Draft 2020 SHIN-NY Roadmap Version 1.0 High Level Summary Health Plan Association (HPA)

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Executive Director

June 29, 2017

SHIN-NY Evolution
The Last Decade Or So . . .

Tremendous public benefit
- Supports Triple Aim, levels playing field, addresses non-interoperability
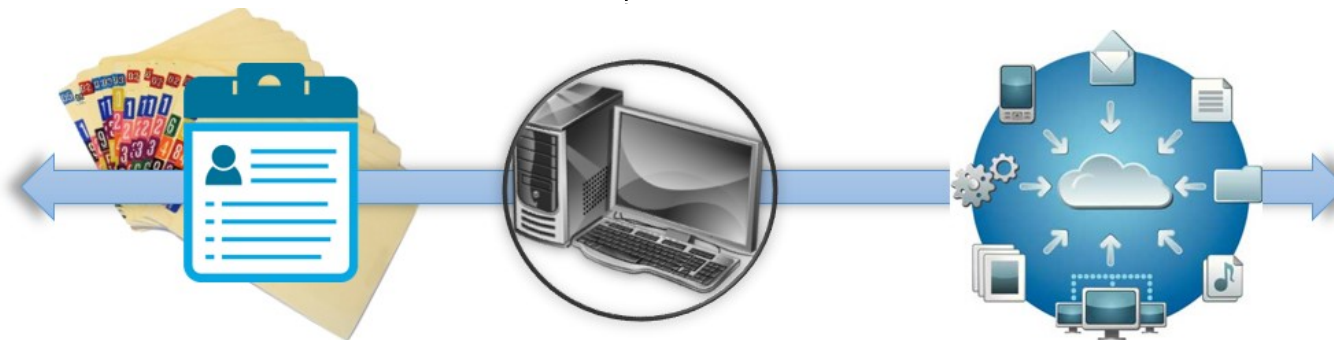
Idea became reality
- Statewide connectivity

Fewer RHIOs & more sophisticated services
- But wide variation

Strong government support
- Significant NYS and federal funding
- NYS regulatory requirements & policy decisions push connections

What is NYeC's Role Going Forward?

NYeC will be collaboratively leading SHIN-NY efforts in partnership with NYS DOH:

- In April 2017, DOH officially declared NYeC the State Designated Entity

- In 2018, NYeC is expected to contract directly with QEs for the SHIN-NY enterprise

- These contracts will be performance-based, aligned with multi-year strategic plan, and include incentives for innovation

SHIN-NY = The Network Of Networks
8 Qualified Entities (QEs) + NYeC

Draft Version 1.0
2020 SHIN-NY Roadmap

QEs provide core services, including:

- secure messaging
- notifications & alerts
- results delivery
- patient record look-up & clinical viewer
- consent management
- public health access

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

Sharing Clinical Information Across The State

QE	Region	% of Patients Overlapping Other QEs
Bronx	Bronx	40
HealtheConnections	Central NY	20
HEALTHeLINK	Western NY	13
Healthix	NYC & Long Island	13
HealthlinkNY	Southern Tier/ Hudson Valley	32
Hixny	Northern NY/ Capital District	11
NYCIG	NYC & Long Island	53
Rochester	Rochester	12

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

NYeC

Why Should Health Systems Care About the SHIN-NY?
Patients are Mobile and EHRs are Not Interoperable . . .

- Regulatory requirements for SHIN-NY hook-up and contribution

- Always "leakage" outside your own system & network

  - ➢ On average, integrated delivery systems (including ACOs and PPSs) experience about 30% leakage

  - ➢ In risk arrangements, leakage can be a difference maker as providers are still held accountable for attributed patients when they seek care outside of the network

