CHCANYS presentation
SHIN-NY

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"**Better Healthcare Through Technology**"

Introductions

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New York at a Glance

- Hospitals: 200

- Practices: 20,000

- Physicians: 67,000 Active Physicians

- Payers: 40

- Patients: 19.5 Million

- Public Health: 57 Counties + the 5 of NYC

- Visits: 70M per year
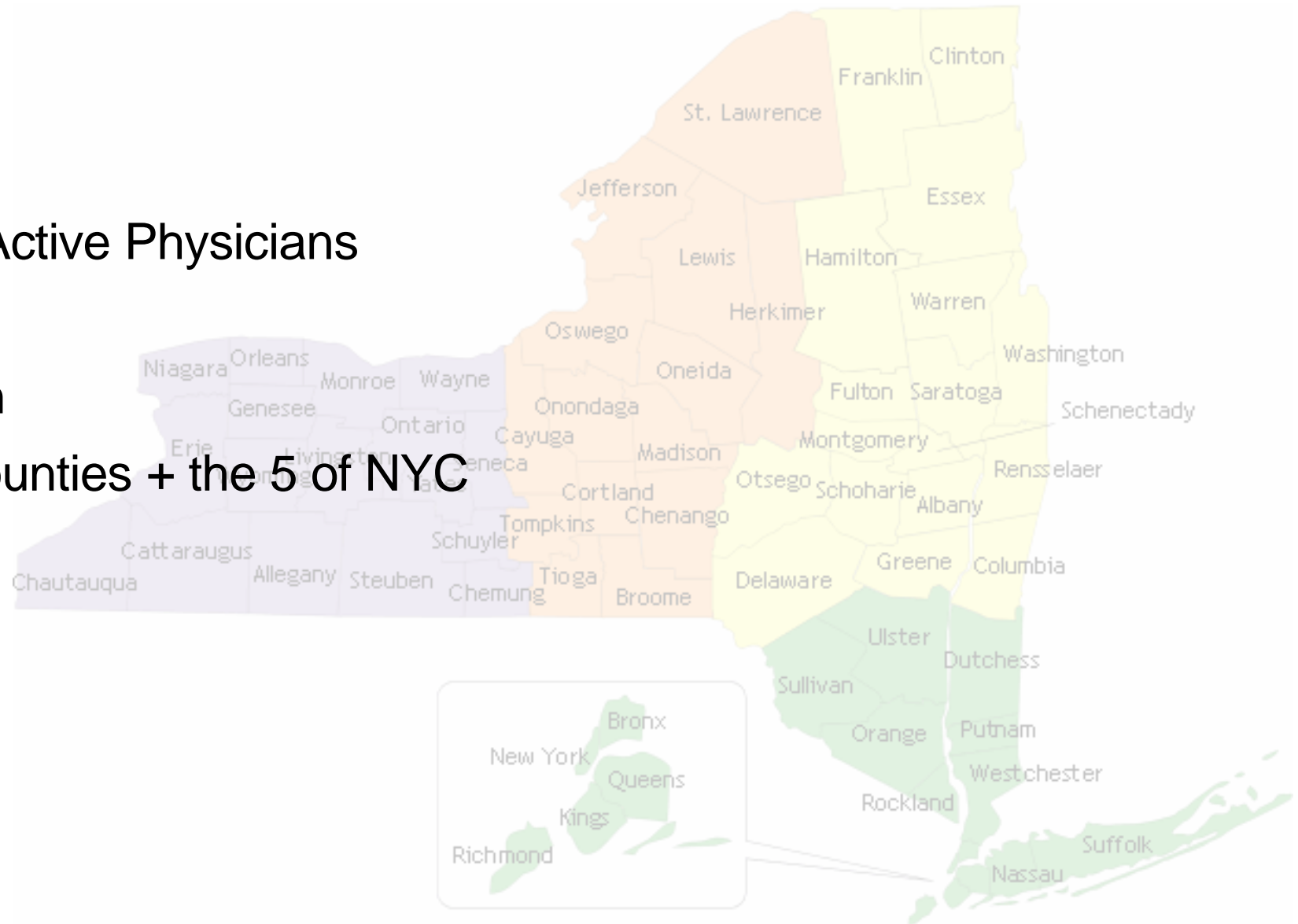
Upstate vs Downstate

- High concentration of population in the downstate region
  - Downstate is the Southeastern portion of the state surrounding NYC
  - 12M people of the 19.5M people in NY live here

- Insurance coverage differs greatly
  - Upstate:

    National insurers have low presence

    Local community payers highly dominate
  - Downstate:

