Community Health Care Association of New York State
Annual Conference
RHIO Roundtable
October 19, 2015
Tom Check
President & CEO, Healthix
Agenda

• About Healthix
• SHIN-NY & Statewide Record Look-up
• Support to FQHCs
• Case Study – Institute for Family Health
• Appendix
About Healthix
Serving New York City and Long Island

Healthix is a participant in the State Health Information Network of New York (SHIN-NY).

- **Over 165 Participants across 550 Facilities**
  - Hospitals and Health Systems
  - Long Term and Post-Acute Care
  - Behavioral Health, including 42 CFR Part 2 facilities
  - Community Based Organizations
  - FQHCs
  - Physician Practices
  - Home Care Agencies
  - Health Plans

Healthix maintains records for over 12 million patients, and over 2.6 million have already given consent for their providers to access their data
Healthix currently provides a range of services, which support and enhance patient care and coordination:

- Patient Record Look-Up
  - EHR Integration / Single Sign On
- Clinical Event Notifications
- Statewide Patient Record Look-Up
- CCD / C-CDA Delivery
- Consent Management
  - Option of Community-Wide Consent, 1Q 2016
- Analytics and Risk Stratification
FQHCs can access Healthix in a number of ways

1. Most authorized users access Healthix through web-based Portal
   - E.g. FQHCs with NextGen and GE Centricity

2. Healthix has integrated with some EHRs to support a Single Sign-On workflow… “one login and one click”
   - E.g. FQHCs with EPIC

3. Healthix can deliver Continuity of Care Documents (CCDs) directly into the EHR
   - E.g. FQHCs with eClinical Works
   - Also allows for Portal access to retrieve Clinical Event Notifications
Clinical Event Notifications

Notification when your patient has a clinical “event” (CEN)

- **Standard Events:**
  - ER Admission
  - Inpatient Admission and Discharge
  - Incarceration or Release from Jail (in New York City)

- **Basic Clinical Event Notification Service:**
  - Participant provides Healthix with a list or cohort of patients (a “subscription”)
  - Provider identifies a care team to receive Healthix alerts when a clinical event takes place within the Healthix network of hospitals
  - Healthix generates alert, confirms that patient has given consent to the Participant, and routes alert to care team members via email
  - Care team members log-in to the Healthix Portal to retrieve CEN

- **Advanced Clinical Event Notification Service:**
  - May include subscription for full patient list or multiple subscription lists
  - May include notifications *directly* into your EHR

- **Future Event Types:**
  - Change in clinical condition, risk stratification or analytics
Notifications & Alerts

You may receive a “tickler” notification without PHI in your email or on your smart-phone

Click the link…

Or

Receive notification directly into your EHR

CEN specifies the patient, type of event, date/time and location… in real time!
Healthix Analytics

Healthix is currently working to pilot a suite of analytic services for Participants:

**Retrospective Reports/Dashboard**

- Real time Quality and Population Health Analysis based on transactional data
  - Risk Management & Risk Profile
  - Clinical and operational benchmarking scorecards
  - Patient Origin Studies
  - Individual Patient Summary

**Predictive Services – Event Risk Models**

- Near real-time clinical risk patient profiling:
  - 30 Day Re-admission to Hospital and Emergency Department
  - Emergency Department and Inpatient Admission
  - Change in Clinical Condition
  - High Cost Patients
The SHIN-NY
State-wide Patient Record Look-up
**Statewide Patient Record Look-up (sPRL)**

- Healthix automatically fetches data from all RHIOs in the SHIN-NY when a user queries patient data on the Healthix Portal (live for all Healthix users in November)
- Healthix provides a CCD of its patient data to other RHIOs upon request
- Largest overlaps are with Bronx RHIO, Interboro (NYC-HCC) and eHNLI

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<th>Number</th>
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Unique Patients in Statewide MPI 28,568,513 100%

Patients from the following Healthix sites are being added to sPRL by November:
- NewYork-Presbyterian Hospital
- MediSys Health Network;
- Visiting Nurse Service of New York
- Approx. 20 ambulatory sites using the eCW or NetSmart EHR
Healthix is collaborating with HealthLink NY and other downstate RHIOs to deliver CENs across the regions.

Patients that live in one region, e.g. Westchester, but work in Manhattan may have a “clinical event” on their way to work.

Providers in Westchester will receive an alert from Healthix to inform them that their patient is being treated in a Manhattan ER.