- Minimum SHIN-NY data (moving to CCDA) includes core data needed for sharing

NYeC

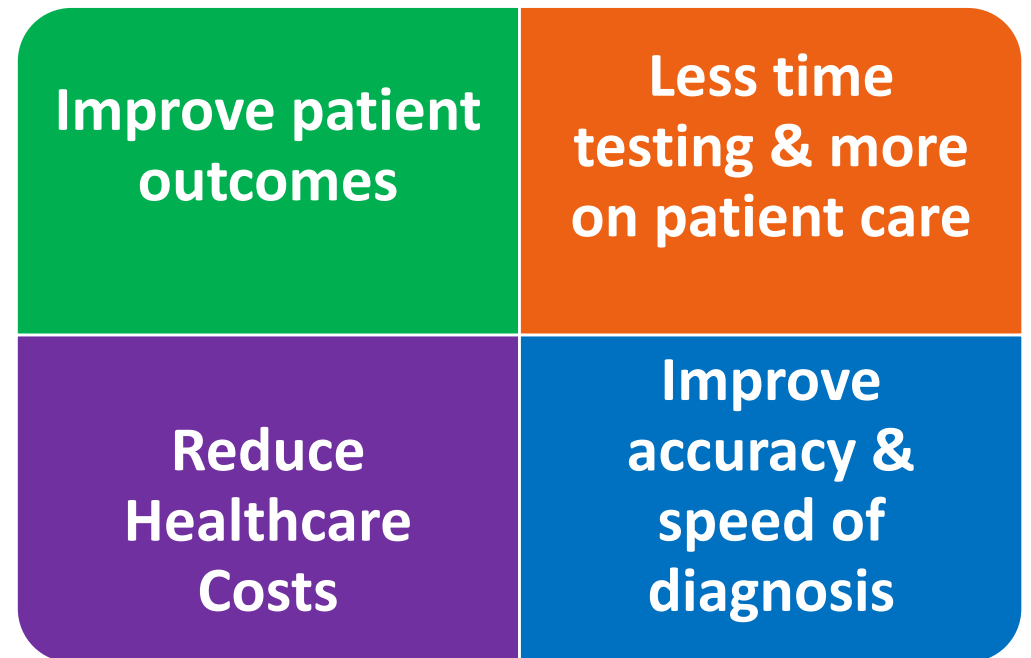# SHIN-NY: Enables & Supports Value Based Care
Leads To Better Care & Lower Costs

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/

Improve patient outcomes	**Less time testing & more on patient care**
Reduce Healthcare Costs	**Improve accuracy & speed of diagnosis**

Critical component of DSRIP, DSRIP VBP, APC, MACRA/MIPS, ACOs, etc.

SHIN-NY and NYeC
## Mission And Vision

Our **shared vision** is a dramatically transformed healthcare system where health information exchange is universally used as a tool to make lives better

Healthy living | Prevention | Diagnosis | Treatment | Recovery | Home care

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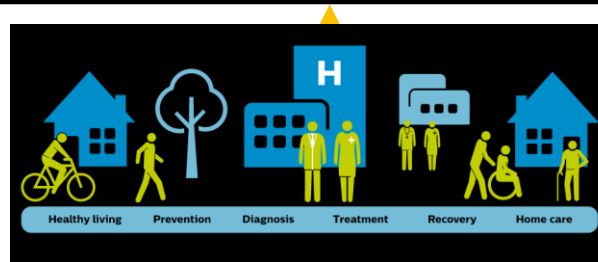
SHIN-NY mission is to improve healthcare through the exchange of health information whenever & wherever needed

THE SHIN-NY: ACCESS TO ELECTRONIC HEALTH RECORDS WHENEVER AND WHEREVER YOU NEED THEM.

