CHCANYS DEFINING NEW DIRECTIONS
Community Health Care Association of New York State

NYS HCCN General Training: **Meaningful Use in 2018 and HIE Optimization**

Stephanie Rose, HealthEfficient

April 24, 2018

COMMUNITY HEALTH CENTER FQHC QUALITY℠

Agenda

1. **Meaningful Use Program Basics**
2. **Quick Review Modified Stage 2 for Payment Year 2018**
3. **Meaningful Use Stage 3 Deep Dive (Optional 2018)**
4. **HIE Optimization**
5. **Q & A**

MEANINGFUL USE PROGRAM BASICS

Stephanie Rose, MBA, CCE
Project Director

Medicaid Meaningful Use - Eligible Providers

- Physicians (M.D. and D.O.)
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- Physician Assistants (only if they practice in an FQHC or RHC that is **led** by a PA)

➢ EPs must demonstrate 30% or more Medicaid or Needy Patient volume in a 90 day period (20% for pediatricians)

Medicaid Incentive Payment

- Incentives paid over 6 participation years
- No Medicaid penalty for missing a year
- Payments
  - $21,250 for Year 1 for Adopt, Implement Upgrade (AIU)
  - $8,500 for Years 2-6 for Meaningful Use

Note: The last year to begin Meaningful Use was 2016

EHR Reporting in 2018

- All Eligible Providers demonstrating Meaningful Use can attest for a minimum of any continuous 90-Day Reporting Period for Objectives; and
- Attest to a minimum of any continuous 90-Day Reporting Period for Clinical Quality Measures in the calendar year.

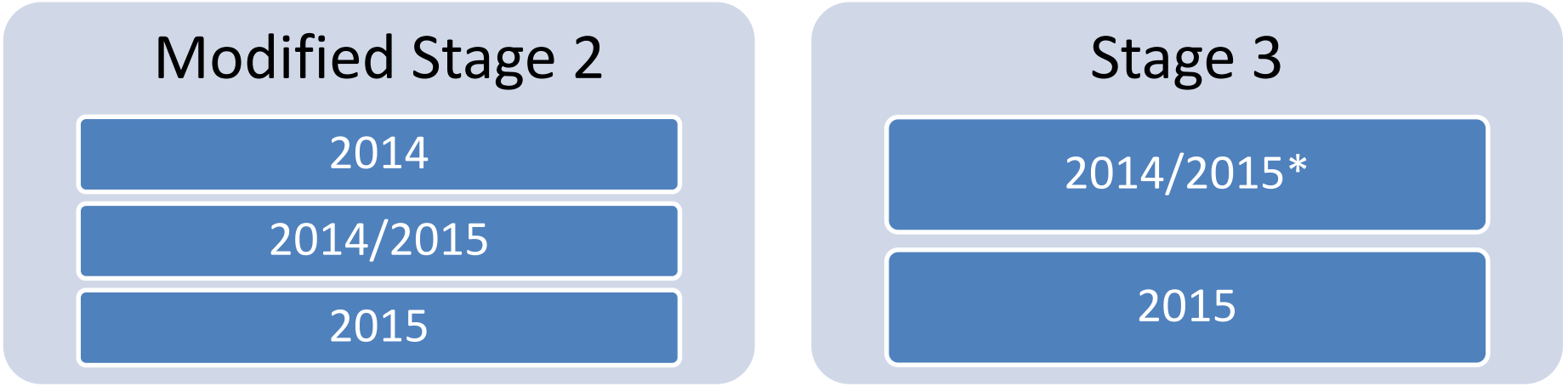
Clinical Quality Measures (CQMs) for 2018

- Number of CQMs available reduced from 64 to 53 to match MIPS
- Attest to 6 CQMs (down from 9)
  - Across 3 domains

Engagement	Safety	Care Coordination
Population/Public Health	Resource Efficiency	Effectiveness

Certified EHR Technology (CEHRT) Requirement

- The 2017 CMS Final Rule allows all eligible providers to utilize:
  - 2014 Edition CEHRT
  - A combination of 2014 and 2015 Edition CEHRT
  - 2015 CEHRT



2018 Flexibility

- Eligible providers can meet either Modified Stage 2 or Stage 3 Requirements.
- If they are attesting to Stage 3, the CEHRT must meet all of the requirements for all of the Stage 3 Objectives.

Don’t forget – this is the last quarter for 2017 Meaningful Use data. Don’t miss out on your 2017 attestations!

First Year of MU	Stage of MU by Participation Year								
	2011	2012	2013	2014*	2015*	2016*	2017*	2018 *	2019+
2011	AIU	1	1	2	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Modified Stage 2 or Stage 3	Stage 3
2012		AIU	1	1	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Modified Stage 2 or Stage 3	Stage 3
2013			AIU	1	Modified Stage 2**	Modified Stage 2	Modified Stage 2 or Stage 3	Modified Stage 2 or Stage 3	Stage 3
2014				AIU	Modified Stage 2**	Modified Stage 2	Modified Stage 2 or Stage 3	Modified Stage 2 or Stage 3	Stage 3
2015					AIU	Modified Stage 2	Modified Stage 2 or Stage 3	Modified Stage 2 or Stage 3	Stage 3
2016						AIU	Modified Stage 2 or Stage 3	Modified Stage 2 or Stage 3	Stage 3
2017									

*2014, 2015, 2016, 2017 & 2018 Special 90 Day Reporting Period

Medicaid Incentive Provider Payment Look-up Tool

- Medicaid EHR Incentive payment information beginning 2011 is available through Health Data NY.
- Filter to find your provider/providers
- Ability to export data to a file

Provider Type	Eligible Practitioner First Name	Eligible Practitioner Last Name	Provider NPI	Payee NPI	Payment Date	Payment Amount	Payment Year	Participation Year	Provider Zip Code	County	Payee Name
PHYSICIAN	Sample	Provider	12345	67890	5/12/2014	$8,500	2013	3	12477	Ulster	Sample Payee Name
PHYSICIAN	Sample	Provider	12345	67890	4/15/2013	$8,500	2012	2	12477	Ulster	Sample Payee Name
PHYSICIAN	Sample	Provider	12345	67890	7/23/2012	$21,250	2011	1	12477	Ulster	Sample Payee Name

https://health.data.ny.gov/Health/Medicaid-Electronic-Health-Records-Incentive-Progr/6ky4-2v6j

Provider Tracking Sheet

- Credentialing Information
- Attestation Tracking
- Budgeting

Provider Demographic Section							Participation Year 1			Participation Year 2			Participation Year 3		
First Name	Last Name	Suffix	Cred-entials	Provider NPI	MU Eligible Provider (MD, DO, NP and PA*)	Status	AIU Reporting Year	AIU Submitted Date	AIU Received Date	Reporting Year	90 day Submitted Date	90 day Received Date	Reporting Year	Submitted Date	Receive
John	Test		MD		Yes	Active	2011	6/1/2011	9/1/2011	2012	4/1/2012	6/1/2012	2013	1/30/2014	
Jane	Test		NP		Yes	Active	n/a			2011	other practice	n/a	2012	1/30/2014	

Calculating Medicaid Eligibility Patient Volume

- 30% or more Medicaid patient volume during a 90 day period (20% for Pediatricians)
  - Standard Patient Volume:

Total Medicaid Encounters	÷	**Total Encounters**

  - Alternate Patient Volume:

Medicaid Patient Panel + Medicaid Encounters	÷	**Total Patient Panel + Total Encounters**

Calculating Medicaid Patient Volume (cont)

- 90 Consecutive Days Options:
  - 90 days within the calendar year prior to the payment year, OR
  - 90 days preceding 12 months from the date of attestation
  - May use aggregate data from all providers at the practice

⚠ Use of the preceding 12 month option may delay payment due to availability of claims data

Needy Patient Option

- FQHC's and RHC's may use Needy Patients volume instead of the Medicaid volume.