Healthix Support to FQHCs
Support for FQHCs

FQHCs:

- Integrates EHR with Healthix. Currently, Healthix has integrated FQHCs with - eClinical Works - GE Centricity - EPIC - NextGen
- Implements privacy policy and patient consent process
- Identifies programs / patient subscription lists for Clinical Event Notifications - All patients, or specific clinical programs or facilities
- Supports community-based care – Healthix can forward data from FQHCs to their PPSs and Health Homes, to manage care of high-risk patients.

Healthix:

- Aggregates data from multiple sources, including other RHIOs
- Reconciles patient identities and standardizes data across multiple sources
- Provides timely, clinically relevant patient information to enhance provider and organizational workflows
- Option of analytics or risk stratification
## Integration with Healthix

<table>
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<th>Healthix Data Contributor</th>
<th>Receiving CENS</th>
<th>Access to Healthix</th>
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<tr>
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<td>---</td>
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<tr>
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<tr>
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<td>CCD Query/Portal</td>
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<td>CCD Query</td>
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Support of DSRIP Programs

Healthix will support 9 PPSs in our service area:

- Advocate Community Providers
- Lutheran Medical Center
- Maimonides Medical Center
- Mount Sinai Health System
- Nassau / Queens PPS
- Staten Island PPS
- NewYork-Presbyterian Hospital
- NewYork-Presbyterian Queens
- Suffolk PPS

Healthix is working with PPSs to design optimal solutions for care coordination

- Healthix is exploring development of a uniformly structured Care Plan to support providers participating in multiple PPSs
- Healthix will implement “Community Consent” in 2016
Use Case:
Institute for Family Health
Institute for Family Health

- An early adopter and innovator of Health Information Exchange
- 2009 - Achieved PCMH Level 3 recognition from NCQA; first Community Health Center network in New York State to hold this distinction
- 2010 - Becomes a Participant of Healthix
- Operates state-of-the art multi-specialty health centers in Manhattan, the Bronx and the Mid-Hudson Valley
Impact on Patient Care

What’s been going on with you since your last visit?

I see from your record that you were in the ER recently… and you were admitted to the hospital!

Nothing new, the regular aches and pains…maybe a little short of breath

Oh, yeah…I almost forgot all about that!
Healthix CENs help to enhance patient care:

- Enable providers to intervene with ED staff to prevent avoidable admissions
- Help care team to adequately prepare for patient’s discharge, including pro-actively scheduling a post-discharge follow-up and treatment plan
- Have potential to reduce readmissions
- Identify patients who need more pro-active, multi-disciplinary care management
- Identify other care team members that manage the patient; enables care coordination with specialists, labs, radiology, social workers, nutritionists
- Support PCMH NCQA measures
- Support collaboration with Health Plans to improve care management and reduce costs
IFH CEN Experience

21 weeks from May 19 to Oct 12, 2015:
- 74,322 Patient subscriptions
- 4,751 CENs from 27 facilities
- 3,378 notifications from the ER
- 1,373 notifications from Inpatient admissions

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<td>7 (All Others)</td>
<td>520</td>
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<tr>
<td>Total</td>
<td>3,378</td>
<td>1,373</td>
<td>4,751</td>
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</tbody>
</table>
Receipt of event notification generates in-basket message to “Your Care Team”

Detail of Healthix event notification: Type, ID, Author, Text including name of patient, hospital, local MRN date/time

Progress Note Transcription
Type
Hospital Admission Notification
ID
524505_20151006082200
Author
IA Interface, Electronic
Document Text
Expand All Collapse All
DOE, JOHN (IFH MRN: 1497379) was admitted to St. Luke's Hospital (MRN: 200000880839), Visit Type: Inpatient admission on Sep 25 2015 02:52PM

Please login to Healthix to view the info.
IFH PROGRAM^8161, YOUR, CARE TEAM
The Institute also creates an encounter with the same CEN information displayed in the patient chart review screen enabling all care providers to see them.