SHIN-NY Mission
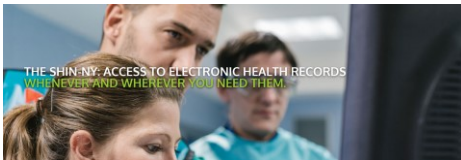
NYeC Mission

NYeC mission is to improve healthcare by collaboratively leading, connecting & integrating health information exchange across the State
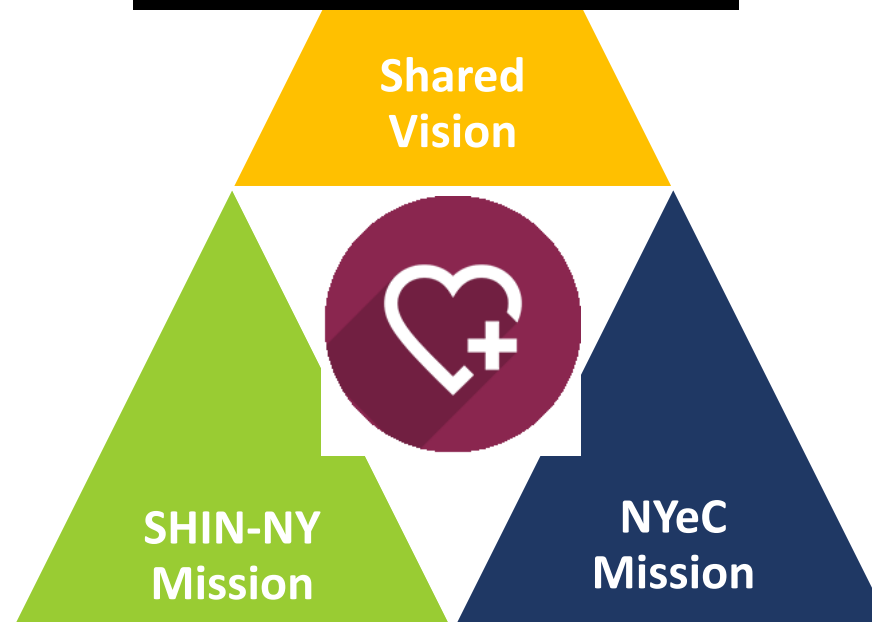
Approved by DOH and NYeC Board, March 2017

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Current Core Services Delivery and Participation

OVER 6.5 MILLION
Alerts Delivered

OVER 4.9 MILLION
Patient Record Returns
(Via EHR & Clinical Viewer)

OVER 33.1 MILLION
Results Delivered

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

We need to focus on increasing participation

New expanded DEIP program designed to help

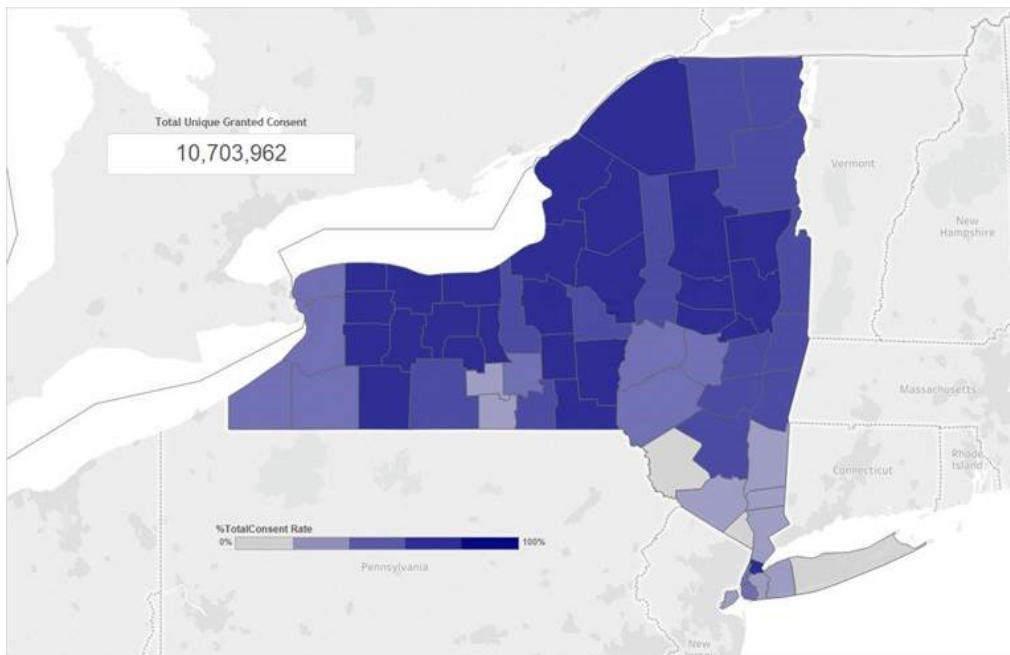*All data above as of May 5 ... data is continuously being updated, improved, & refined*

* 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

Current Minimum Data Set and Consent
Both Vital Components

Only about ½ of New Yorkers have provided written consent

First year of new minimum data set target, low numbers of providers contributing full set today