Type of Service	Medicaid Volume	Needy Volume
Medicaid Fee-For Service	✓	✓
Medicaid Managed Care	✓	✓
Family Health Plus	✓	✓
Child Health Plus	✗	✓
Uncompensated Care	✗	✓
Sliding Scale	✗	✓

Prerequisites

- Medicaid Fee For Service Provider Enrollment
- Provider registered with CMS for the EHR Incentive
- Link Provider to your ETIN
- Provider has an ePaces user name and password
- EHR Certification ID for eCW

NY Medicaid Pre-Validation

- Send the Excel pre-validation file to hit@health.ny.gov
- Information Required
  - Organization Name and NPI that the claims are billed under
  - Payment Year
  - Patient Volume Reporting Period Start/End Date
  - Group Medicaid Encounters
  - Group Total Encounters

Note: If you bill Medicaid under the provider NPI, you will need to complete the provider tab.

Meaningful Use MEIPASS Attestations

- 2017 Modified Stage 2/Stage 3 Attestation – not open
  - State has indicated this will be open soon but not date announced

MEDICAID MEANINGFUL USE
QUICK REVIEW MODIFIED STAGE 2 IN 2018

Modified Stage 2 Pocket Guide – 2017 & 2018

Protect ePHI	Clinical Decision Support	Computerized Order Entry	Electronic Prescribing	Health Information Exchange
Conduct or review a security risk analysis and address security including encryption	Implement 5 CDS Rules associated with 4 or more CQMS Enable drug/drug and drug/allergy checking	>60% of medication Orders entered using CPOE* >30% of lab orders entered using CPOE* >30% of diagnostic imaging orders entered using CPOE* *Exclusion <100 Orders	>50% of permissible prescriptions are queried for a drug formulary and transmitted electronically* *Exclusion <100 Prescriptions	>10% of transitions of care/referrals include a summary of care document created by the CEHRT and is exchanged electronically* *Exclusion <100 Transitions
Patient Education	**Medication Reconciliation**	**Electronic Access**	**Secure Messaging**	**Public Health/Clinical Data Reporting**
>10% of patients receive patient specific education resources identified by the EHR	>50% of transitions of care have the medications reconciled	>50% of unique patients seen by the EP are provided online access to view, download and transmit (VDT) within 4 business days; >5% View, Download, Transmit	>5% of patients was sent a secure message.	Active Engagement for 2 out of 3 registries • Immunization (1x) • Syndromic (1x) • Specialized (2x) Exclusion if registries outside scope or no registry available

MEDICAID MEANINGFUL USE DEEP DIVE STAGE 3 IN 2018

Stage 3 Objectives 2018

Protect ePHI	Clinical Decision Support	Computerized Order Entry	Electronic Prescribing
Conduct or review a security risk assessment and address security including encryption	Implement 5 CDSS Rules associated with 4 or more CQMS Enable drug/drug and drug/allergy checking	>60% of medication Orders entered using CPOE* >60% of lab orders entered using CPOE* >60% of diagnostic imaging orders entered using CPOE* *Exclusion <100 Orders	>60% of permissible prescriptions are queried for a drug formulary and transmitted electronically* *Exclusion <100 Prescriptions
Health Information Exchange (Report all , meet 2 out of 3)	**Electronic Access**	**Coordination of Care Patient Engagement (Report all , meet 2 out of 3)**	**Public Health/Clinical Data Reporting (Report 3 out of 5)**
>50% of transitions of care/referrals include a summary of care document created by the CEHRT and is transmitted electronically* >40% of transitions/referrals/ new patients received, the EP incorporates the summary of care into the EHR.* >80% of transitions/referrals/ new patients received have their medication, allergies, and problem list reconciled.* *Exclusion <100 Transitions	>80% of unique patients are provided online access to view, download and transmit their health information; AND ensures the information is available to access using an API >35% of patients seen by the EP are provided electronic access to patient-specific education resources	>5% * of unique patients see by the EP views, downloads, or transmits their health information; OR access their through an API; or a combination of the 2 options. >5% * of patients seen by the EP was sent a secure message >5% of patients seen by the EP have patient generated health data or data from a non-clinical setting is incorporated into the CEHRT. *thresholds increase in 2019	• Immunization Registry • Syndromic Registry • Case Reporting • Public Health Registry** • Clinical Data Registry ** ** can have up to 2 different public health and clinical data registries each Exclusion if registries outside scope or no registry available

OBJ 1: Protect ePHI – Attestation Measure

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

Modified Stage 2	Stage 3
Conduct/review security risk assessment and address security including encryption	Conduct/review security risk assessment and address security including encryption

Security Risk Assessment Tool: https://www.healthit.gov/providers-professionals/security-risk-assessment-tool

Protect ePHI Requirements

- Conduct/review security risk analysis of CEHRT including addressing encryption/security of data, and implement updates as necessary at least once each calendar year.
- Must be done upon installation or upgrade to a new system
- Security Updates and deficiencies identified should be included in the risk management process and implemented/corrected

HIPAA Security Rule Guidance: http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/

Threshold Increase

OBJ 2: Electronic Prescribing (eRX)

Modified Stage 2	Stage 3
>50% of permissible prescriptions are queried for a drug formulary and transmitted electronically.	**>60%** of permissible prescriptions are queried for a drug formulary and transmitted electronically.

- More than 60% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using the CEHRT.

Exclusion: Providers that write less than 100 medication orders during the EHR reporting period or no pharmacies that accept electronic prescriptions within 10 miles of the practice.