    National insurers have strong presence

    No dominant payer

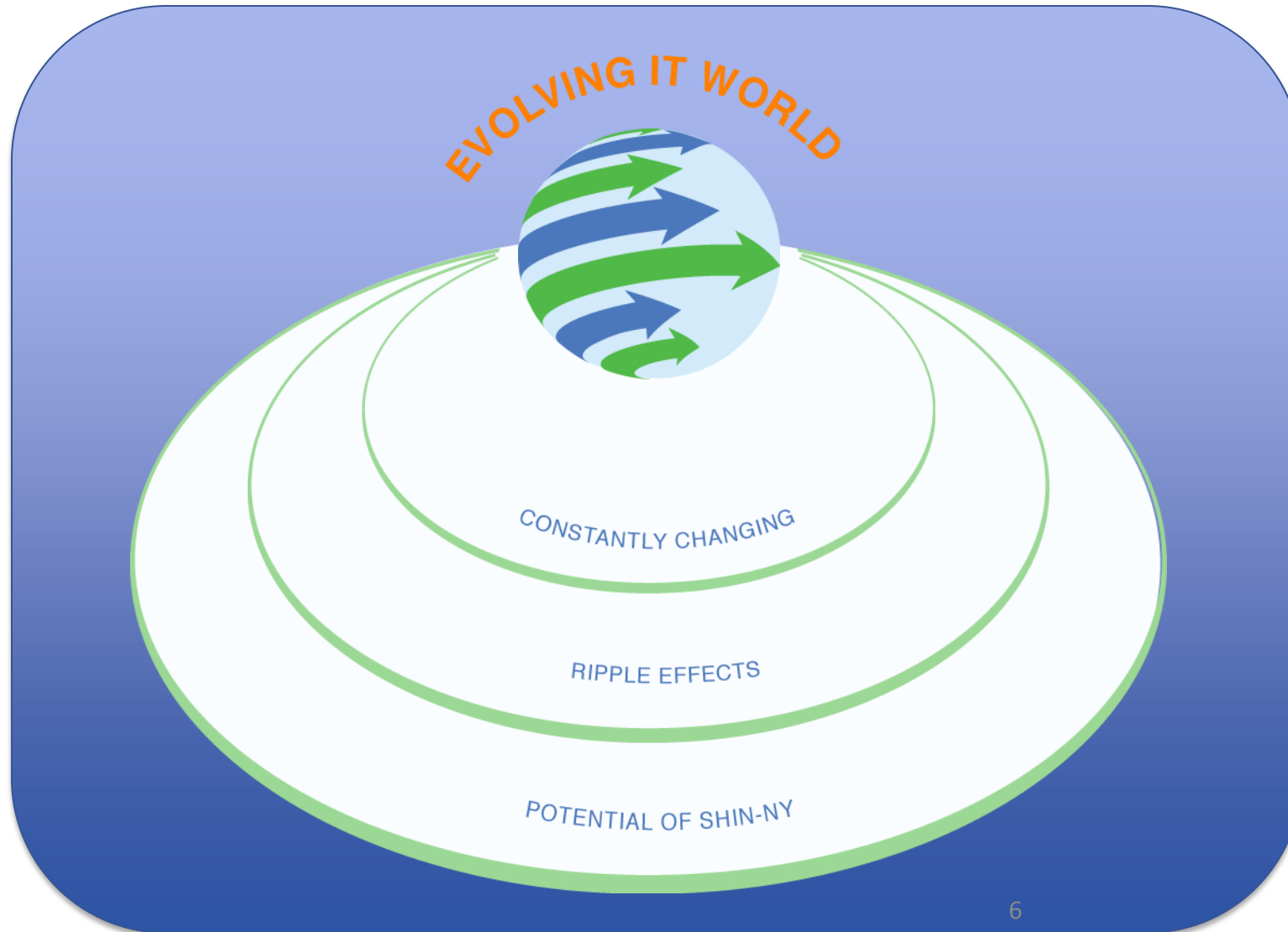Downstate
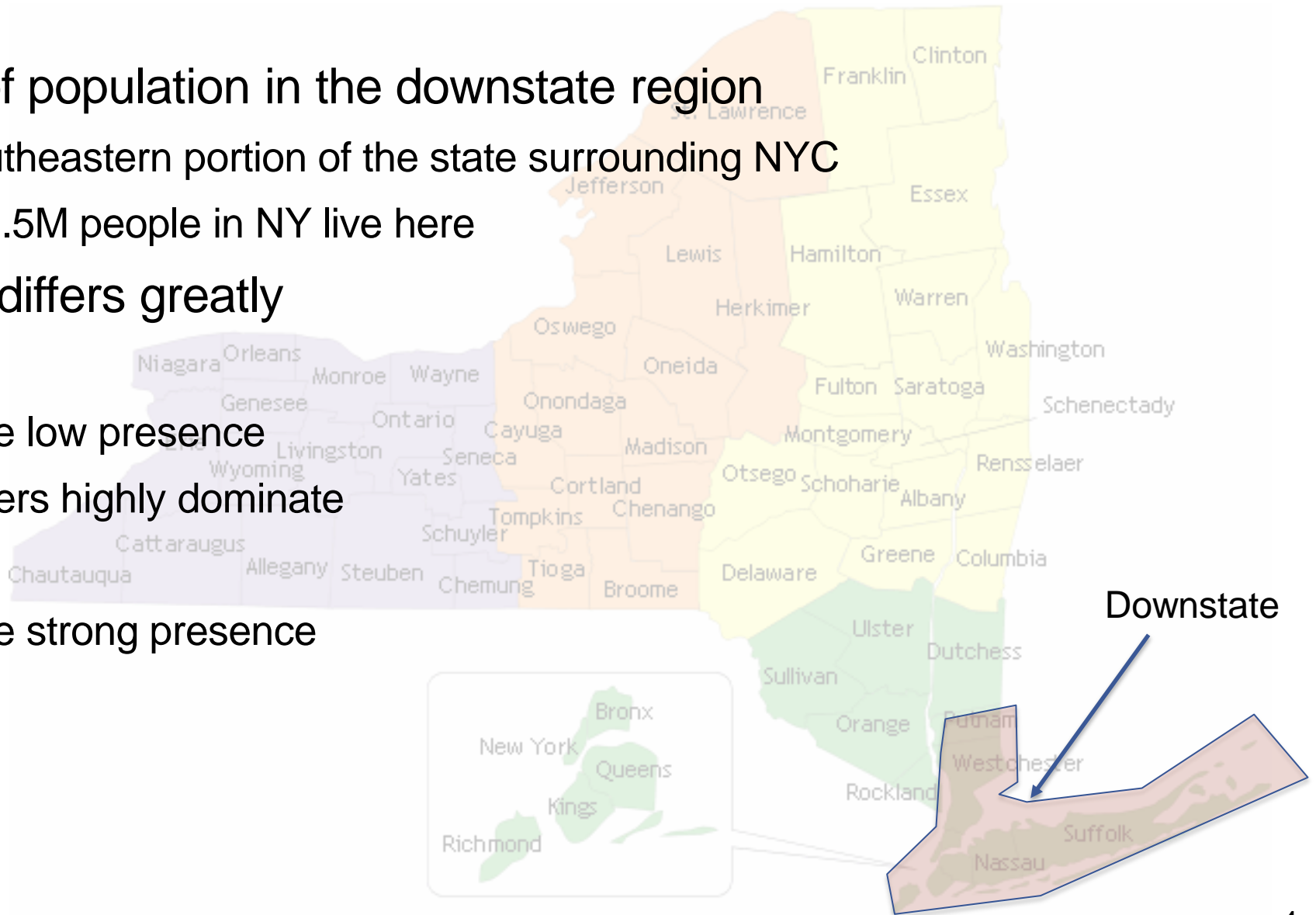
The Vision – Connected Capabilities

Health Information Technology tools enable collaboration between **patients**, **providers**, **public health**, and **payers**.

They **improve quality of care**, efficiency, and **patient satisfaction**.
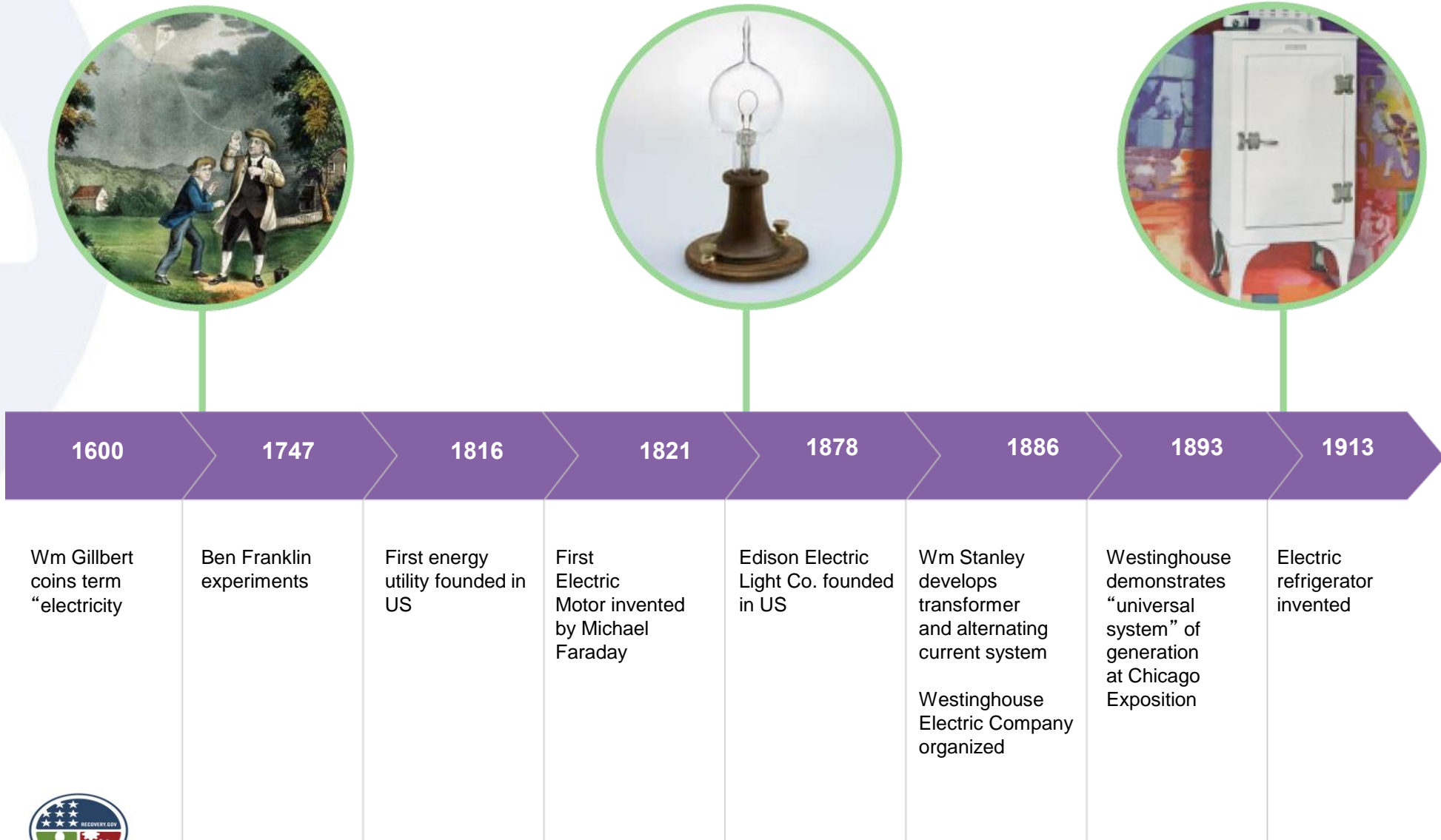
No single entity can deliver this set of tools.