Total Unique Granted Consent
10,703,962

%TotalConsent Rate
0%   100%

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

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

Population Health Key Components
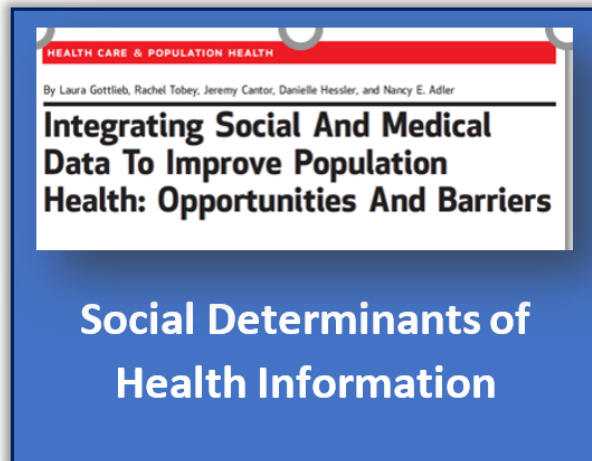
Social Determinants of Health Information

Quality Measurement Reporting

Data Integration

Patient Engagement

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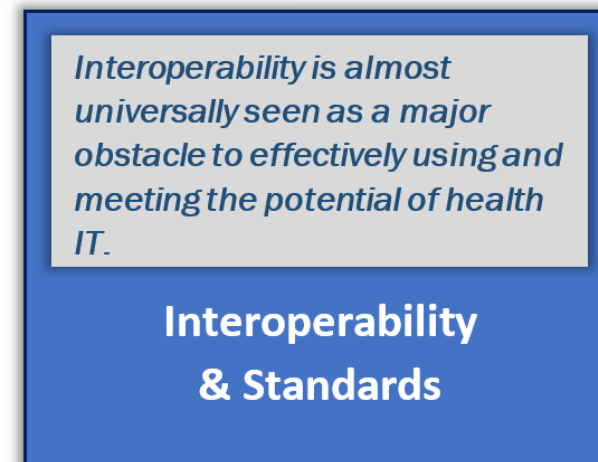
Interoperability & Standards

Dynamic Industry and Challenges

CommonWell Health Alliance Expands Interoperability Services, Signs Up New EHR Vendors