OBJ 3: Clinical Decision Support (CDS) – Attestation Measure

Measure 1 - CDS Interventions

Modified Stage 2	Stage 3
Implement 5 CDS rules associated to 4 or more CQMs	Implement 5 CDS rules associated to 4 or more CQMs

CDS Measure 1 - Requirements

- Implement 5 clinical decision support interventions related to 4 or more Clinical Quality Measures (CQMs) at a relevant point in patient care for the entire EHR reporting period.
  - The same interventions do not need to be used for the entire reporting period, you just need to have 5
  - If there are limited CQMs for the EP, implement CDS interventions to drive improvements for high priority health conditions
  - Drug-drug and drug-allergy interaction alerts do not count towards the 5

OBJ 3: Clinical Decision Support (CDS) – Attestation Measure

CDS Measure 2 - Drug-Drug and Drug-Allergy

Modified Stage 2	Stage 3
Enable drug-drug, drug-allergy checking	Enable drug-drug, drug-allergy checking

- Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Exclusion: Providers that write less than 100 medication orders during the EHR reporting period.

OBJ 4: Computerized Provider Order Entry (CPOE) Measure 1 - Medication Orders

Modified Stage 2	Stage 3
>60% of Medication orders entered by a licensed healthcare professional using CPOE	**>60%** of Medication orders entered by a licensed healthcare professional using CPOE

- More than 60% of medication orders created by the EP during the EHR Reporting period are recorded using CPOE by a licensed or credentialed healthcare professional.

Exclusion: Providers that write less than 100 medication orders during the EHR reporting period.

OBJ 4: Computerized Provider Order Entry (CPOE)

CPOE Measure 2 - Laboratory Orders

Threshold Increase

Modified Stage 2	Stage 3
>30% of Laboratory orders entered by a licensed healthcare professional using CPOE	**>60%** of Laboratory orders entered by a licensed healthcare professional using CPOE

- More than 60% of laboratory orders created by the EP during the EHR Reporting period are recorded using CPOE by a licensed or credentialed healthcare professional.

Exclusion: Providers that write less than 100 laboratory orders during the EHR reporting period.

OBJ 4: Computerized Provider Order Entry (CPOE)

CPOE Measure 3 - Diagnostic Imaging Orders

Threshold Increase

Modified Stage 2	Stage 3
>30% of Diagnostic Imaging orders entered by a licensed healthcare professional using CPOE	**>60%** of Diagnostic Imaging orders entered by a licensed healthcare professional using CPOE

- More than 60% of diagnostic imaging orders created by the EP during the EHR Reporting period are recorded using CPOE by a licensed or credentialed healthcare professional.

Exclusion: Providers that write less than 100 Diagnostic Imaging orders during the EHR reporting period.

OBJ 5: Patient Electronic Access to Health Information

Objective:

The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

OBJ 5: Patient Electronic Access to Health Information Measure 1 - Online Access

Modified Stage 2	Stage 3
>50% of unique patients are provided online access to view, download and transmit within 4 business days.	**>80%** of unique patients or authorized representative are provided online access to view, download and transmit their health information; AND ensures the information is available to access using an API.

Measure 1 - Online Access

- More than 80% of unique patients seen by the provider are provided timely access to view online, download, and transmit their health information within 48 hours of information being available; and
- The provider ensures the patient's health information is available to access using any application of their choice that meets the technical specifications of the Application Programming Interface (API).

OBJ 5: Patient Electronic Access to Health Information Measure 2 - Patient Education

Modified Stage 2	Stage 3
>10% of patients receive patient specific education resources identified by the CEHRT	**>35%** of patients are provided electronic access to patient-specific education resources

- More than 35% of patients seen by the EP are provided electronic access to clinically relevant patient-specific educational resources identified by the CEHRT.

OBJ 6 - Coordination of Care

Objective:

- Use CEHRT to engage with patients or their authorized representatives about the patient's care.

Must report on all 3 measures but only need to meet the threshold for 2 of them.

OBJ 6: Coordination of Care

Measure 1 - Patient Engagement View, Download, Transmit (VDT)/API

Modified Stage 2	Stage 3
>5% of patients log on to the portal to view, download, transmit.	**>5%*** of unique patients seen by the provider views, downloads, or transmits their health information; OR access their health information through an API; or a combination of the 2 options.

*Stage 3 reporting in 2019 and subsequent years: threshold increases to >10%

The following must be available for the patient to View, Download, Transmit or access with an API within 4 business days:

- Patient name
- Provider's name and office contact information
- Current and past problem list
- Procedures
- Laboratory test results
- Current medication list and medication history
- Vital signs (height, weight, blood pressure, BMI, growth charts)
- Smoking status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Any known care team members including the primary care provider (PCP) of record

Threshold Increase

OBJ 6: Coordination of Care
Measure 2 - Secure Electronic Messages

Modified Stage 2	Stage 3
>5% of patients were sent a secure electronic message using the electronic messaging function of the CEHRT to the patient or in response to a secure message sent by the patient.	**>5%** * of patients were sent a secure electronic message using the electronic messaging function of the CEHRT to the patient or in response to a secure message sent by the patient.

*Stage 3 reporting in 2019 and subsequent years: threshold increases to >25%

OBJ 6: Coordination of Care
Measure 3 - Patient Generated Data (New)

Modified Stage 2	Stage 3
	>5% of patients seen by the provider have patient generated health data or data from a non-clinical setting is incorporated into the CEHRT.

OBJ 7: Health Information Exchange (HIE)

Objective:

The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

Must report on all 3 measures but only need to meet the threshold for 2 of them

Threshold Increase

OBJ 7: HIE

Measure 1 - Summary of Care (Outbound)

Modified Stage 2	Stage 3
>10% of transitions of care/referrals include a summary of care document created by the CEHRT and is exchanged electronically.	**>50%** of transitions of care/referrals include a summary of care document created by the CEHRT and is exchanged electronically.

Exclusion: Provider that refers/transfers patients to another provider less than 100 during the EHR reporting period.

Summary of Care Requirements

- Patient name
- Referring or transitioning provider's name and office contact information
- Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Care team
- Reason for referral
- Current verified problem list
- Current verified medication list
- Current verified medication allergy list

OBJ 7: HIE
Measure 2 - Summary of Care (Inbound)

Modified Stage 2	Stage 3
	>40% of inbound transitions, referrals, or new patients, the provider incorporates the patient's summary of care record into the EHR.

Exclusion: Provider that receives less than 100 transitions, referrals and new patients during the EHR reporting period.

Measure 2 – Calculation

Numerator: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated into the CEHRT.

Denominator: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient AND for which an electronic summary of care record is available.

OBJ 7: HIE
Measure 3 - Reconcile Clinical Information

Modified Stage 2	Stage 3
>50% of transitions of care have the medications reconciled.	**>80%** of transitions, referrals, and new patients have their medication, allergies, and problem list reconciled.

Exclusion: Provider that receives less than 100 transitions, referrals and new patients during the EHR reporting period.