IT WILL TAKE AN ECOSYSTEM WORKING TOGETHER.

Evolving, Adapting, Innovating

EVOLVING IT WORLD

CONSTANTLY CHANGING

RIPPLE EFFECTS

POTENTIAL OF SHIN-NY

Transformational Impact of Electricity

1600	1747	1816	1821	1878	1886	1893	1913
Wm Gillbert coins term "electricity	Ben Franklin experiments	First energy utility founded in US	First Electric Motor invented by Michael Faraday	Edison Electric Light Co. founded in US	Wm Stanley develops transformer and alternating current system Westinghouse Electric Company organized	Westinghouse demonstrates "universal system" of generation at Chicago Exposition	Electric refrigerator invented

Transformational Impact of Electricity

1922

CONVEX pioneers first interconnection between utilities

1935

The Public Utility Holding Company Act passed

Federal Power Act passed

First Major League Baseball played at night with electric lighting

1936

The Rural Electrification Act is passed

The Electrical Infrastructure

By wiring the country, America significantly increased the standard of living of nearly every citizen at home, school and work.
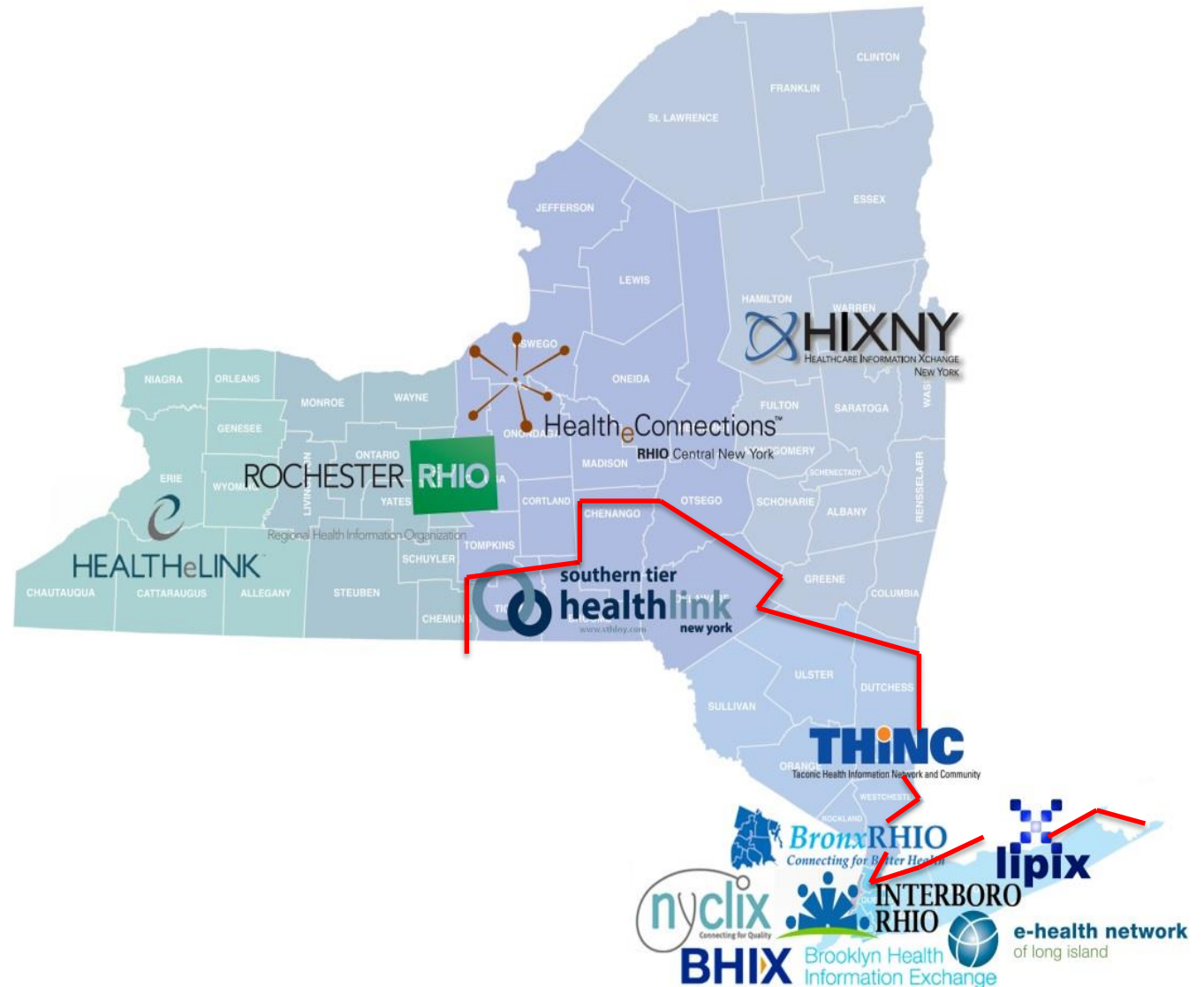
The Power of the Ecosystem

Why is the benefit of releasing a patient's medical files so powerful?

SHIN-NY: State Health Information Network of New York

- Each RHIO has built a local network of stakeholders including hospitals, practices, long term care and payers and is actively connecting participants in its region to enable sharing of data

- Downstate RHIOs are on a consolidated infrastructure

- All the RHIOs together form the SHIN-NY, the largest HIE in the USA

How can a RHIO help you?

Clinical Data
- Access for Providers
- Data contributed by Providers

One-to-One Communication
- Secure Messaging/Direct
- Transitions of Care

Automatic Notifications
- ED Presentation
- Inpatient Admit
- Discharge

RHIO
Helps you better serve your patients

Enable Care Coordination and Referrals
- ACO/PCMH/Health Homes
- Leverage Payment Reform

Supports **Privacy and Compliance**
- Consent
- HIPAA Compliance

Clinical Results Delivery
- Specific Labs
- To Clinician or Care Coordinator

LEGEND

Service provided by all RHIOs

Service provided by some RHIOs
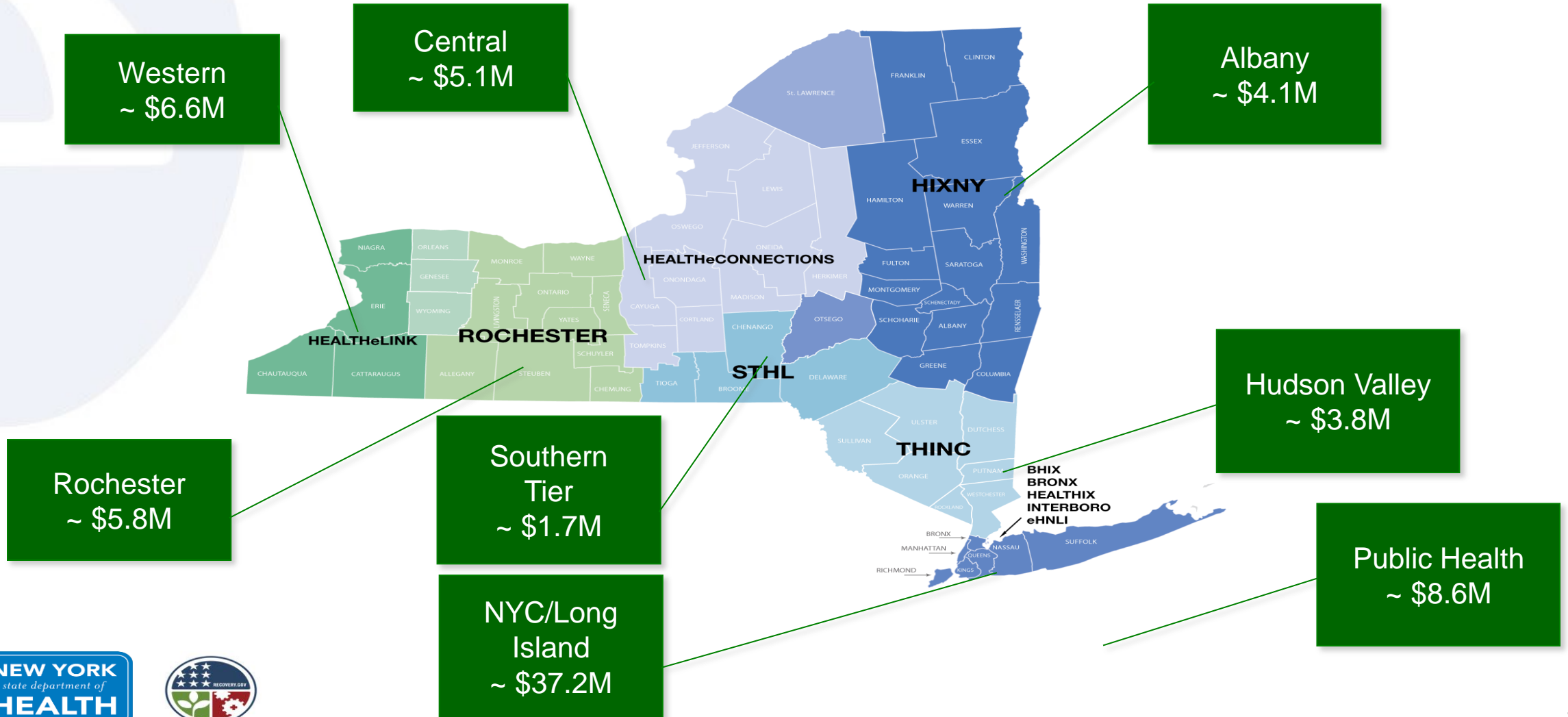
Service part of future Roadmap