Nov 25, 2014 | Posted by admin | Homepage Content

Epic, Carequality Challenge CommonWell on EHR Interoperability

Care Everywhere

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

COSTAS PITAS AND CARLOS RUANO
LONDON and MADRID — Reuters
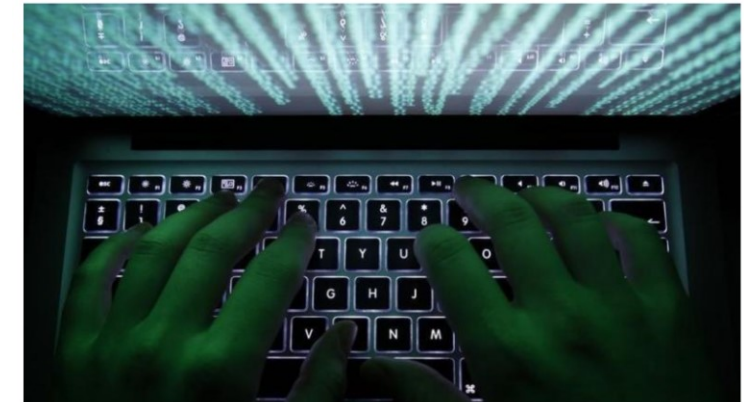Published Friday, May 12, 2017 11:23AM EDT
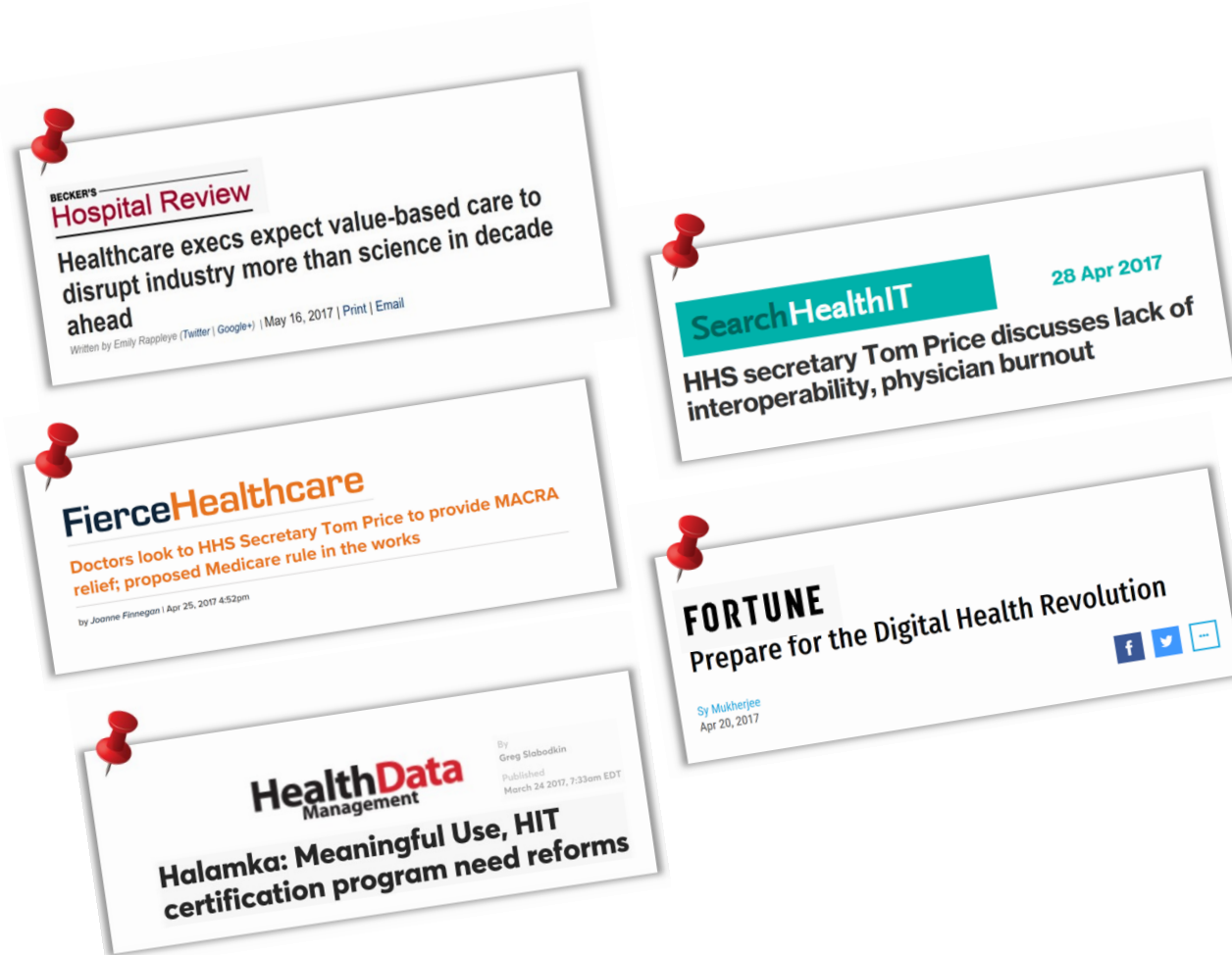Last updated Saturday, May 13, 2017 5:17PM EDT

HL7 FHIR ARGONAUT PROJECT

ONC Certified HIT

Your medical record is worth more to hackers than your credit card

NYeC

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Federal HIT Policy Landscape
Changing and Uncertain

BECKER'S Hospital Review
Healthcare execs expect value-based care to disrupt industry more than science in decade ahead
Written by Emily Rappleye (Twitter | Google+) | May 16, 2017 | Print | Email

FierceHealthcare
Doctors look to HHS Secretary Tom Price to provide MACRA relief; proposed Medicare rule in the works
by Joanne Finnegan | Apr 25, 2017 4:52pm

HealthData Management
By Greg Slabodkin
Published March 24 2017, 7:33am EDT
Halamka: Meaningful Use, HIT certification program need reforms

