifying Unplanned Hospital and ED Visits: Systematically identifies patients with unplanned hospital admissions and emergency department visits.
 - The practice has a process for monitoring unplanned admissions and ED visits, including their frequency. The practice works with local hospitals, EDs and health plans to identify patients with recent unplanned visits, and demonstrates how it systematically receives notifications from facilities with which the practice has established mechanisms for exchange.
- CC 21 External Electronic Exchange of Information: Demonstrates electronic exchange of information with external entities, agencies and registries
 - A. Regional health information organization or other health information exchange source that enhances the practice's ability to manage complex patients.
 - C. Summary of care record to another provider or care facility for care transitions.



Medicaid VBP Pilots

June 2018

VBP Challenges for Quality Measurement

- MCOs do not report **all** Category 1 VBP Measures for HEDIS/QARR
 - BMI Screening and Follow-up Plan
 - Diabetes Foot Exam
 - Influenza Immunization
 - Screening for Clinical Depression and Follow-up
 - Tobacco Use: Screening and Cessation Intervention
- Some HEDIS/QARR measures that rely heavily on clinical data to populate numerator compliance are difficult to report (e.g., HEDIS measures that use the hybrid method)
- Controlling High Blood Pressure (CBP) is a hybrid only measure and relies on medical record review (MRR) to calculate the measure results based on a sample from the eligible population
 - Sampling does not allow for population-based measurement or measuring at the VBP Contractor level
 - MRR is resource intensive and does not allow for measurement more frequently than annually

Overview: VBP Pilot Quality Measure Testing Project

June 2018



Goal:

- VBP pilot participants will design, implement, and test their ability to collect electronic clinical data and generate the Controlling High Blood Pressure (CBP) measure at the VBP Contractor Level



Objectives:

- Report results for the CBP quality measure at the VBP contractor level
- Create baseline scores for CBP to benchmark future quality measure improvement
- Enable more frequent measure reporting between VBP Contractors and MCOs
- Improve the quality of clinical data needed for quality measures



Impact:

- Prepares VBP participants to report outcome-based quality measures for their VBP arrangement(s)
- Results of the project may be shared with external organizations, like NCQA and CMS, to drive measure alignment and development

Key Activities to Date

June 2018

|  Activities | Description | February | | | | March | | | | April | | | | May | | | |
|--|--|--|----|----|----|--|----|----|----|--|----|----|----|--|----|----|----|
| | | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 |
| VBP Testing Interviews | <ul style="list-style-type: none"> VBP Testing interviews with representatives from each VBP arrangement/partnership Project Overview and Q/A | Completed  | | | | | | | | | | | | | | | |
| Testing Project Template | <ul style="list-style-type: none"> Identify project contacts Document early milestones and objectives Timeline | | | | | Completed  | | | | | | | | | | | |
| Current State Snapshot | <ul style="list-style-type: none"> Document current measurement activities, including data flows, data sources, and systems Identify VBP Pilot activities and engagement Identify data standards and scalable solutions | | | | | | | | | Complete Snapshot Responses  | | | | Snapshot Response Analysis and Report  | | | |



Cyber Security

All Payer Database

- Releases
- NYS Health Connector
- Consumer Engagement

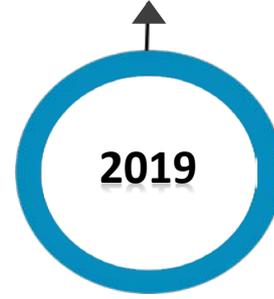
Timeline

Developing the Building Blocks

- Published APD regulations & guidance manual
- Approved by IRB as research system
- Held design & requirements sessions
- Build & testing phases
- Developed Master Indexes (Patient/Provider)
- Internal soft releases of APD Analytics Portal & Operational Data Store (ODS)
- Started data acquisition for Essential Plan (EP)

Realizing the Vision

- Integrate commercial data
- Publish data release policy
- Expansion of state users
- Release additional functionality
- Develop sustainability plan
- Expand research agenda