Access to Healthix is made available via the Single Sign On button.
Appendix
Hospitals and Medical Centers

Hospitals

- Brookdale University Hospital & Medical Center
- Brookhaven Memorial Hospital
- The Brooklyn Hospital Center
- Hospital for Special Surgery
- Interfaith Medical Center
- John T. Mather Memorial Hospital
- Kingsbrook Jewish Medical Center
- Lutheran Medical Center
- Maimonides Medical Center
- New York Hospital Queens
- New York Methodist Hospital
- Richmond University Medical Center
- South Nassau Communities Hospital
- St. John’s Episcopal Hospital
- SUNY Downstate Medical Center
- Wyckoff Heights Medical Center

Health Systems

- Catholic Health Services of Long Island
  - Good Samaritan Hospital Medical Center
  - Mercy Medical Center
  - St. Charles Hospital
  - St. Catherine of Siena Medical Center
  - St. Francis Hospital
  - St. Joseph Hospital

- MediSys Health Network
  - Flushing Hospital Medical Center
  - Jamaica Hospital Medical Center

- Mount Sinai Health System
  - Beth Israel Kings Highway
  - Beth Israel Petrie Division
  - Mount Sinai Medical Center
  - Roosevelt Hospital
  - St. Luke’s Hospital

Health Systems (continued)

- Nassau Health Care Corp
  - Nassau University Medical Center

- New York-Presbyterian Hospital
  - NYP - Columbia University Medical Center
  - NYP - Weill Cornell Medical Center
  - NYP - Lower Manhattan Hospital

- North Shore LIJ Health System
  - Forest Hills Hospital
  - Franklin Hospital
  - Glen Cove Hospital
  - Huntington Hospital
  - Long Island Jewish Medical Center
  - North Shore University Hospital
  - Plainview Hospital
  - Southside Hospital
  - Staten Island University Hospital - North and South

- NYU Langone Medical Center
  - Hospital for Joint Diseases
  - Tisch Hospital
Data Available

- Allergies
- Diagnoses/Problem List
- Demographics
- Encounters
- Insurance
- Lab Results
- Medications
- Plans of Care
- Radiology Reports
- Summary Reports
Thank You

Thomas Check
President & CEO
tcheck@Healthix.org
(646) 432-3672
CHCANYS Conference
October 19, 2015
Christina Galanis, CEO
HealthlinkNY is a Qualified Entity (QE), funded by the New York State Department of Health (NYS DOH):

- The HealthlinkNY HIE offers electronic access to patients’ community-wide health records and serves as the region’s access point to the Statewide Health Information Network of New York (SHIN-NY)
- Population health improvement programs (PHIP) HealthlinkNY, as Health Action Priorities Network (HAPN), oversees PHIP activities in both the Southern Tier and Hudson Valley Region
- Supports 12 counties and 4 Performing Provider Systems (PPS)
- Fosters collaboration among public and private health plans (CPC)
- 12 county region spanning the Hudson Valley, Catskills, and Southern Tier of New York.
We Offer…

- **Patient Record Lookup (Community Level):** Securely access your patients’ records through the read-only Web Portal.
- **HealthlinkNY Community PACS Viewer:** HealthlinkNY Community PACS Viewer allows users to load and view patient radiology images.
- **Online Consent Management:** Allows authorized users to record patient HIE consent choices into the portal.
- **Secure Messaging:** Allows users to securely communicate with other HealthlinkNY Web Portal users.
- **Notifications and Alerts:** Allows users to set up customized alerts on their patients to notify them when specific events.
- **Identification Management & Security:** Provides secure identification authentication prior to granting providers and other individuals access to the web portal.
- **Client Event Notifications, CEN (Coming Soon):** allows for HIE users to subscribe to patients within the HIE.
- **Statewide Patient Record Lookup:** The ability to search for a patient’s HIE records statewide.
- **Custom Analytics:** Provides real-time reporting and rapid cycle evaluation
Performing Provider Systems (PPS)

- Westchester Medical Center: 286 Participating Providers
- Montefiore Health System: 300+ Participating Providers
- Refuah Health Center: 72 Participating Providers
- Care Compass Network: 127 Participating Providers
Health Actions Priorities Network (HAPN)

Southern Tier:

• Currently conducting regional needs assessment and health disparities report
• Subcontracted with the Rural Health Networks to conduct county level assessment
• Will identify priorities and strategies later in 2015

Hudson Valley:

• Conducted regional stakeholder interviews
• Identified behavioral health and social determinants of health as priority areas
• Creating work groups to create strategies for priority areas
• Providing technical assistance on Patient Centered Medical Neighborhood Project
Broome County Health Department Partners with HealthlinkNY

- Communicable Disease (CD) Reporting
- Confirming Diagnosis and Treatment for Sexually Transmitted Diseases (STD), CD and TB
- Reducing Disease Investigation Response Time
- Streamlining Program Operations
- Improving Public Health Emergency Disaster Response
Public Health Communicable Disease Reporting using HealthlinkNY

