“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
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.
Transformational Impact of Electricity

1600
Wm Gilbert coins term “electricity”

1747
Ben Franklin experiments

1816
First energy utility founded in US

1821
First Electric Motor invented by Michael Faraday

1878
Edison Electric Light Co. founded in US

1886
Wm Stanley develops transformer and alternating current system
Westinghouse Electric Company organized

1893
Westinghouse demonstrates “universal system” of generation at Chicago Exposition

1913
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
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?
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

**Automatic Notifications**
- ED Presentation
- Inpatient Admit
- Discharge

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

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

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

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

**RHIO**
Helps you better serve your patients

**LEGEND**
- Service provided by all RHIOs
- Service provided by some RHIOs
- Service part of future Roadmap

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
- Hudson Valley ~ $3.8M
- Rochester ~ $5.8M
- Southern Tier ~ $1.7M
- NYC/Long Island ~ $37.2M
- Public Health ~ $8.6M
SHIN-NY RHIO BUS
Statewide MPI from Golden Record MPIs of each RHIO
New York Leads the Nation

- 72% NY Hospitals
- 5.4M Patients
- 50K Providers
- 34K Clinical and Administrative Staff
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
## Paths to Standards Development

<table>
<thead>
<tr>
<th>Market Dominance</th>
<th>Government as Driver</th>
<th>Industry Alliances</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Microsoft Office</td>
<td>• Regulations, policy and law</td>
<td>• USB Forum</td>
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<tr>
<td>• PDF</td>
<td>• Purchases</td>
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<td></td>
<td>• Payment</td>
<td>• Credit and Debit Transaction and Security Standards</td>
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<td></td>
<td>• Taxation and Collection</td>
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Moving the eHealth Interoperability Needle Requires a Multi-Prong Attack!
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!”
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
- California
- Florida
- Georgia
- Illinois
- Kansas
- Kentucky
- Maryland
- Michigan
- Missouri
- Nebraska
- New Jersey
- New York
- Oregon
- Rhode Island
- Utah
- Vermont
- Virginia
- West Virginia

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

### HIE VENDORS
- 1MEDiX
- Alere Wellogic
- ApeniMED
- dbMotion
- Data Motion
- GE
- GSI Health
- Harris
- HealthUnity
- iPhysicianHub
- ICA
- InterSystems
- Med3000
- MedAllies
- MedFx
- Medicity
- Mirth
- Misys OS Solutions
- NextGate
- OmniMD
- OmniXchange
- Optum
- Orion Health
- RelayHealth
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 setup fee
SHIN-NY
State Wide
Dial Tone Services

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

Clinical Viewer
Provider Portal to securely access individual patient records

Results and Delivery
Ability to receive results and reports of patients

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

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

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

Provider Portal to securely access individual patient records
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

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

Step 1 - Search for Patient

Step 2 - If Patient exists in another Facility, you will be able to retrieve that information
## What type of information is available via Patient Record Lookup?

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<tr>
<th>Category</th>
<th>Information Available</th>
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<td>Encounters</td>
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<td>Encounter Summaries</td>
<td>Discrete Lab Values</td>
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<td>Diagnoses</td>
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<td>Allergies</td>
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<td>Contacts/Next of Kin</td>
<td>Prescribed Medications</td>
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<td>Insurance</td>
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<td>Radiology Reports</td>
<td>Medication History</td>
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<td>Lab Test Reports</td>
<td>Medication Allergies</td>
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<tr>
<td>Microbiology Results</td>
<td>Vital Signs/Observations</td>
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<td>Diagnosis/Procedures</td>
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<td>Problem List</td>
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<td>Immunizations</td>
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<td>Social/Family History</td>
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<td>OB/GYN/Resp/Card Reports</td>
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<td>Discharge Summary</td>
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<td>Advanced Directives</td>
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<td>Clinician Information</td>
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<td></td>
<td>Care Plan</td>
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<td>ACO/Health Home Status</td>
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</tbody>
</table>
Your RHIO or another RHIO Statewide

What it means for you:

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

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

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

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

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....