Setting the Vision

- Selected data warehousing/analytic vendor
- Contract signed and executed
- Secured ACA grant, Medicaid matching, & state funding
- Held design & requirements sessions
- Started data acquisition for QHP

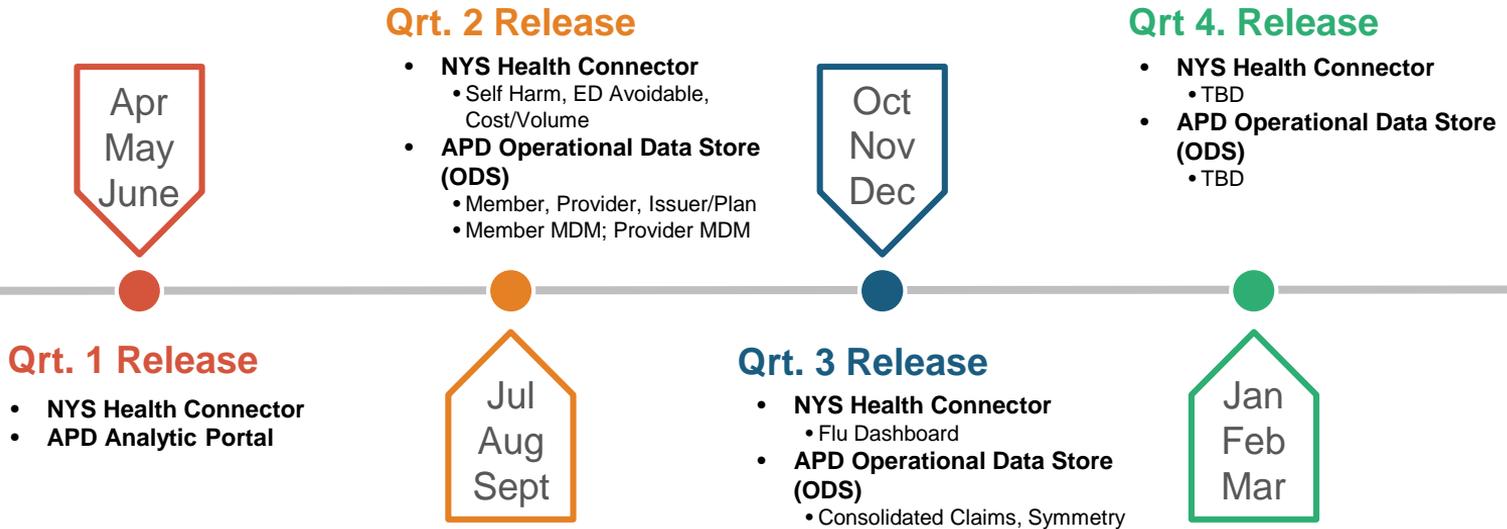
Strengthening the Core

- Launch APD public website
- Launch APD analytic portal (sign-in)
- Onboard DOH users
- Mature Master Indexes (Patient/Provider)
- Release additional functionality
- Establish APD Advisory Group

Aiming Higher

- Integration with other data systems/sources





Timeline

Sept 2018

Public Web Release #2 (NYS Health Connector)

1st Release APD ODS to Subject Matter Experts (SMEs)

- Member including Master Patient Index, Provider including Master Provider Index, Issuer/Plan

Oct 2018

Public Web Release #3 (NYS Health Connector)

2nd Release of APD ODS to Subject Matter Experts (SMEs)

- Consolidated claims, Symmetry

Dec 2018

Public Web Release #4 (NYS Health Connector) – TBD

3rd Release of APD ODS – TBD





Welcome to the

NYS Health Connector

Powered by the All Payer Database

WHAT'S NEW

- Dashboard Updates
- APD Infographic

DASHBOARDS

- Suicide and Self-Harm **New!**
- Volume and Estimated Cost of Hospital Services **New!**
- Emergency Department Visits in New York State **New!**

DATA ACCESS

- SPARCS Data
- APD Data
- Contact Us

- Targeted Release
September 20, 2018

Welcome to the

NYS Health

Cost of Spinal Surgeries

In New York State, **approximately 29,000 spinal surgeries** are performed each year. These procedures **vary in complexity and cost**. When choosing a hospital, use this dashboard to start a conversation with your doctor about the cost of these procedures and the best health care facility near you or across NYS.