Measure 3 – Calculation

Numerator: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

Denominator: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

OBJ 8: Public Health/Clinical Data Reporting

1. Completed registration of intent to submit data → **2. Testing or validation** → **3. Ongoing submission**

	Public Health Measures	Requirement
1	**Immunization Registry**	Bi-directional data exchange proposed
2	**Syndromic Surveillance**	EPs report data from non-urgent care ambulatory settings; EHs from emergency or urgent care departments
3	**Case Reporting** *(expanded cancer reporting)*	"Reportable conditions" as defined by state, territorial, or local public health agencies (PHA)
4	**Public Health Registry**	Registry administered by, or on behalf of, a local, state, territorial, or national PHA
5	**Clinical Data Registry (CDR)** *(formerly specialized registry)*	Registry administered by, or on behalf of, non-public health agency entities; Includes Cancer Registry for EPs only
Must attest to 3 out of 5 Measures.		

Stage 3 - Public Health Options

Stage 3

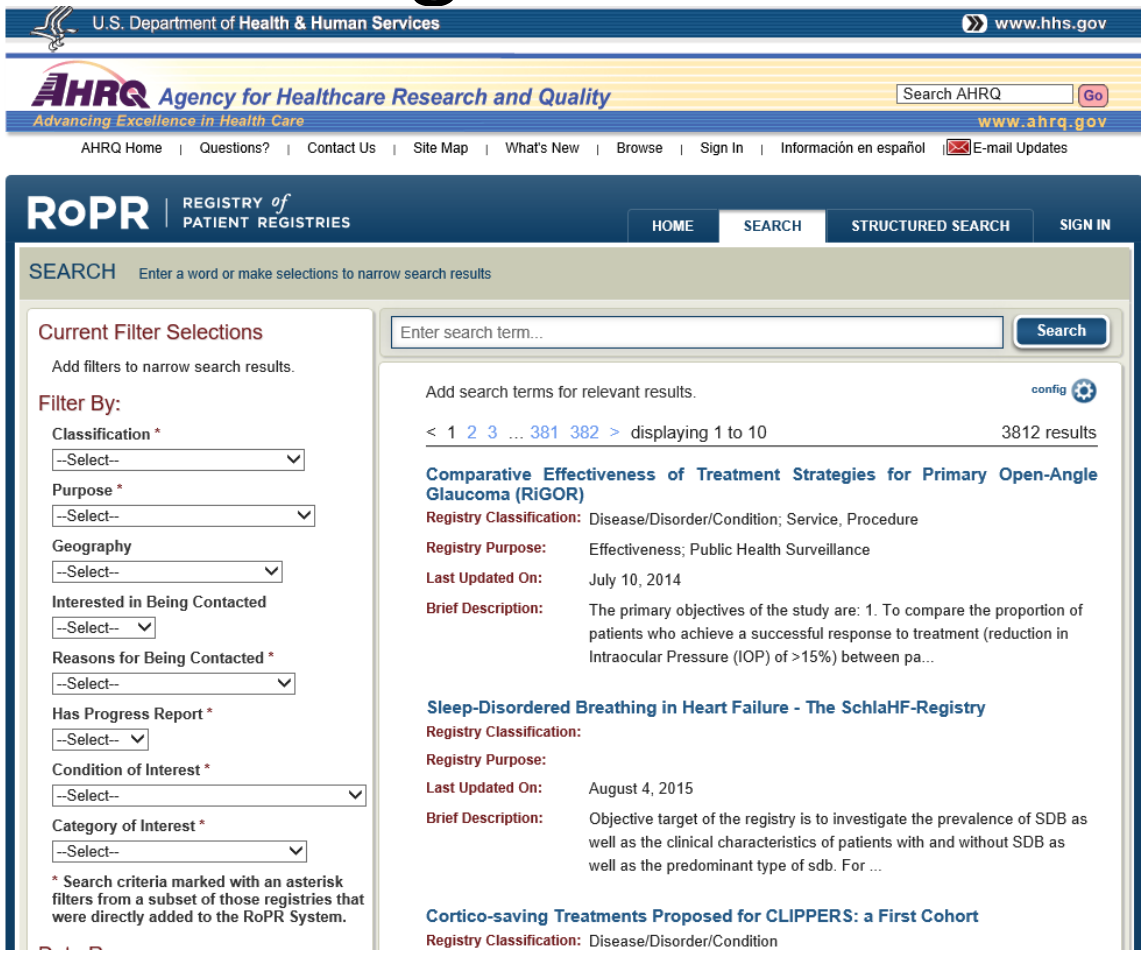
Eligible Professionals		
Public Health Reporting Measure	**5 Boroughs of NYC**	**NYS (Excluding the 5 Boroughs of NYC)**
Immunization Registry Reporting	Citywide Immunization Registry (CIR)	NYS Immunization Information System (NYSIIS)
Syndromic Surveillance Reporting	NYC Department of Health and Mental Hygiene (NYC DOHMH)	NYS Department of Health (NYSDOH)
Electronic Case Reporting	NYC DOHMH Electronic Case Reporting Registry (ECR)	NYSDOH Electronic Case Reporting (eCR) Registry
Public Health Registry Reporting – Cancer Case Reporting	NYS Cancer Registry (NYSCR)	
Specialized Registry Reporting – Population Health Reporting	Population Health Registry*	Not available to EPs outside of NYC

* For Meaningful Use Stage 3, the Population Health Reporting Registry is only available via the Public Health Reporting Grandfathering Regulation

https://health.ny.gov/health_care/medicaid/redesign/ehr/publichealth/2018_phr.htm

AHRQ Registry of Patient Registries

- https://patientregistry.ahrq.gov/
- Allows you to search for patient registries you can use



REGIONAL EXTENSION CENTER SUPPORT

Upstate – New York eHealth Collaborative (NYeC)

NYC – NYC Reach

NYeC EP2: Eligible Professional Program

- EP2 is a state funded grant program that is designed to provide free consulting services to providers who are participating in the New York State Medicaid EHR Incentive program
- Along with our subcontractors who are strategically placed throughout the state, NYeC can help your practice achieve various stages of Meaningful Use
- In-person and web-based education events hosted quarterly to discuss best practices and keep you up to date on the MU objectives
- This program is slated to run from 2018-2022

NYeC EP2 Program Milestones

NYeC will offer continuous assistance throughout your Medicaid EHR participation. Program milestones are tied to each Meaningful Use attestation you complete each year.

- Milestone 1: Successful attestation to Meaningful Use Stage 2 (including modified Stage 2) for the provider's first time
- Milestone 2: Successful second or subsequent attestation to Meaningful Use Stage
- Milestone 3: Successful attestation to Meaningful Use Stage 3 for the provider's first time
- Milestone 4: Successful second or subsequent attestation to Meaningful Use Stage 3

*Please note that successful attestation means the provider is paid for MU in that particular payment year.

NYeC EP2 Enrollment

- Agent contacts Practice
- Practice Sign Up with the Regional Extension Center Agent
  - Sign Provider Participation Agreement prior to PY 2017 MU Attestation
- Attest for PY 2017 MU and beyond

IMPROVING TRANSITIONS OF CARE AND CARE COORDINATION

Health Information Exchange

Definitions

Transition of Care: Movement of patients between health care locations, providers, or different levels of care. Set of actions designed to ensure coordination and continuity of care based on current information about the patients treatment goals, preferences and health status.