Search HealthIT   28 Apr 2017
HHS secretary Tom Price discusses lack of interoperability, physician burnout

FORTUNE
Prepare for the Digital Health Revolution
Sy Mukherjee
Apr 20, 2017

Top 3 Federal Priorities:

- Interoperability
- Usability
- Payment Reform

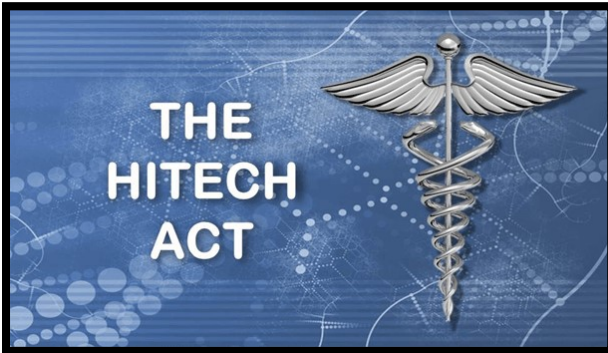## Meaningful Use Stage 3 will change

Transparency & patient engagement interest

Potential "Perfect Storm"
Funding Challenges

Moving to lower Medicaid match
HITECH Enhanced match expires 2021

Federal ACHA could cost NYS billions

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
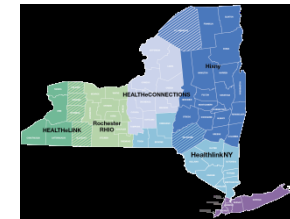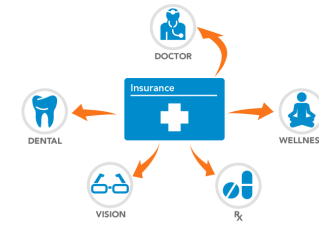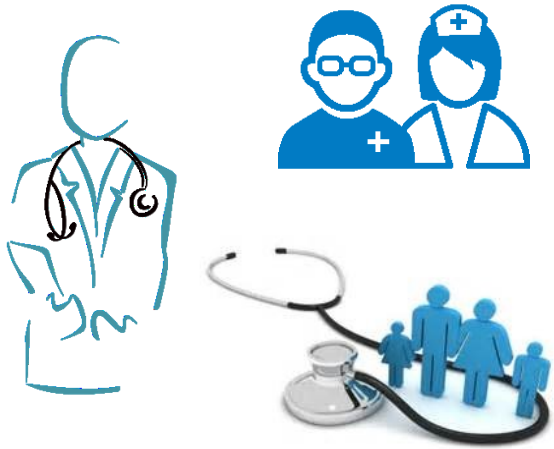

Up for Re-authorization in 2020

Listening Tour
Ongoing Customer & Stakeholder Input

Stakeholder Focus Groups

- All Provider Types

- Health Plans

- Consumers

- Qualified Entities

- DOH Workgroups

And many others …

Physician Frustrations

Provider Focus Groups
What Are We Hearing They Want?

Simplicity & ease of use (SSO)

Speedy relevant information

Better quality & complete data

"Search – ability"

Finish the basics

Information that goes across borders

Alignment & Standardization

Easy reporting

Output that matters

EHR integration

Highest privacy & security

Consent policy changes

Help educating patients

2020 Roadmap Overarching Goal
Optimizing, Integrating & Getting Ready

This 4 Year Roadmap is about:

- Ensuring top-notch infrastructure & platform to increase value & 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.