[Read More](#)

Powered by the All Payer Database



Department
of Health

Volume and Estimated Cost of Hospital Services

Cardiac Procedures



Newborns & Deliveries



Joint Replacement Surgeries



Bariatric Surgery



Spinal Procedures



Suicide in New York

New York has **one of the lowest suicide rates in the nation**; however, **1,625 people died by suicide in 2015**, the **5th largest total number of suicides** in the country. These visualizations show how **suicide rates vary** by county.

[Read More](#)

Health Connector

Self-Harm Hospitalizations and ED Visits

A self-inflicted injury occurs when a person intentionally harms themselves. These injuries can be suicide attempts but may also not have suicidal intent. In NYS, **self-inflicted injuries were the leading cause of injury-related hospitalizations among those 15-24 years old**, and the **second leading cause overall**.

[Read More](#)

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Suicide and Self-Harm

- Deaths by Suicide
- Deaths by Suicide by County
- Self-Harm Hospitalizations and ED Visits Statewide
- Self-Harm Hospitalizations by County
- Self-Harm ED Visits by County

Deaths by Suicide, 2014 - 2016

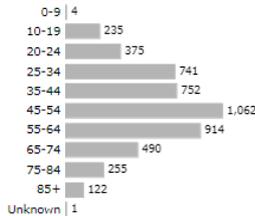
Hover over the "i" for Information



- Number of Deaths
- Death Rate per 100,000 Population

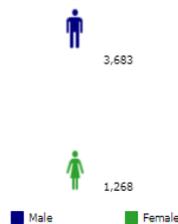
| | Number of Deaths | | | % Change from 2015 to 2016 |
|------------------|------------------|--------------|--------------|----------------------------|
| | 2014 | 2015 | 2016 | |
| New York City | 530 | 482 | 518 | ▲7.5% |
| Rest of State | 1,125 | 1,143 | 1,153 | ▲0.9% |
| Statewide | 1,655 | 1,625 | 1,671 | ▲2.8% |

Suicide Deaths by Age Group

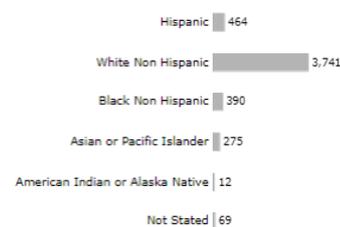


Average Age at Death = 47.5

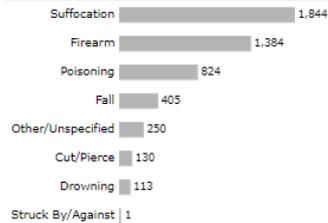
Suicide Deaths by Gender



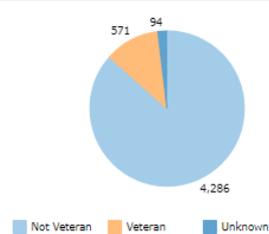
Suicide Deaths by Race



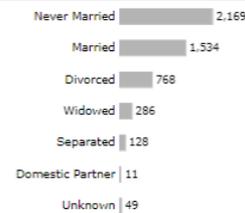
Suicide Deaths by Mechanism of Self-Harm



Suicide Deaths by Veteran Status



Suicide Deaths by Marital Status



* Indicates all or multiple selections by default

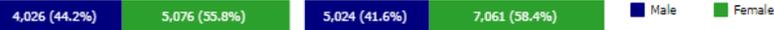
Statewide Hospitalizations and ED Visits due to Self-Harm, 2016