- CD report in 48-72 hours
- Rapid identification of the patient-facility, Physician, ER visit, lab results and treatment
- Rapid contact with the patient or family to begin contact tracing, cell phone numbers
- Saves 1-2 days per case by avoiding fax, multiple phone calls to MD office
Tuberculosis Control Clinic

- 2100 visits annually, testing, diagnosis and treatment
- Patient summary-diagnosis, allergies, medications, prescription, date ordered and MD
- Diagnostic Imaging-date taken, panel name (CT Scan), test name (Thorax, Chest), who ordered, facility
- Transcriptions- hospital notes, operative reports, ER visits
- Active cases require directly observed therapy
- Patients can begin treatment sooner-BC Pulmonologist and PCP improved communication
Estimated Annual Salary Savings Using HealthlinkNY

- **Communicable Disease:**
  - .5 FTE Public Health Nurse S&F- $41,760
- **TB Clinic:**
  - .6 FTE Public Health Nurse S&F- $52,135
- **STD:**
  - .5 FTE Public Health Nurse S&F- $45,785

**TOTAL SAVINGS:** $139,688

*Does not include saving from inpatient and outpatient staff time*
Public Health Emergency Response

You were evacuated but
Your medical records weren’t.

• 2006 flooding, 2011 Tropical Storm Lee and Hurricane Irene, and 2012 Hurricane Sandy
• 25,000 evacuated
• General population and special needs sheltering
• Disaster Patient Tracking System
“We could not have treated these people, who were pulled from their homes as the water was rising, didn’t have a chance to get their medicines—some came with nothing but a garbage bag full of things. **We had to get the information.** Being able to access, electronically, what those medications were and what the problems were… it was just **invaluable** to their treatment and their care.”

Claudia Edwards  
Public Health Director, Broome County Health Department
Please contact us for further information

Phone | 844.840.0050
Email | info@healthlinkny.com
Website | www.healthlinkny.com
Hixny is

✓ a national leader in system interoperability
  - 30 hospitals
  - 274 primary care practices
  - 284 specialist practices
  - 4 FQHCs
  - 3 health plans

✓ offering data and tools for enhanced care coordination

✓ more than just an HIE...
Hixny 360° Services Continuum

1. Obtain & Share Critical Patient Data

2. Provide Optimal Quality Care to Each Individual Patient

3. Provide Optimal Quality Care to the Entire Community
1. Obtain & Share Critical Patient Data

Access and contribute patient data enabling real-time information sharing which allows the entire healthcare community to see the same, 360° view of each patient.

- **Connectivity**
  - EMR

- **Communication**
  - DIRECT Messaging
  - Hixny Mobile
  - Provider Portal
Engaging New Organizations

Does the organization have an EMR system in place?

- **If YES, has Hixny established interoperability with the vendor?**
  - If YES: organization will need to sign an agreement with the EMR vendor to move this forward
  - If NO:
    - What are the EMR vendor’s capabilities?
    - What are the key pieces of data that they want to send to Hixny?
    - What services beyond bi-directional C-CDA exchange and consent registration are they looking to integrate?

- **If NO, move to EMR Implementation, EMR Lite or Hixny Portal Implementation Path**
### Systems Connected to Hixny

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<td>GE Centricity</td>
<td>Siemens Sorian</td>
</tr>
<tr>
<td>Greenway</td>
<td>STI Computer Services Inc.</td>
</tr>
<tr>
<td>Iatric</td>
<td>Sunquest Lab</td>
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<tr>
<td>iPatientCare</td>
<td>Surescripts</td>
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<tr>
<td>LabCorp</td>
<td>Trizetto</td>
</tr>
<tr>
<td>McKesson iKnowMed</td>
<td>Vitera</td>
</tr>
</tbody>
</table>
2. Provide Optimal Quality Care to Each Individual Patient

**Identify** patients and opportunities, and **inform** the care team through automated business processes in order to provide proactive, optimal **quality care** to each individual patient.