The BIG NEWS!!!

ALBANY, NEW YORK, March 31, 2014 — The New York State Legislature approved **$55 MILLION** in funding for the Statewide Health Information Network for New York (SHIN-NY) as part of its Fiscal Year 2014-15 budget.

The continued expansion of SHIN-NY, coordinated by the New York eHealth Collaborative (NYeC), will provide more effective coordination of care for an ever-growing community of patients across the entire state…
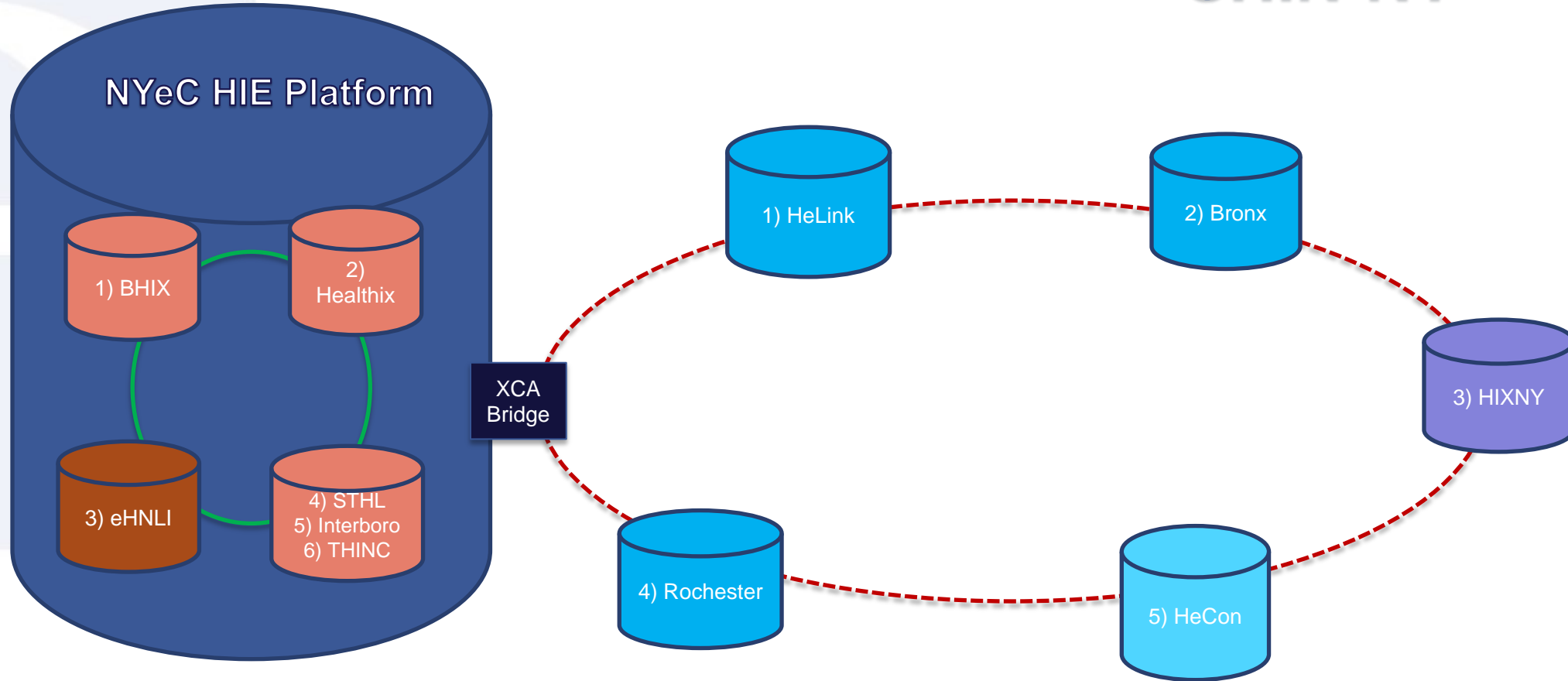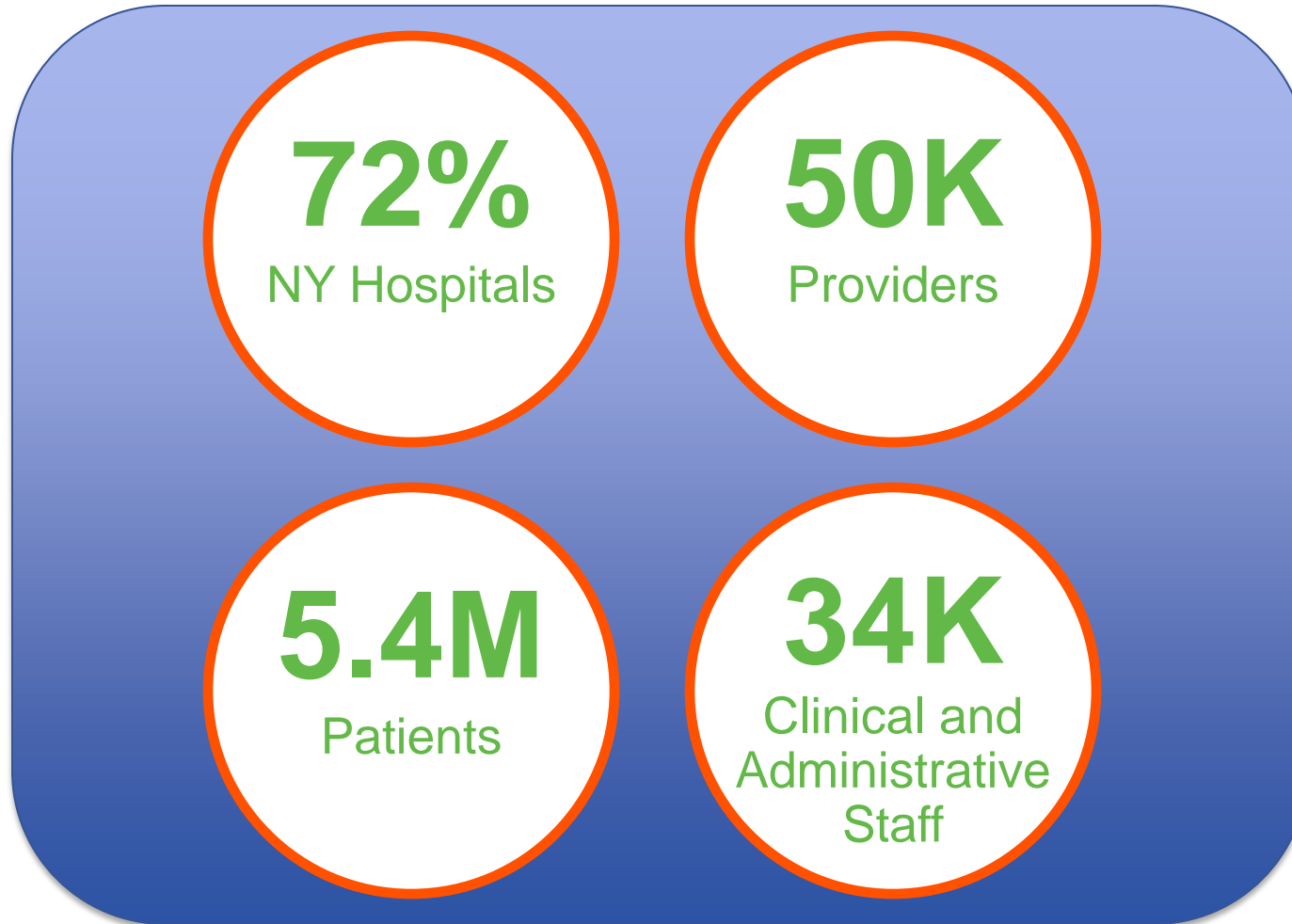
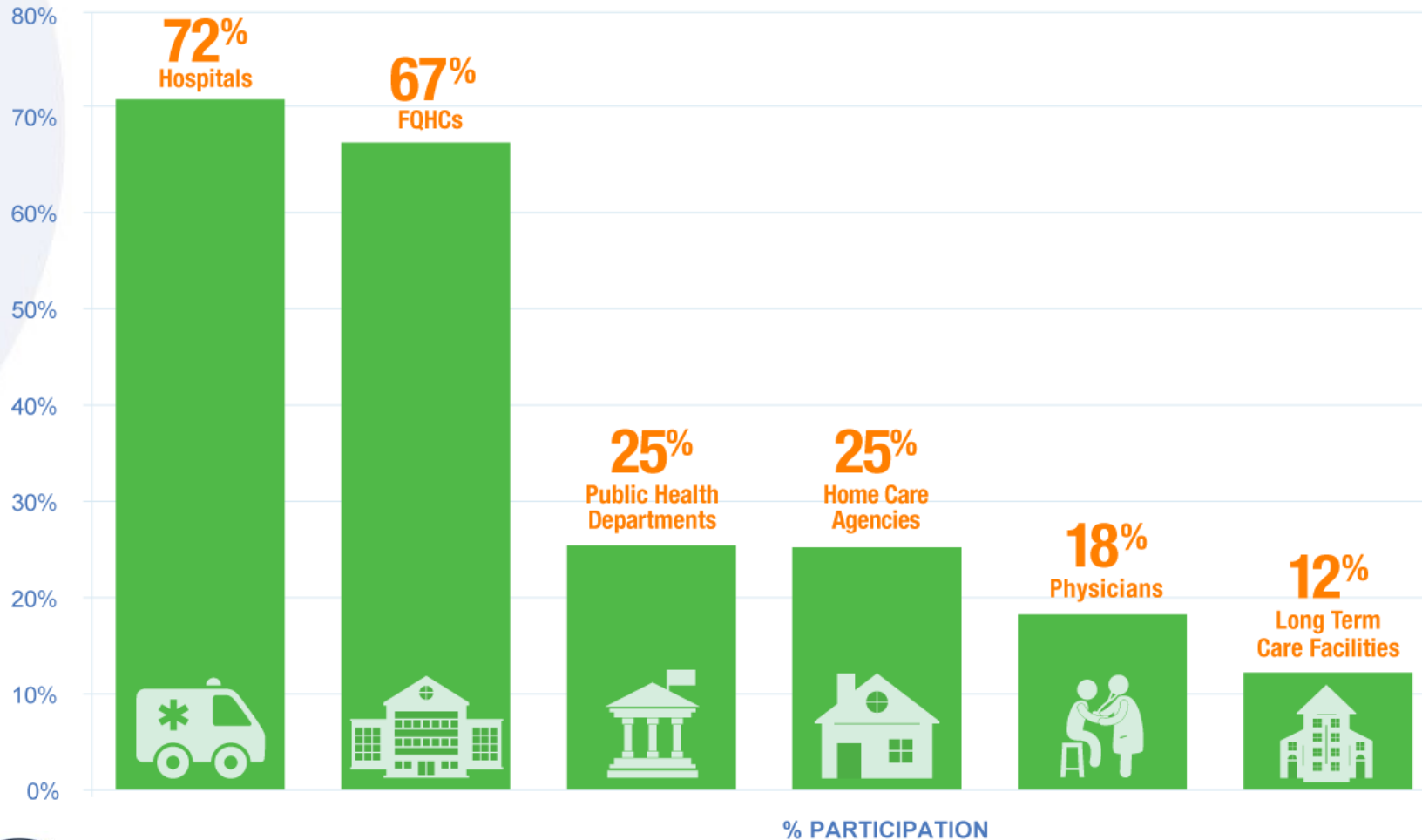# State & Federal Funding ~$75M