Hospitalizations

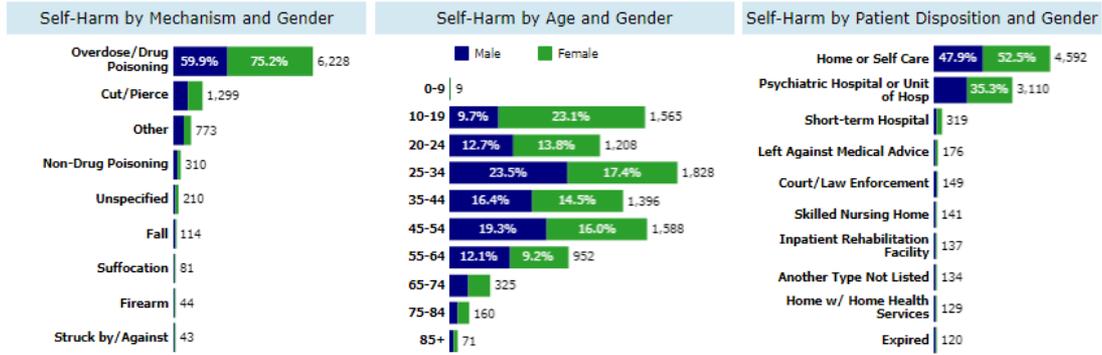
9,102 (43.0%)

ED Visits

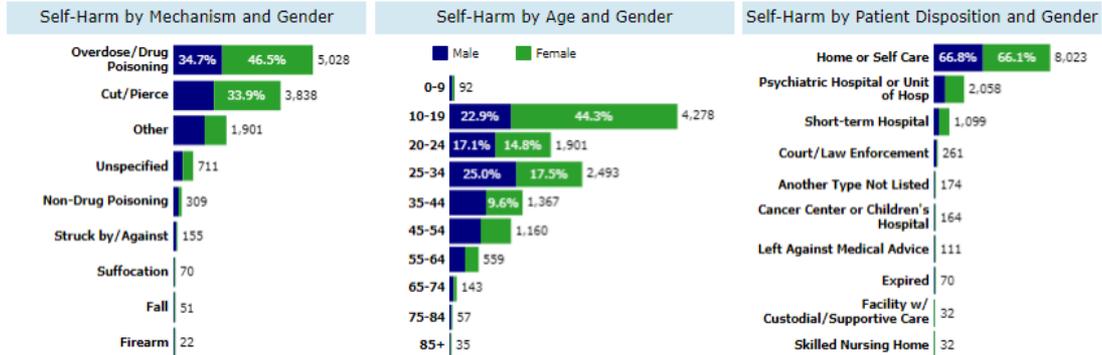
12,085 (57.0%)



Hospitalizations



ED Visits



Note: Age Group "Null" has been excluded in the data. Exclusion of 20 ED Visits and 3 Hospitalizations.