- **Search** (Pull)
- **Subscribe** (Push)
  - Results & Reports Delivery
  - Smart Alerts
- **Patient Engagement**
Integrated EMR (Consolidated Record Access)
## Provider Portal (Summary Tab)

### Allergies
- MA: NO KNOWN ALLERGIES (NKA)
- FA: No Known Food Allergies
- Drug Allergy: NKDA
- DA: No Known Drug Allergies
- DA: No Known Allergies

### Medications
- Balsalazide Disodium
- Aspirin 325 MG Enteric Coated Tablet
- Omeprazole 40 MG Enteric Coated Capsule
- 24 HR ISOSORBIDE MONONITRATE 30 MG Extended Release Tablet
- Tiotropium 0.018 MG/Actuat Inhalant

### Diagnoses
- A: NONTOX UNINODULAR GOITER
- W: 401.9
- W: CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY VESSEL
- W: 593.9
- W: HX OF MALIGNANCY NEC

### Laboratory Results

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPF1</td>
<td>11/09/2012</td>
</tr>
<tr>
<td>VITAMIN B12 (B12_t31)</td>
<td>11/09/2012</td>
</tr>
<tr>
<td>FOLATE (FOL_t31)</td>
<td>11/09/2012</td>
</tr>
<tr>
<td>MG (MG_t31:1)</td>
<td>11/09/2012</td>
</tr>
<tr>
<td>P (P_t31:1)</td>
<td>11/09/2012</td>
</tr>
</tbody>
</table>

### Radiology & Other Results

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
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<tbody>
<tr>
<td>RAD70710207</td>
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</tr>
<tr>
<td>DECUBITUS CHEST LATERAL</td>
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<tr>
<td>RAD70710355</td>
<td>10/01/2012</td>
</tr>
<tr>
<td>AV FISTULAGRAM</td>
<td>08/16/2012</td>
</tr>
<tr>
<td>MVA0038</td>
<td>08/16/2012</td>
</tr>
</tbody>
</table>

### Other Sections
- EKG Tracings
- Progress Notes
- Narrative Reports
- Demographics
- Allergies
- Problem Lists
- Diagnoses
- Medications
- Lab Results
- Encounters
- Immunizations
- Patient Consent
- Procedures
- Discharge Summaries
- Clinical Documents / Transcribed Reports; Emergency Dept. Reports, Image Reports
Information Enabling Care Coordination

**Plan of Care**

**Planned Observations:**
- Name: [redacted]
- Planned Goals not documented

**Interventions Provided**

**Medication Changes:**
- Alendronate Sodium 70 MG Oral Tablet - Renew
- Atorvastatin Calcium 20 MG Oral Tablet - Renew
- Cyclobenzaprine HCL - 10 MG Oral Tablet - Completed
- EpiPen 2-Pak 0.3 MG/0.3ML Injection Solution Auto-injector - Renew
- Levothyroxine Sodium 100 MCG Oral Tablet - Renew

**Follow-ups/Referrals:**
- Follow-up visit in 1 year; Done:

**Instructions**
- Instructions not documented

**Encounters**

**Appointment:** [redacted]
- Encounter Diagnosis: Problem not documented

**Encounters**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Date of Encounter</th>
<th>Type</th>
<th>Facility</th>
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</thead>
<tbody>
<tr>
<td>Allergies &amp; Alerts</td>
<td>11/04/2015 11:30</td>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>History</td>
<td>11/04/2015 11:30</td>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>Documents</td>
<td>10/11/2015 19:54</td>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>Lab Results</td>
<td>10/11/2015 19:54</td>
<td>Emergency</td>
<td></td>
</tr>
</tbody>
</table>

10
Empowering patients to take a more proactive role in their healthcare.
3. Provide Optimal Quality Care to the Entire Community

Ability to monitor, report, and analyze the population in order to better manage clinical programs and outcomes.

- **Program and Disease Registries**
- **Program Monitoring & Evaluation**
  - Customizable Dashboards
  - Static Billboards
  - Ad-Hoc Analysis
Improving population health, one patient at a time.
Statewide Patient Record Lookup Update
Each RHIO connects to its local participants as shown here with HealtheLink (Western NY)

Data is shared between all regional participants
Now, RHIOs are also connected to each other via a central bus (the green ring in the middle).

Data from a participant of any RHIO is available to any other RHIO’s participant statewide.

This system is called Statewide Patient Record Lookup (sPRL).
Implementing sPRL

• RHIOs began connecting to the statewide “Bus” in 3 waves beginning July 7th
• Wave groupings were chosen by their likelihood to have patient overlap

**Wave 1: (1st Half of August)**
Southern Tier (Binghamton), Hudson Valley, Central (Syracuse), Capital District (Albany)
- HealthlinkNY (STHL & THINC, previously)
- HealtheConnections
- Hixny

**Wave 2: (2nd Half of August)**
NYC and Long Island
- NY Care Information Gateway 1 (legacy Interboro)
- Healthix
- Bronx RHIO

**Wave 3: (Mid September)**
Western Region, Finger Lakes, Eastern Long Island
- NY Care Information Gateway 2 (legacy eHNLI)
- Rochester RHIO
- HEALTHeLINK
Status of sPRL