Care Coordination: Deliberate organization of patient care activities among two or more participants, which includes the patient and/or their family, to facilitate appropriate delivery of healthcare services.

Barriers

- Lack of Information
- Lack of communication
- Siloes of information
- Delays in receiving information

RHIOs in New York State

Rochester RHIO:

200 Canal View Blvd., Suite 200
Rochester, NY 14623
Jill Eisenstein:
jeisenstein@grrhio.org
877-865-7446
http://www.grrhio.org

HealtheConnections:

109 South Warren Street
State Tower Building, Suite 500
Syracuse, NY 13202
support@healtheconnections.org
315-671-2241
http://www.healtheconnections.org

Health Information Xchange New York (HIXNY):

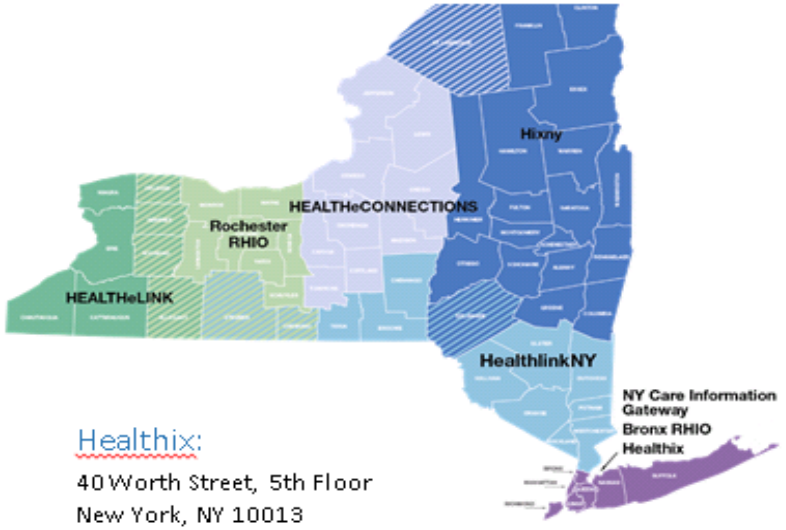
15 Cornell Road, Latham, NY 12110
info@hixny.org
518-783-0518x28
http://www.hixny.org

HealthlinkNY:

West Office:
49 Court Street, Suite 300,
Binghamton, NY 13901
East Office:
300 Westage Business Center Drive
Suite 150, Fishkill, NY 12524
Christina Galanis:
cgalanis@healthlinkny.com
(844) 840-0050
www.healthlinkny.com

HEALTHeLINK

2568 Walden Avenue, Suite 107
Buffalo, New York 14225
716-206-0993x311
Dan Porreca:
dporreca@wnyhealthelink.com
http://wnyhealthelink.com



Bronx RHIO:

2275 Olinville Ave.,
Bronx, NY 10467
Charles Scaglione:
cscaglio@bronxrhio.org
718-708-6633
http://www.bronxrhio.org

Healthix:

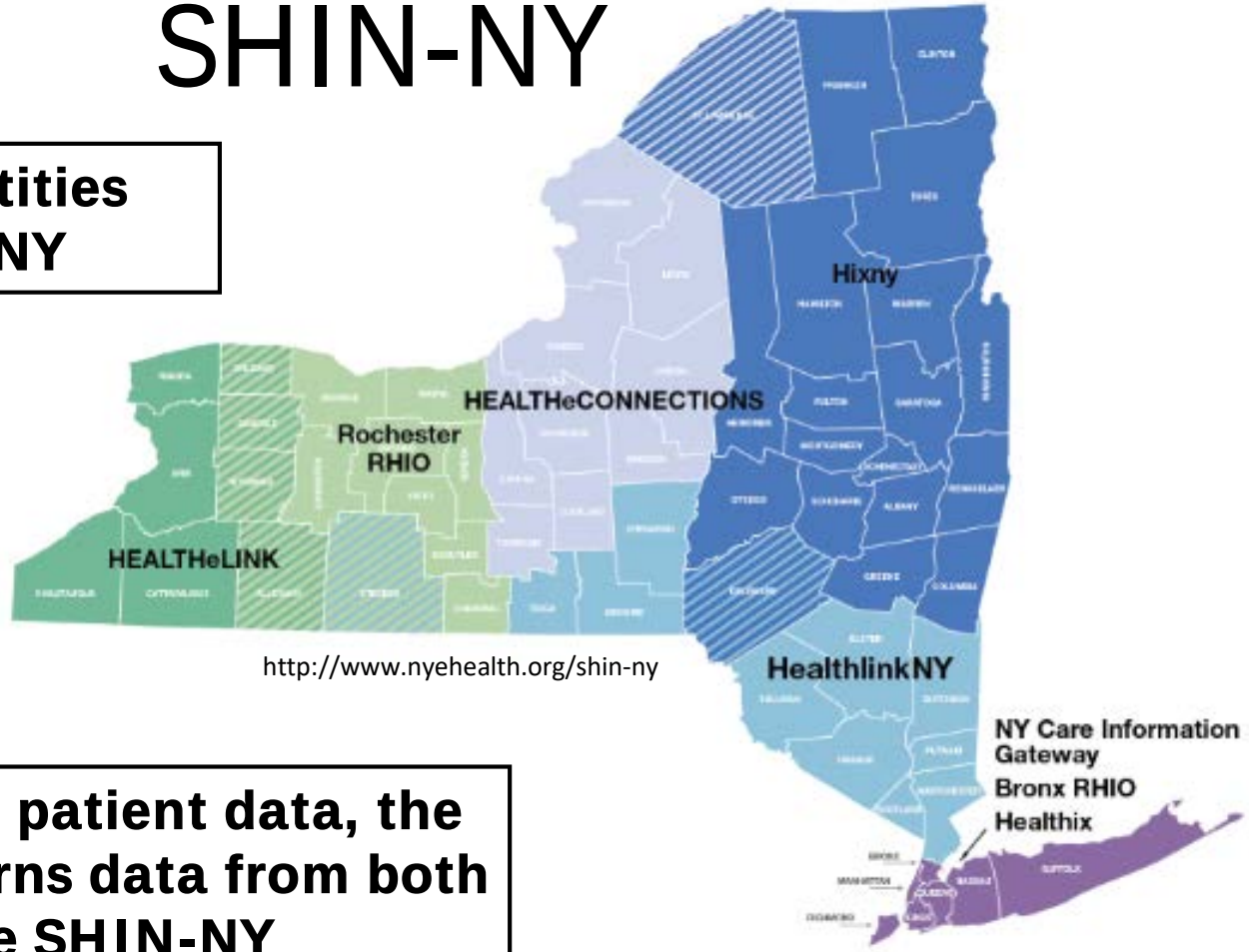
40 Worth Street, 5th Floor
New York, NY 10013
Tom Check:
tcheck@healthix.org
877-695-4749x1
http://healthix.org