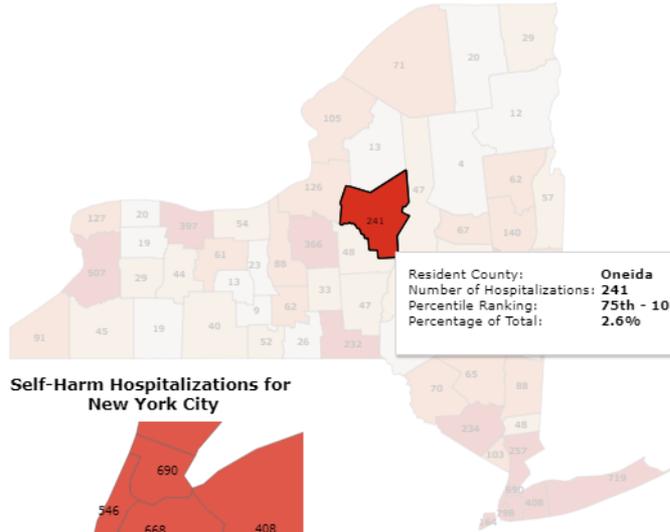
Hospitalizations Due to Self-Harm, 2016

Hover over the "i" for Information

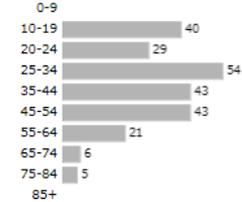


- ⊙ Number of Hospitalizations
- Hospitalization Rate per 100,000 Population

Self-Harm Hospitalizations by County



Self-Harm Hospitalizations by Age Group



Self-Harm Hospitalizations by Gender



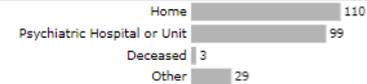
Self-Harm Hospitalizations by Race

Race Numbers Too Small to Report

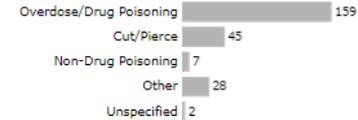
Self-Harm Hospitalizations by Ethnicity



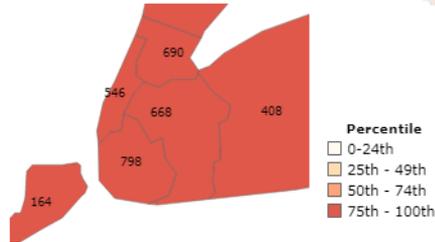
Self-Harm Hospitalizations by Discharge Status



Self-Harm Hospitalizations by Mechanism



Self-Harm Hospitalizations for New York City



* Indicates all or multiple selections by default

Welcome to the

NYS H

Preventable Emergency Department Visits

While it is not possible to eliminate every ED visit that could have been treated in a different setting, **New York State can move closer to achieving the triple aim** of better care, higher quality, and lower costs by reducing just a fraction of these visits. This dashboard includes **calculations that estimate whether an ED visit for certain conditions could have been avoided** with adequate access to care, care coordination, or patient monitoring.

[Read More](#)

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NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

Emergency Department Visits in New York State

How often?



Why?



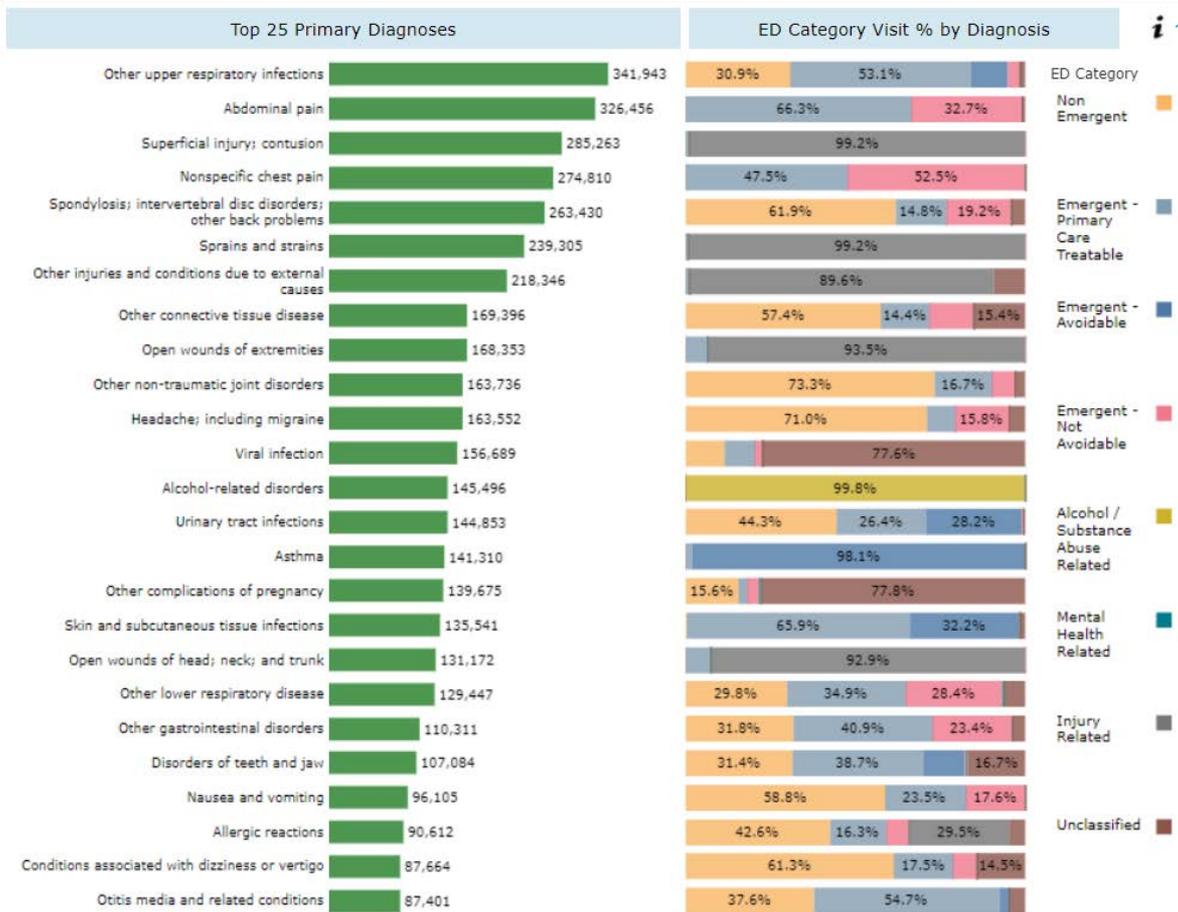
Where?