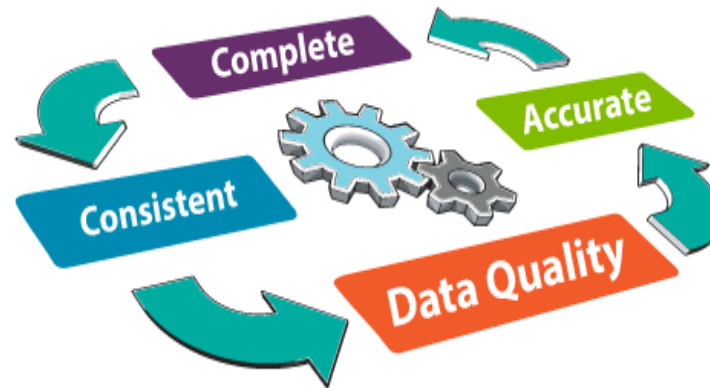- Directly supporting State VBC goals
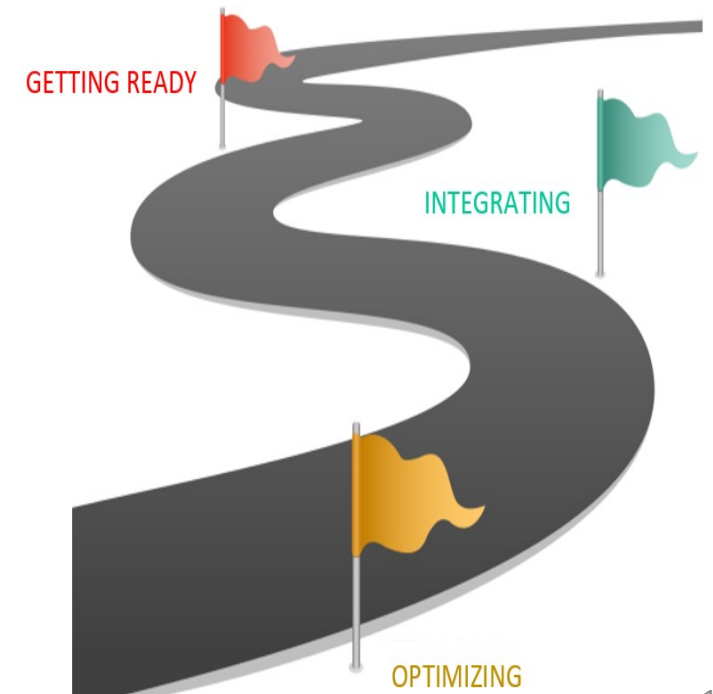
SHIN-NY 2020 Roadmap Draft
Optimizing, Integrating, Preparing

Top Priorities

Connecting

Quantity & Quality of Clinical Data

Supporting Value Based Care

2020 SHIN-NY Roadmap
Strategies and Themes

- Ambitious targets
- Emphasis on standards
- Performance based contracting
  - Incentivizes achievement
  - Balance of collaboration and competition
  - Experimentation--try before we buy
  - 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

The Basic Foundation
What Does Success Look Like In 2020?

All metrics must have clear definitions followed by all consistently

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

Other metrics will also be regularly monitored & reported
Providers refers to physicians & non-hospital facilities

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SHIN-NY Integral To Triple Aim
What Does Success Look Like?

Component	Examples include:
Enhanced functionality	Single Sign On for Health Commerce System (I-STOP, others), smarter alerts, MACRA/MIPs compliance, care plans, common data elements, data quality measurement, exploration of patient centered data home
Additional important integration of data	Claims, eMOLST, Rx, EDRS, registries, Social Determinants of Health
Innovation experiments to identify highest value investments	Quality measurement reporting, smarter alerts, FHIR, Blockchain, AI, machine learning, patient engagement

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Continuous Feedback: Value, Satisfaction & Usage
What Does Success Look Like?

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

Above measured by system usage, newly-developed metrics, and stakeholder & patient engagement

Efficiency and 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:

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

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

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

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

BUILDING THE SUPER-CHARGED PLATFORM BY START OF 2021

Laws, Rules, Guidance, Policies, Certification, etc.

- ❑ 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

Policy

State, Federal, Stakeholders and 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

Longer Term Plan 2021+

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

Discussion Questions

- Are we on the right track and do these priorities make sense?

- Are there other specific ways SHIN-NY can help with care management (i.e., transitions of care)?

- Are there specific ways that SHIN-NY can help with QARR/HEDIS reporting or administrative functions such as utilization review, appeals, fraud, or risk adjustment?

- To what extent do you include the requirement to use EHRs and connect to the SHIN-NY in your provider contracts, since it's an essential component to better care coordination?

- Given some of the local variances, are we striking appropriate balance between the basics (connections, data quantity/quality, usage) versus innovation?

- Are there missing components that can help SHIN-NY improve performance and enhance value?

nyehealth.org

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