NY Care Information Gateway:

P.O. Box 800038
Elmhurst, NY 11380
Flowerfield Industrial Park,
Building 7, Suite 44,
Saint James, NY 11780
Al Marino:
al.marino@interbororhio.org
718-334-5844
Sue-Ann Villano:
sue-ann.villano@stonybrookmedicine.edu
631-638-4000
http://nycig.org

SHIN-NY

8 HIEs or Qualified Entities compose the SHIN-NY

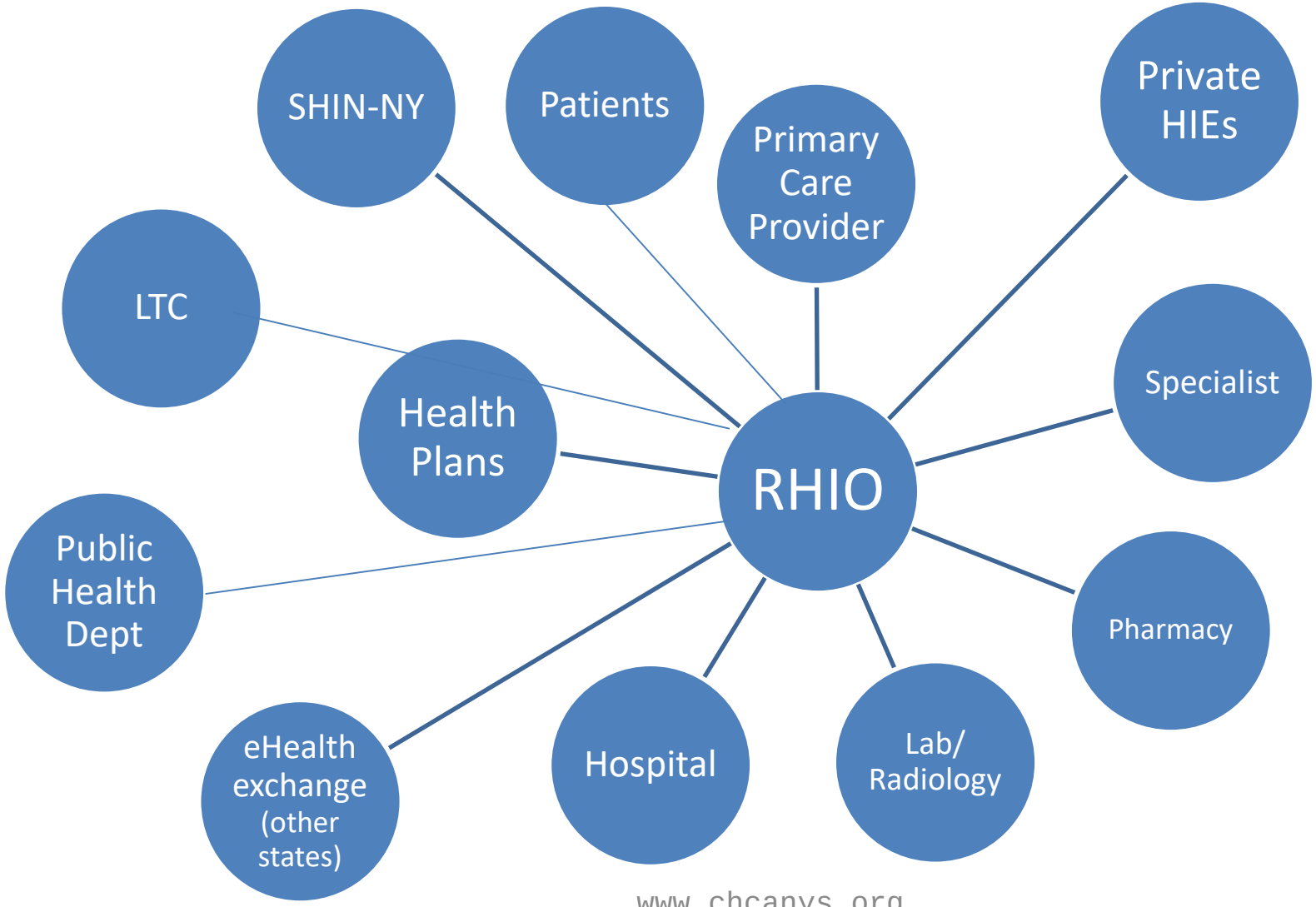


http://www.nyehealth.org/shin-ny

When a user queries for patient data, the RHIO automatically returns data from both the RHIO and the SHIN-NY

What are the RHIO benefits?

- Supplies secure data to improve healthcare quality, efficiency and effectiveness
- Provides a range of clinical information in real-time
- Improved coordination of patient care
- Fewer repeated medical tests and procedures
- Better emergency care for patients


SHIN-NY
Patients
Primary Care Provider
Private HIEs
LTC
Health Plans
RHIO
Specialist
Public Health Dept
Pharmacy
eHealth exchange (other states)
Hospital
Lab/ Radiology

Types of Data Generally Available through HIE

- Demographics
- Allergies
- Medications
- Diagnoses/Problem lists
- Advance directives
- Encounters
- Observations
- Care Plans
- Lab results
- Ultrasound reports
- Radiology reports
- Respiratory results
- Surgical notes
- Clinical summaries
- Discharge summaries

Patient Consents

New York State consent model:

- Patient consent is not needed for participant organizations to provide patient data to HIE
- Patient consent is needed for participant to access data
- A recent change in NYS Policy allows clinical alerts to be sent to a provider with essential patient data only without requiring patient consent. Additional information is provided based on patient consent.
- Emergency providers can access data without consent in some circumstances

HIE Tools

- View of longitudinal aggregated patient health record
- Directory of providers and where the patient has received care
- In Patient Hospital/Emergency Department Alert notifications
- Electronic referrals
- Communication (secure messaging)

WORKFLOWS

Sample

Clinical Event Notifications

Determine what types of event notifications you want

Case Manager (RN) review discharge notifications for Emergency Department, Outpatient and Inpatient, etc.

Make follow-up appointments for patients by phone or e-message (portal)

Possible Care Coordination Teams

- RN Lead
  - Case Managers
  - Social workers
  - Receptionist
  - Behavioral Health
  - MA

RN reviews notification and assigns to appropriate team member for follow up

Pre-Visit Planning or During Appointment

Registration staff obtain patient RHIO Consent and link patient to the RHIO.

Provider/Nurse pulls up patient summary through RHIO portal view or within the EHR.

Review aggregate data and update patient chart with relevant information. (manually or integrated functionality in EHR)

Electronic Referrals

Provider refers the patient to a provider that has a "direct" address that can accept electronic referrals.

Referral Staff send the referral electronically with a Summary of Care/CCDA document generated by the EHR attached.