When?



Why did people visit the emergency department in 2016 ?



The **Primary Diagnosis** is the condition medical professionals deemed to be the chief reason a person was treated in the emergency department (ED). The **ED Categories** shown are based on the NYU algorithm for classifying ED use.

Non-Emergent: immediate medical care was not required within 12 hours.

Emergent - Primary Care Treatable: treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting.

Emergent - Avoidable: emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.).

Emergent - Not Avoidable: emergency department care was required, and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).

Mental Health Related; Injury Related; Alcohol/Substance Abuse Related and Unclassified: The NYU algorithm separately classifies ED primary diagnoses related to mental health, injury, and alcohol/substance abuse, and unclassified. These primary diagnoses are not given a probability of being emergent.

How to interpret ED Category Distribution for Diagnosis: The stacked bar chart reads as follows: In 2016, 341,943 visits to the ED had a primary diagnosis as "Other upper respiratory infections". Of those 341,943 visits, 30.9% were classified as Non-Emergent, 53.1% were classified as Emergent - Primary Care Treatable, and 11% were classified as Emergent-Avoidable, etc.

Consumer Engagement

March 2018

Adult Care Facility
Basic Look Up

August 2018

Adult Care Facility
Inspections

Nursing Home and
Home Care Domain
Ratings



Hospitals ▾ Nursing Homes ▾ Home Care ▾ Hospice ▾ Adult Care ▾ Other Providers ▾

NYS Adult Care Facility Profiles
We make it easy to find quality and safety information on New York's adult care facilities.

The New York State Department of Health licenses and regulates adult homes, enriched housing programs, and residences for adults, collectively known as adult care facilities. These facilities provide temporary (respite) or long-term, non-medical residential care services to adults who are substantially unable to live independently, which may be due to physical, mental, or other limitations associated with age or other factors. Residents are provided with personal care and services on a long-term basis, in order to enable them to remain healthy and to participate in daily personal and community activities. For more information about these services including assisted living, visit our page about [adult care facility services](#).

Find a Provider by Name

Begin by typing a provider's name

Search

Find Providers Near You

Region/County Approved to Serve

Find Providers by Type

Find Providers by Clicking on a County Below

Need more information about services and providers right for you? Learn more about your options by reading our [Consumer Information Guide: Assisted Living Residence](#) or visit the [New York State Department of Health website](#).

Adult Home (AH) Provides long-term residential care, room, board, housekeeping, personal care, and supervision to five or more adults.