(Projected 2014/2015)

Western
~ $6.6M

Central
~ $5.1M

Albany
~ $4.1M

Rochester
~ $5.8M

Southern
Tier
~ $1.7M

Hudson Valley
~ $3.8M

NYC/Long
Island
~ $37.2M

Public Health
~ $8.6M

SHIN-NY

NYeC HIE Platform

- 1) BHIX
- 2) Healthix
- 3) eHNLI
- 4) STHL
- 5) Interboro
- 6) THINC

XCA Bridge

- 1) HeLink
- 2) Bronx
- 3) HIXNY
- 4) Rochester
- 5) HeCon

SHIN-NY RHIO BUS
Statewide MPI from Golden Record MPIs of each RHIO

New York Leads the Nation

72%
NY Hospitals

50K
Providers

5.4M
Patients

34K
Clinical and Administrative Staff

16

SHIN-NY Stakeholder Adoption

% OF ENTITIES ACCESSING OR SUPPLYING DATA

72% Hospitals

67% FQHCs

25% Public Health Departments

25% Home Care Agencies

18% Physicians

12% Long Term Care Facilities

% PARTICIPATION

Paths to Standards Development

Market Dominance	Government as Driver	Industry Alliances
• Microsoft Office • PDF	• Regulations, policy and law • Purchases • Payment • Taxation and Collection	• USB Forum • Bluetooth • Credit and Debit Transaction and Security Standards

Moving the eHealth Interoperability Needle

Requires a Multi-Prong Attack!

Driving EHR-HIE "Plug-n-Play"

- NYeC-led Interoperability Workgroup announced commencement of EHR certification pilots and revealed the program seals at HIMSS

  - First technical interoperability certification program for Query Based Exchange ever. Very rigorous testing to meet "plug-n-play" expectations.

  - Rigorous Direct Exchange testing

  - Over 200 data elements standardized in the CCD

  - Seals announced. "Demand **HIE Certified** products!"