Referral provider receives the referral in their EHR with all relevant information provided by the CCDA.

Patient Electronic Access View, Download, Transmit

Eligible Provider's Patient signs up for portal access through the RHIO that is certified on the CCHIT site for this objective.

Patient logs on to the certified RHIO portal to view download transmit.

Eligible Provider receives report from the RHIO of electronic access VDT measure.

Nationwide Exchange Frameworks

carequality

commonwell® HEALTH ALLIANCE

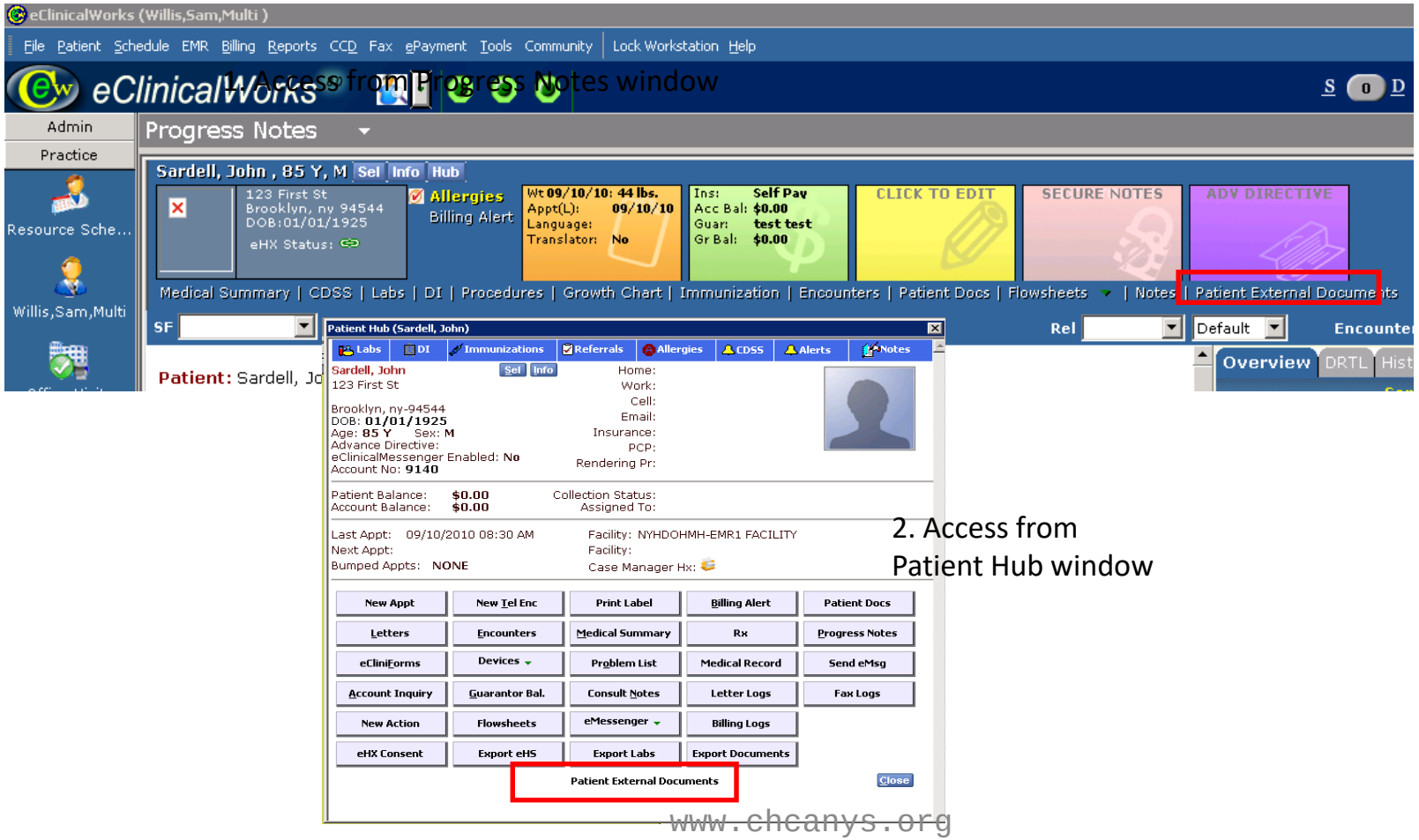
Registration staff obtain patient Framework Consent.

Query sent to appropriate framework to look for a patient match when patient check in.

Clinical Documents (CCDAs) are displayed in the EHR and can be pulled into the EHR.