Enriched Housing Program (EHP) Provides long-term residential care to five or more adults, primarily people sixty-five years of age or older, in community-integrated settings resembling independent housing units. The program provides or arranges for room, board, housekeeping, personal care, and supervision.



Consumer Engagement

- | | |
|------------------|---|
| Sept 2018 | Planning begins for consumer focus groups focused on testing usability of prototype concepts for price/quality tool and NYS Health Connector and NYS Health Connector bot prototype |
| Oct 2018 | Focus groups begin |
| Dec 2018 | Preliminary results |



- Hospitals ▾
- Nursing Homes ▾
- Home Care ▾
- Hospice ▾
- Adult Care ▾
- Other Providers ▾

A Holly Patterson Extended Care Facility

Overview

Quality

Inspections

A Holly Patterson Extended Care Facility

[Read more about Nursing Home quality measures.](#)

| | |
|--------------------------|--------|
| Overall Rating i | ★★★★★★ |
| Preventive Care i | ★★★★★★ |
| Quality of Care i | ★★★★★ |
| Quality of Life i | ★★★★★ |
| Resident Safety i | ★★★★ |
| Resident Status i | ★★★★★★ |

[Printable Page](#)

Legend



My Providers

[compare these](#)

To compare facilities, click on the **i** icon next to each facility's name.

[Print these](#)

[clear](#)

Further Reading

[About Nursing Home Performance](#)

[Consumer Guide: Selecting](#)

[Nursing Homes](#)

[About Nursing Home Services](#)



Welcome to the

NYS Health Connector



Powered by the All Payer Database

NexusBot 2:13pm
Hello! Can I help you find something?

Me 2:14pm
I need a total hip replacement

NexusBot Just now
Do you have:

Private Health Insurance Medicare Cash (No Insurance)



Showing 5 results for Total Hip Replacement near 1945 11th St Brooklyn, NY 11223 Change Insurance

Distance (mi) 0 20 50+ Price Range **\$\$\$\$\$** Quality 5/5 4/5 3/5 2/5 1/5 More Filters

Low \$200-\$308 **\$\$\$\$\$** Mid \$850-\$5,000 **\$\$\$\$\$** High \$5,000-\$39,875 **\$\$\$\$\$-\$\$\$\$\$** More Detail

Sort by Default



Ana Kausel, M
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Brooklyn, NY 11221



Dr. Shira Eytar
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Ana Kausel, MD
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Jonathan Hugo, MD
ORTHOPEDIC SURGEON
186 Joralemon St,
Brooklyn, NY 11201



Oleg Leonardi, MD

Hip Replacement Surgery

This estimate is for a Episode Treatment Group (ETG). It includes related medical services that are medically related and bundled including: the surgery, office visits, pre- and post-op appointments, and physical therapy. It also includes all services related to the surgery such as surgeon fees and anesthesia. The services included in this estimate are provided by a variety of doctors and facilities in New York State. The episode of care and it's associated costs were bundled using the Optum Symmetry suite of tools and based on the New York State's All Payer Database (APD).

Low \$200-\$308 **\$\$\$\$\$**

This is the lowest expected cost for care that are paid to providers by the patients. If you have healthcare insurance, and depending on your current benefits, and specific health situation, this can be in the same range as what you should expect to pay.

Mid \$850-\$5,000 **\$\$\$\$\$**

This is the mid range of expected costs for an episode of care.

High \$5,000-\$39,875 **\$\$\$\$\$-\$\$\$\$\$**

This is the highest range of expected costs for an episode of care.

Compare Providers

Add at least 2 providers to compare

Compare



COMPARE

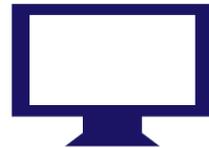
COMPARE

QUESTIONS?

FIND OUT MORE.



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Discussion and Next Meeting Topic Suggestions – Survey to Follow

HIT Advisory Committee Next Steps

- Re-examining the charge of the committee
- Surveying the committee on the topics of interest
- Next meeting to be scheduled