# EHR | HIE Interoperability Work Group

- The IWG consists of 19 states, 23 EHR vendors and 24 HIE vendors and has developed and ratified standards for Query-Based Exchange and DIRECT (HPDplus)

- The common goal of IWG members: Define "plug and play" connections that eliminate the barriers of interface development between EHRs and HIEs

STATES	
Arkansas	Nebraska
California	New Jersey
Florida	New York
Georgia	Oregon
Illinois	Rhode Island
Kansas	Utah
Kentucky	Vermont
Maryland	Virginia
Michigan	West Virginia
Missouri	

EHR VENDORS	
Alere Wellogic	Epic
Allscripts	GE
CareVoyant	Greenway
Cerner	McKesson
CureMD	MDClick
Data Strategies	MTBC
DeFran Systems	NextGen
Dr. First	Nortec Software
eClinical Works	Prosocial Applications
eMDs	Siemens
EMR Direct	TenEleven Group
	Vitera Health

HIE VENDORS	
1MEDiX	Med3000
Alere Wellogic	MedAllies
ApeniMED	MedFx
dbMotion	Medicity
Data Motion	Mirth
GE	Misys OS Solutions
GSI Health	NextGate
Harris	OmniMD
HealthUnity	OmniXchange
iPhysicianHub	Optum
ICA	Orion Health
InterSystems	RelayHealth

SHIN-NY Information Flow and "Dial Tone" Services
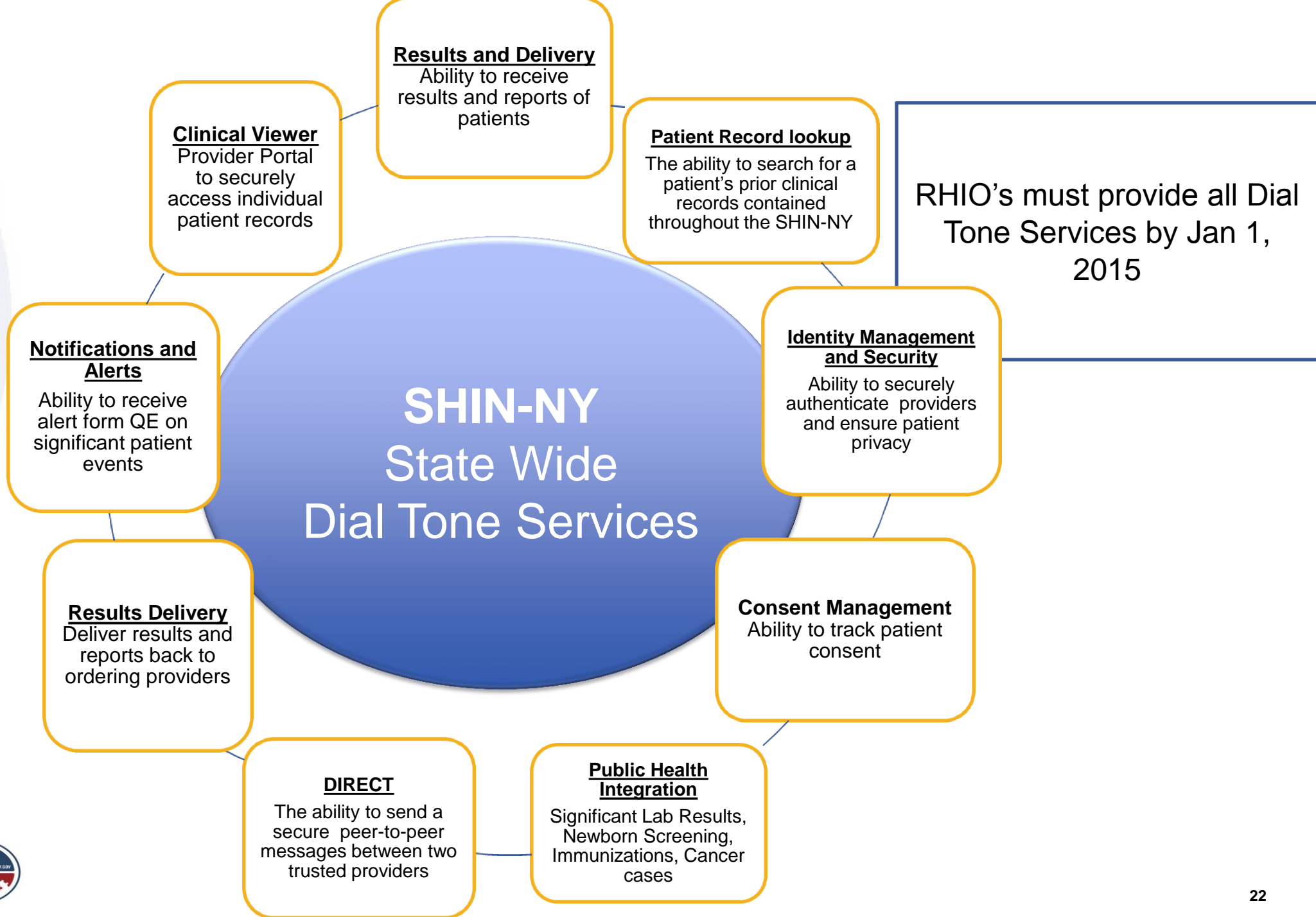
| RHIO A | RHIO B | RHIO C | RHIO D | RHIO E | RHIO F |
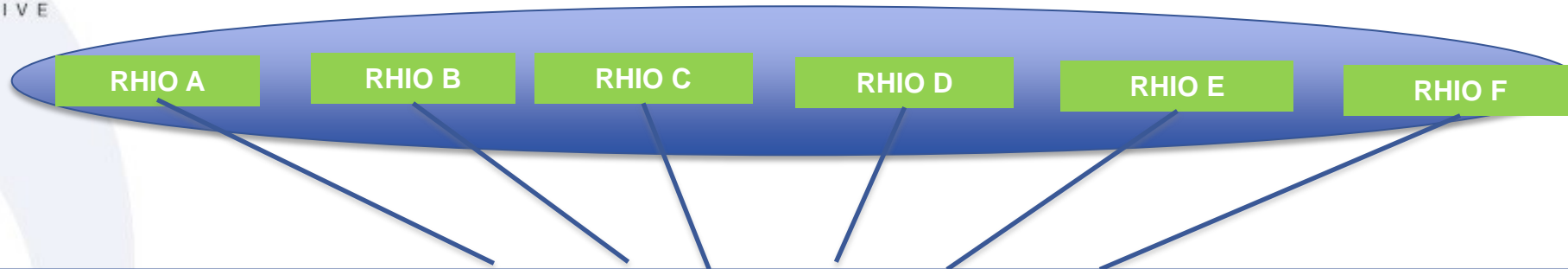
Statewide Service

All RHIOs (Qualified Entities) must provide the following services:
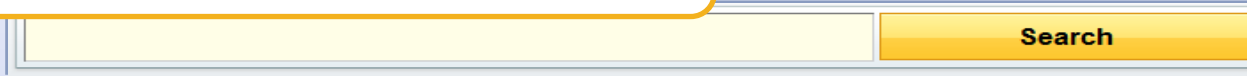
1) Patient Record Lookup
2) Consent Management
3) Identity Management and Security
4) Public Health Integration
5) Secure Messaging (DIRECT)
6) Notifications (Alerts)
7) Provider & Public Health Clinical Viewer
8) Results Delivery

No charge for these services beyond initial set up fee

Results and Delivery
Ability to receive results and reports of patients

Clinical Viewer
Provider Portal to securely access individual patient records

Patient Record lookup
The ability to search for a patient's prior clinical records contained throughout the SHIN-NY

RHIO's must provide all Dial Tone Services by Jan 1, 2015

Notifications and Alerts
Ability to receive alert form QE on significant patient events

Identity Management and Security
Ability to securely authenticate providers and ensure patient privacy

SHIN-NY
State Wide
Dial Tone Services

Results Delivery
Deliver results and reports back to ordering providers

Consent Management
Ability to track patient consent

DIRECT
The ability to send a secure peer-to-peer messages between two trusted providers

Public Health Integration
Significant Lab Results, Newborn Screening, Immunizations, Cancer cases

Key SHIN-NY Dial Tone Services Simplified

Search: Patient Record Lookup (Statewide)

Send: Direct Exchange (Statewide)
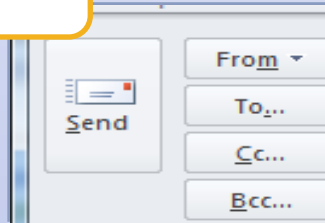
Subscribe: Event Notifications (Statewide)

**SHIN-NY** will facilitate this Statewide

Clinical Viewer Data

Step 1 - Search for Patient

Step 2 - If Patient exists in another Facility, you will be able to retrieve that information

RHIO

Facility B

Facility A

Facility C

Facility D

What it means for you:

- Search for patients beyond your organization
- Develop a more comprehensive data set for patients
- Improve efficiency through access to tests/results that may have been done outside your organization
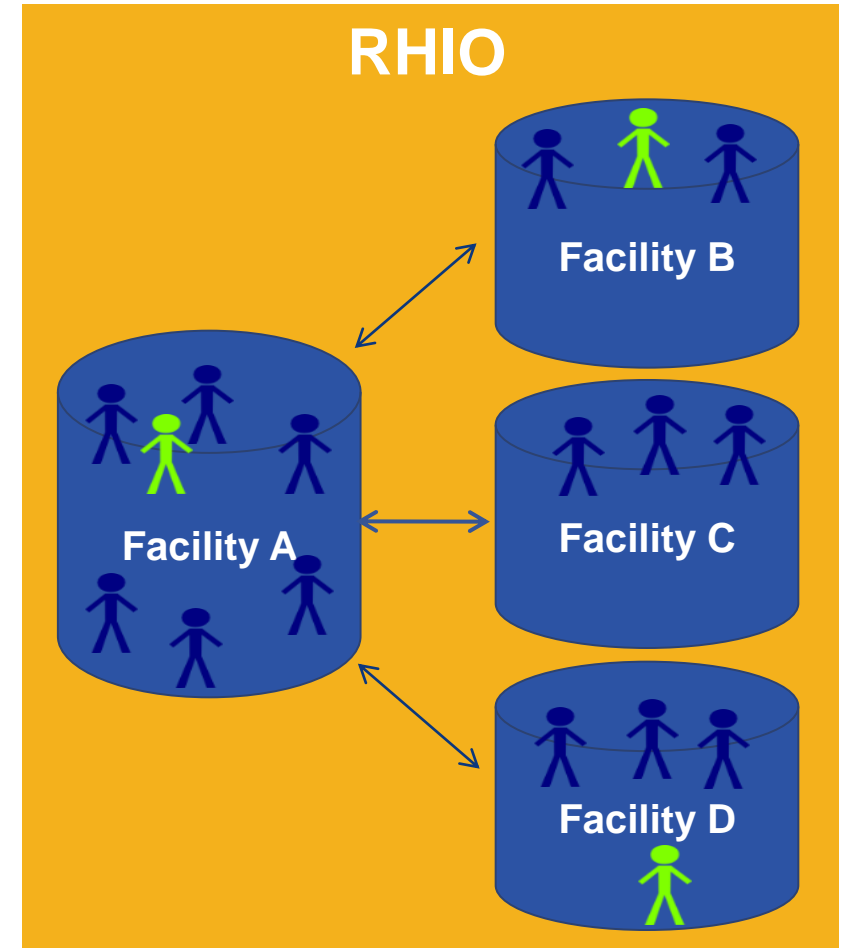
Clinical Data

What type of information is available via Patient Record Lookup?		
Demographics	Cardiology Results	Diagnosis/Procedures
Encounters	Pathology Results	Problem List
Encounter Summaries	Discrete Lab Values	Immunizations
Diagnoses	Microbiology Reports	Social/Family History
Allergies	Other Transcribed Reports	OB/GYN/Resp/Card Reports
Contacts/Next of Kin	Prescribed Medications	Discharge Summary
Insurance	Medications	Advanced Directives
Radiology Reports	Medication History	Clinician Information
Lab Test Reports	Medication Allergies	Care Plan
Microbiology Results	Vital Signs/Observations	ACO/Health Home Status

Notifications and Alerts

Receive notifications when your patient is admitted or discharged from a healthcare facility anywhere in the state.

Practice 1

Your Practice/ Organization

Your RHIO or another RHIO Statewide

Hospital A

Hospital B

Send notification when Event occurs

Listen for an event
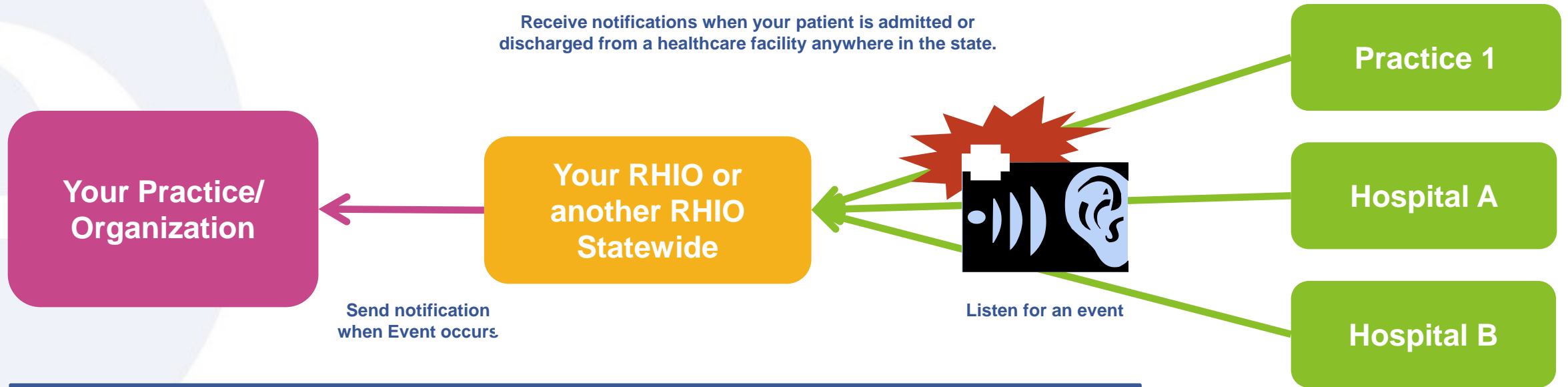
What it means for you:

- Get notified when there is an "Event"
- ED Admit
- Inpatient Admit
- Discharge

One-to-One Communication

Practice 1

Secure Message Inbox

Practice 2

Secure Message Inbox

Practice 3

Secure Message Inbox

Send documents and messages directly between Providers that belong to your RHIO

RHIO
(Health Information Exchange)
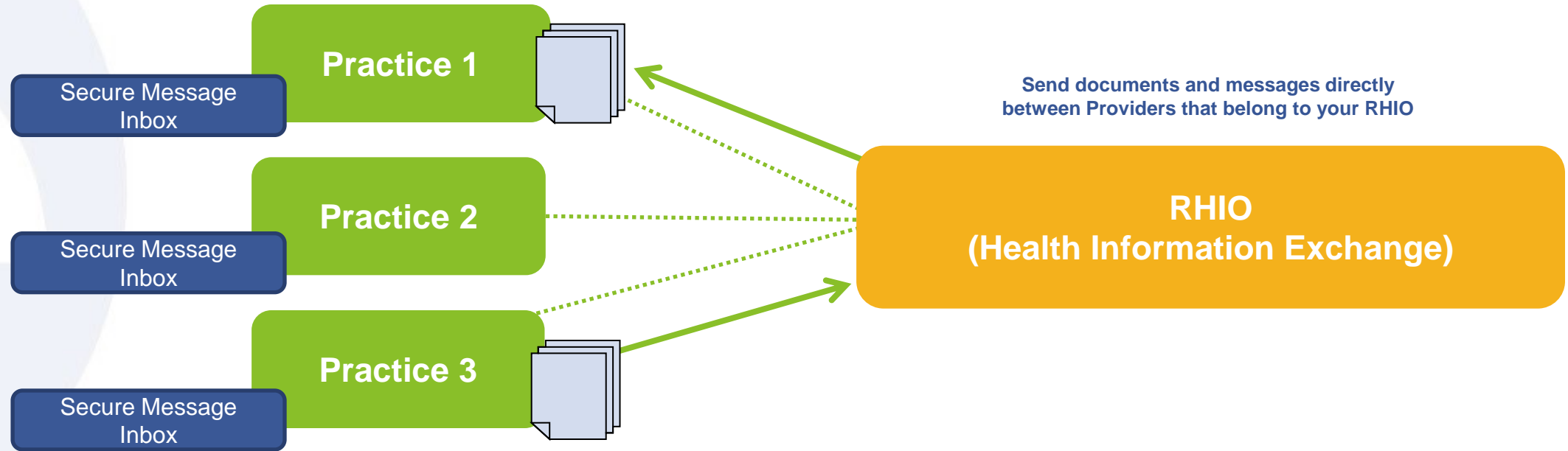
What it means for you:

- eReferral
- Care Coordination
- Results Delivery
- General Messaging
- Secure transmission of PHI between Covered Entities

One-to-One Communication – via Direct

Send documents and messages directly between Providers

Practice 1

Mail box

Practice 2

Mail box

Practice 3

Mail box

Secure Message Exchange (aka **HISP**)

Secure Message Exchange (aka **HISP**)

Practice 4

Mail box
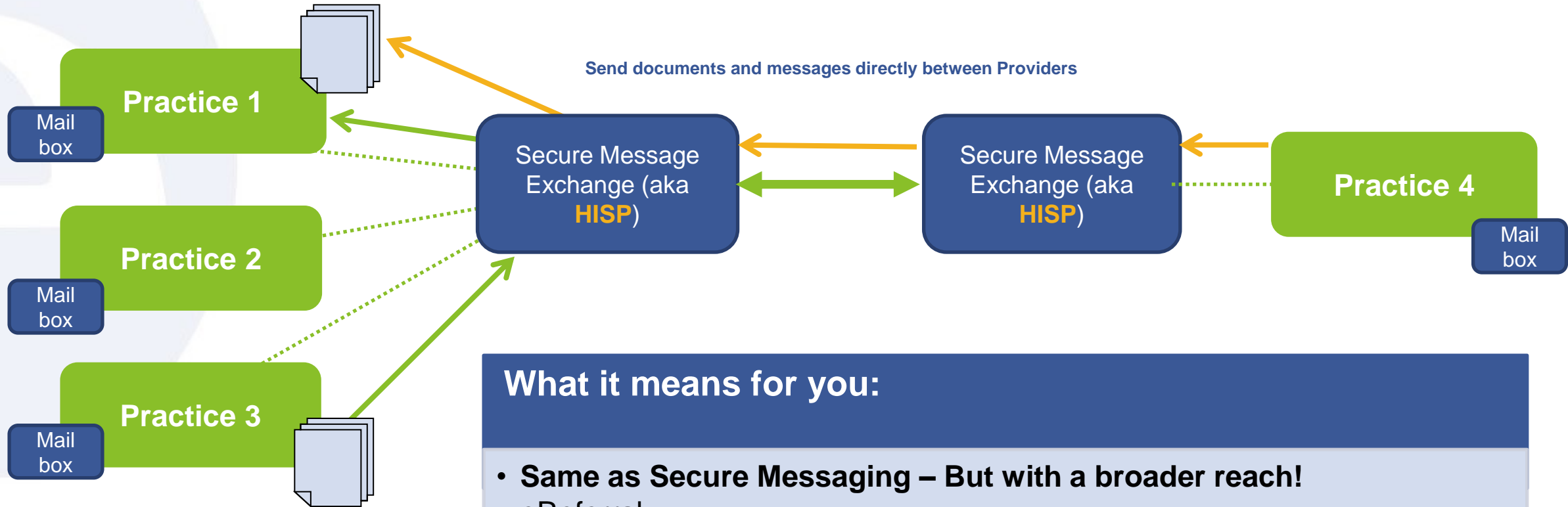
What it means for you:

- **Same as Secure Messaging – But with a broader reach!**
- eReferral
- Care Coordination
- Results Delivery
- General Messaging
- Secure transmission of PHI between Covered Entities

Steps– How does my Health Center get DIRECT?

STEP 1 – Contact your RHIO

- The RHIO knows where your EHR stands relative to Direct

STEP 2 – Get a Direct address

- Your RHIO can use your existing information to generate a Direct e-mail address

STEP 3 – Start Communicating with your colleagues

- Send messages directly
- Include attachments

Patient/Family Engagement: Driving to Standards

Visualizing My Quantified Self
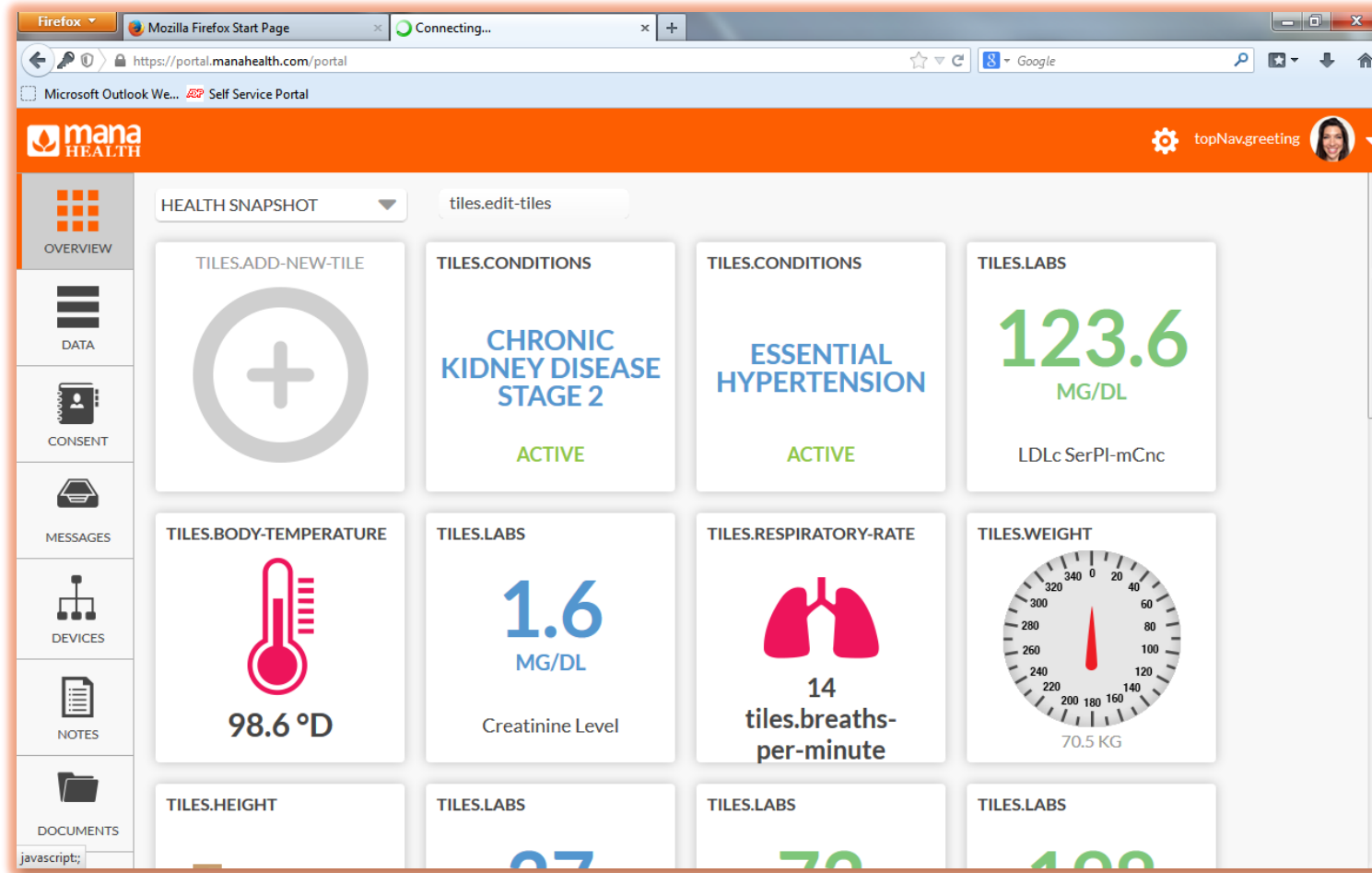
Empowering individuals to set goals

Consolidations of data enables apps to present

Information instead of documents

Data Consistency = Individual Safety

Free the Data: Innovation Will Follow

The SHIN-NY Eco-System

Questions….