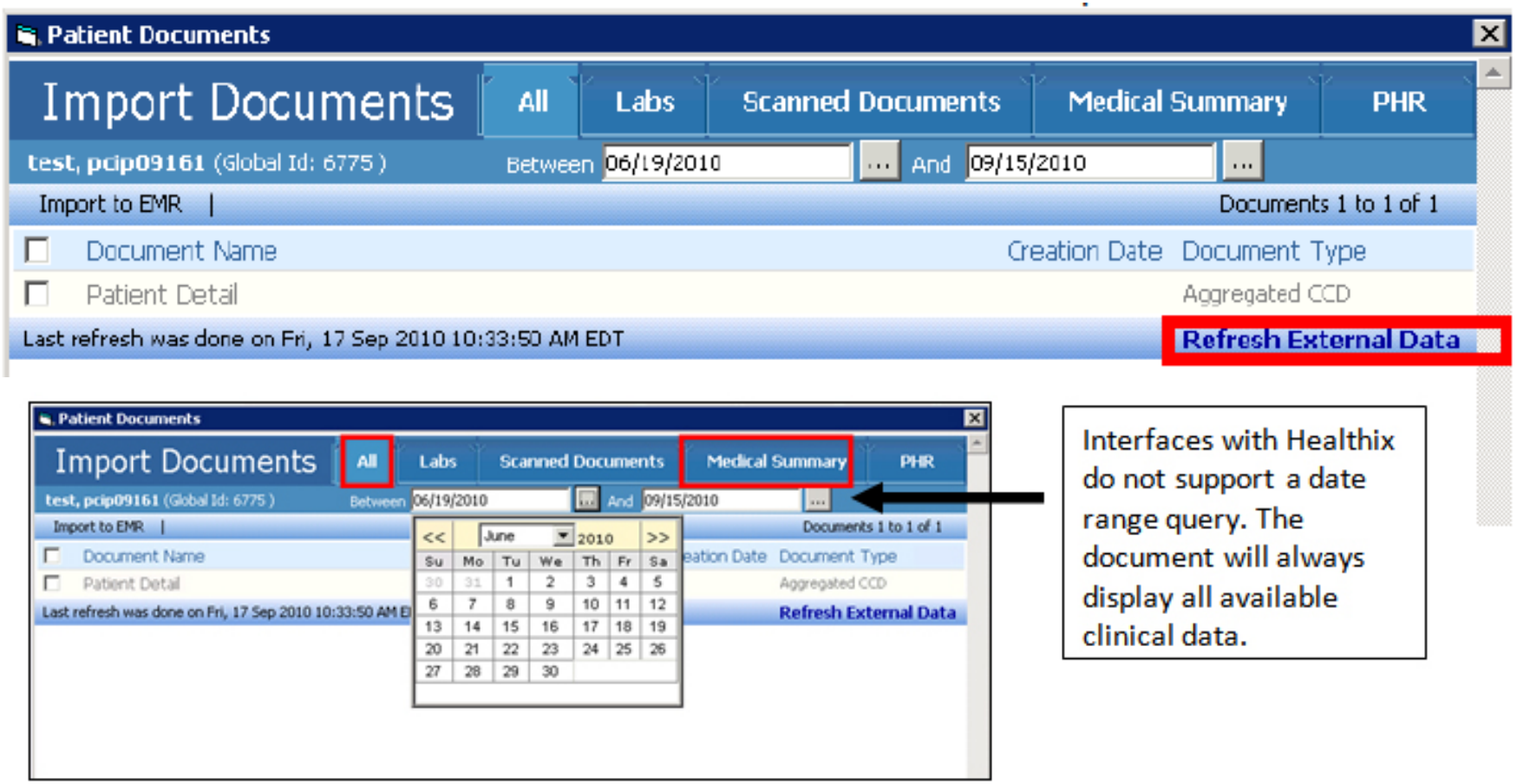
Access to Notifications

Access to Patient Summaries

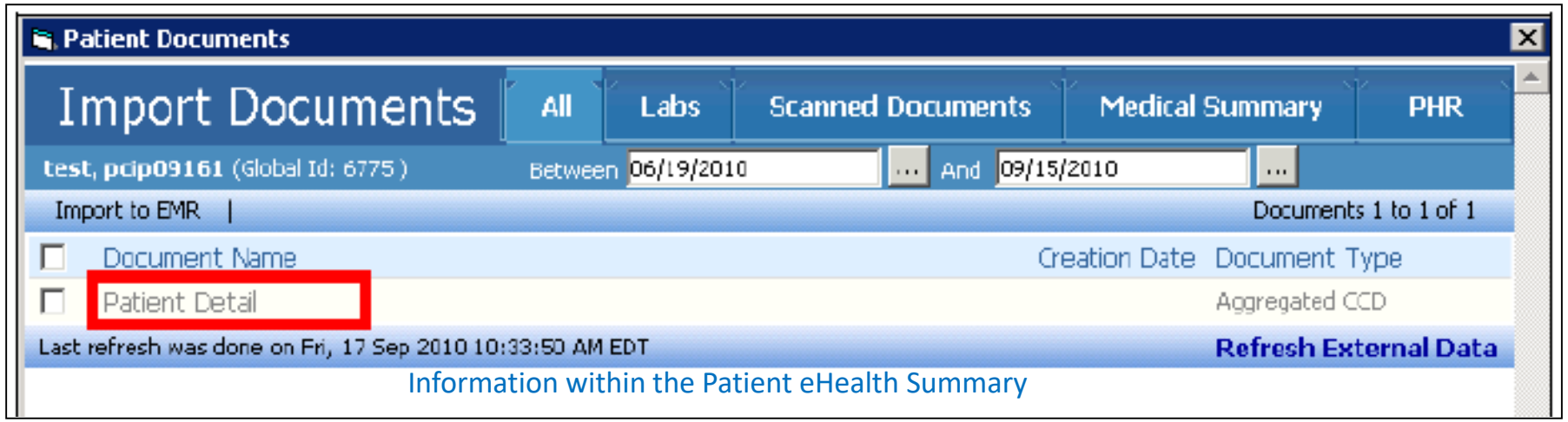


2. Access from Patient Hub window

Import Documents



View Patient eHealth Summary



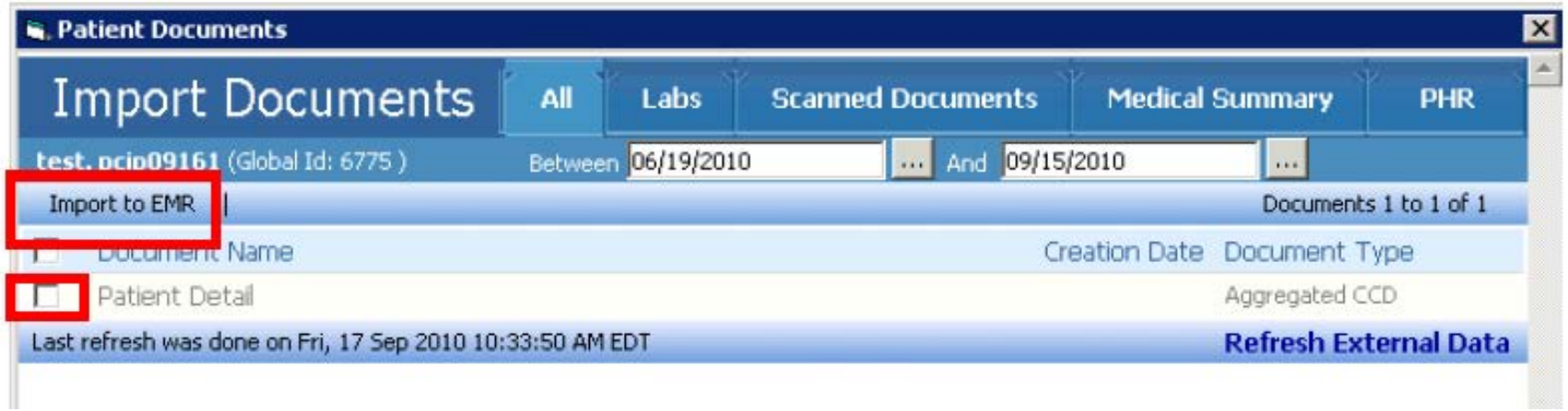
Information within the Patient eHealth Summary

- Patient
- Author
- Custodian
- Encounter
- Advanced Directives
- Problems
- Allergies, Adverse Reactions, Alerts
- Family History
- Social History
- Medications
- Immunizations
- Vital Signs
- Results
- Procedures
- Encounters

Patient Summary Document

The table of contents lists each clinical section of the eHS that is included for your patient. Click on a link to take you directly to a specific section.

Import Patient eHealth Summary into your EMR



ANNOUNCEMENTS

Barb

CALL FOR ABSTRACTS AT CHCANYS ANNUAL CONFERENCE

- CHCANYS Annual Conference is October 21st- 23rd in Tarrytown, NY!
- We are open for abstract submissions for workshops and posters. The submission deadline is May 15th. More information can be found here:

http://www.chcanys.org/

CHCANYS DEFINING NEW DIRECTIONS
Community Health Care Association of New York State

Questions?

COMMUNITY HEALTH CENTER FQHC QUALITY

SURVEY LINK

https://www.surveymonkey.com/r/9B5KD6P