- All RHIOs are connected to the statewide bus and is responding to queries from participants of other RHIOs
- Regionally, each RHIO/QE is rolling out its statewide enabled clinical viewers
### sPRL Transactions Weekly Report

**Start:** 2015-10-01 08:00  
**End:** 2015-10-08 08:00

<table>
<thead>
<tr>
<th>Company</th>
<th>Patient Discovery</th>
<th>Document Discovery</th>
<th>Document Retrieval</th>
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<tr>
<td><strong>EHNL</strong></td>
<td>46</td>
<td>44</td>
<td>127</td>
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<tr>
<td><strong>HEALTHELINK</strong></td>
<td>6</td>
<td>5</td>
<td></td>
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<tr>
<td><strong>HEALTHIX</strong></td>
<td>114</td>
<td>96</td>
<td>101</td>
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<td><strong>HEALTHLINKNY</strong></td>
<td>13</td>
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<tr>
<td><strong>HIXNY</strong></td>
<td>2,856</td>
<td>93</td>
<td>112</td>
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<tr>
<td><strong>INTERBORO</strong></td>
<td>66</td>
<td>97</td>
<td>40</td>
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</tbody>
</table>

*Hixny Transactions Truncated for Scaling Purposes*
# Statewide Master Patient Index

<table>
<thead>
<tr>
<th>RHIO</th>
<th># of Patient records</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthLinkNY</td>
<td>1,074,929</td>
</tr>
<tr>
<td>Hudson Valley Region</td>
<td></td>
</tr>
<tr>
<td>Hixny</td>
<td>3,072,196</td>
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<tr>
<td>Albany Region</td>
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</tr>
<tr>
<td>HealtheConnections</td>
<td>1,602,663</td>
</tr>
<tr>
<td>Central New York Region</td>
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</tr>
<tr>
<td>Healthix</td>
<td>16,063,642</td>
</tr>
<tr>
<td>New York City &amp; Long Island Region</td>
<td></td>
</tr>
<tr>
<td>Bronx RHIO</td>
<td>2,186,088</td>
</tr>
<tr>
<td>Bronx Region</td>
<td></td>
</tr>
<tr>
<td>Interboro</td>
<td>1,950,855</td>
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<tr>
<td>HHC</td>
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<tr>
<td>Rochester RHIO</td>
<td>2,894,648</td>
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<tr>
<td>Rochester Region</td>
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<tr>
<td>HealtheLink</td>
<td>2,425,532</td>
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<tr>
<td>Western NY Region</td>
<td></td>
</tr>
<tr>
<td>eHNLI</td>
<td>1,048,200</td>
</tr>
<tr>
<td>Eastern Long Island Region</td>
<td></td>
</tr>
<tr>
<td>TOTAL Patient Records across all RHIOs</td>
<td>32,322,585</td>
</tr>
<tr>
<td>TOTAL Unique Patient Records in sMPI</td>
<td>29,941,855</td>
</tr>
</tbody>
</table>

Data as of October 9th, 2015
What’s Next: Near Term Enhancements

• Image Exchange
  o Radiology and Cardiology as well as many other image types

• Cross-RHIO Alerts: notifications of inpatient admits and ED visits for participant’s patient panels
  o Alerts currently work between RHIO’s local participants
  o This is a common enhancement request from DSRIP PPSs
  o An architecture to support cross-RHIO alerts is in development and will likely become a statewide standard after a pilot deployment is completed

• Patient Portals
  o HIXNY (Capital Region) released theirs to its community
  o Others are looking into options including an ONC and DoH funded patient portal technology from NYeC
Helping You Get Connected

Data Exchange Incentive Program
Data Exchange Incentive Program

Objective:

1) Enable more entities to participate in the SHIN-NY by helping with the cost of connecting.

2) Increase the level of Clinical Data contributed from Practices and their Medicaid Eligible providers.

Milestone 1: QE Participation – Enrollment

$2,000

- Organization signs a Participation Agreement with their local QE

Milestone 2: Go Live QE Connectivity - Data Contribution

$8,000 +$500 per EP

- Interface is built between Organization and QE
- Organization is contributing 5 out of 7 data elements
  - Demographics, Encounters, Labs, Allergies, Medication, Procedures and Diagnoses
$793,000 has been allocated to FQHCs through the Data Exchange Incentive Program funding

DEIP is extended until September 2016!!!

There is $2,708,000 left in the DEIP