



COMMUNITY  
HEALTH CARE  
ASSOCIATION  
of New York State

*CHCANYS NYS-HCCN presents*

# The Road to Interoperability: Connecting Data, Patients, and Policies

Day 2 - New York State Perspective on  
Interoperability  
January 18, 2023

For more information, please email Anita Li at [ali@CHCANYS.org](mailto:ali@CHCANYS.org)



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# Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The webinar is being recorded.
- Slides and recording links will be sent following the event.



# Agenda

- Welcome
- State Perspective on Interoperability
  - Statewide Health Information Network for NY (SHIN-NY)
  - Data, Medicaid Reform & New York's Pending 1115 Waiver

# Schedule of Events

## Day 1 (1/17)

- National Perspective on Interoperability

## Day 3 (1/19)

- Patient Data
  - RPM
  - Patient Matching

## Day 5 (1/21)

- National Data Modernization Initiative
- Open Forum: RPM

## Day 2 (1/18)

- State Perspective on Interoperability

## Day 4 (1/20)

- Health Equity & Interoperability
- Open Forum: SDOH



# Statewide Health Information Network for NY (SHIN-NY)



**David Horrocks**  
Chief Executive Officer  
New York eHealth Collaborative



**Nicole Casey**  
Director, Business Development  
New York eHealth Collaborative



# Statewide Health Information Network for NY (SHIN-NY)



**David Horrocks**

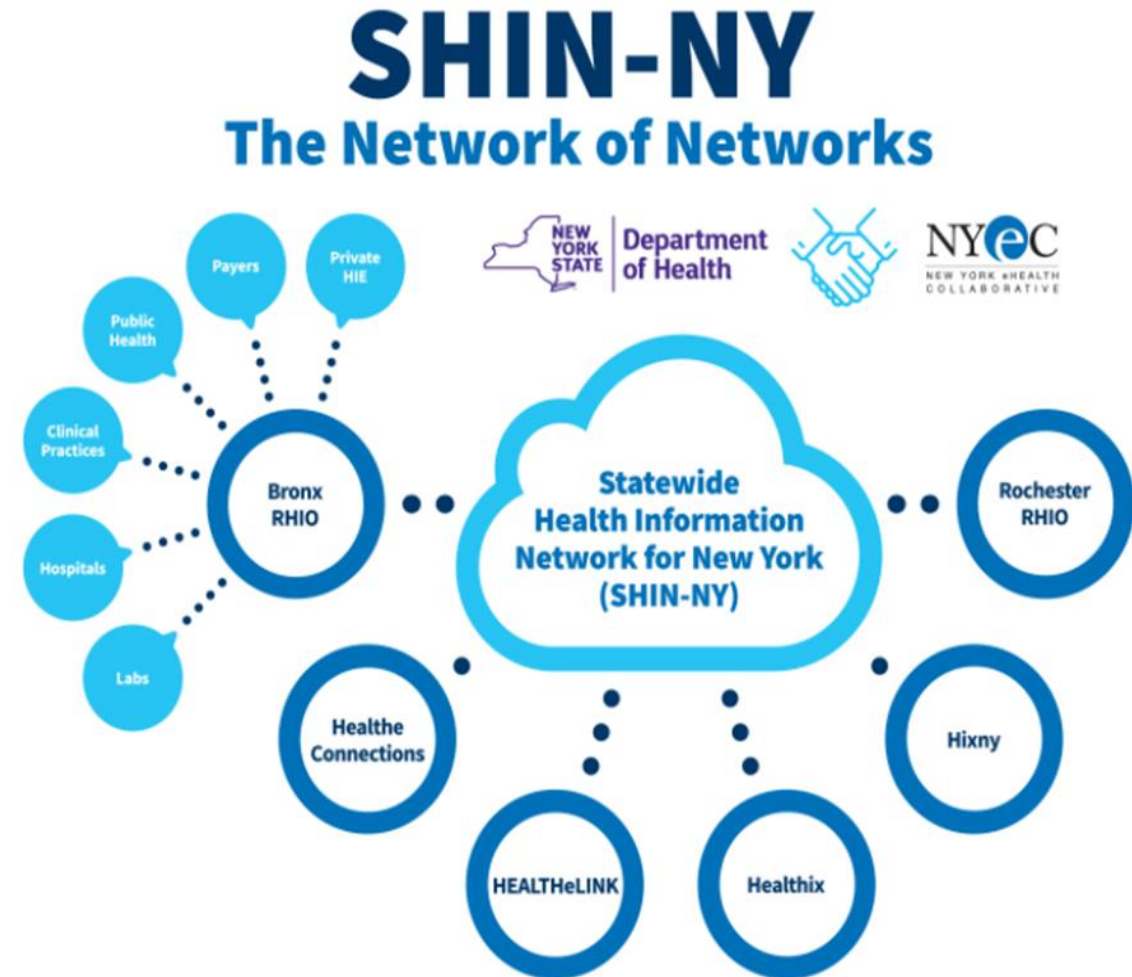
Chief Executive Officer

**Nicole Casey**

Director, Business Development

# What is the SHIN-NY?

- A secure network for sharing electronic clinical records
  - The SHIN-NY consists of regional HIE's (also known as QEs) which are the backbone of the SHIN-NY, providing the services that make secure, vital access to a patient's health information possible statewide
- Records are accessed and exchanged securely between healthcare providers with appropriate consent
- Patients decide which entities can access or see their records
- Efficient access to clinical records helps providers better manage patient care
- The SHIN-NY can help reduce healthcare costs, improve healthcare coordination, and increase the quality of care for patients in New York State



# Roles & Responsibilities



- Exercise overall authority for SHIN-NY (funding, regulation, laws, policy, guidance, QE certification requirements)
- Serve as partner with private sector
- Utilize state levers to promote SHIN-NY



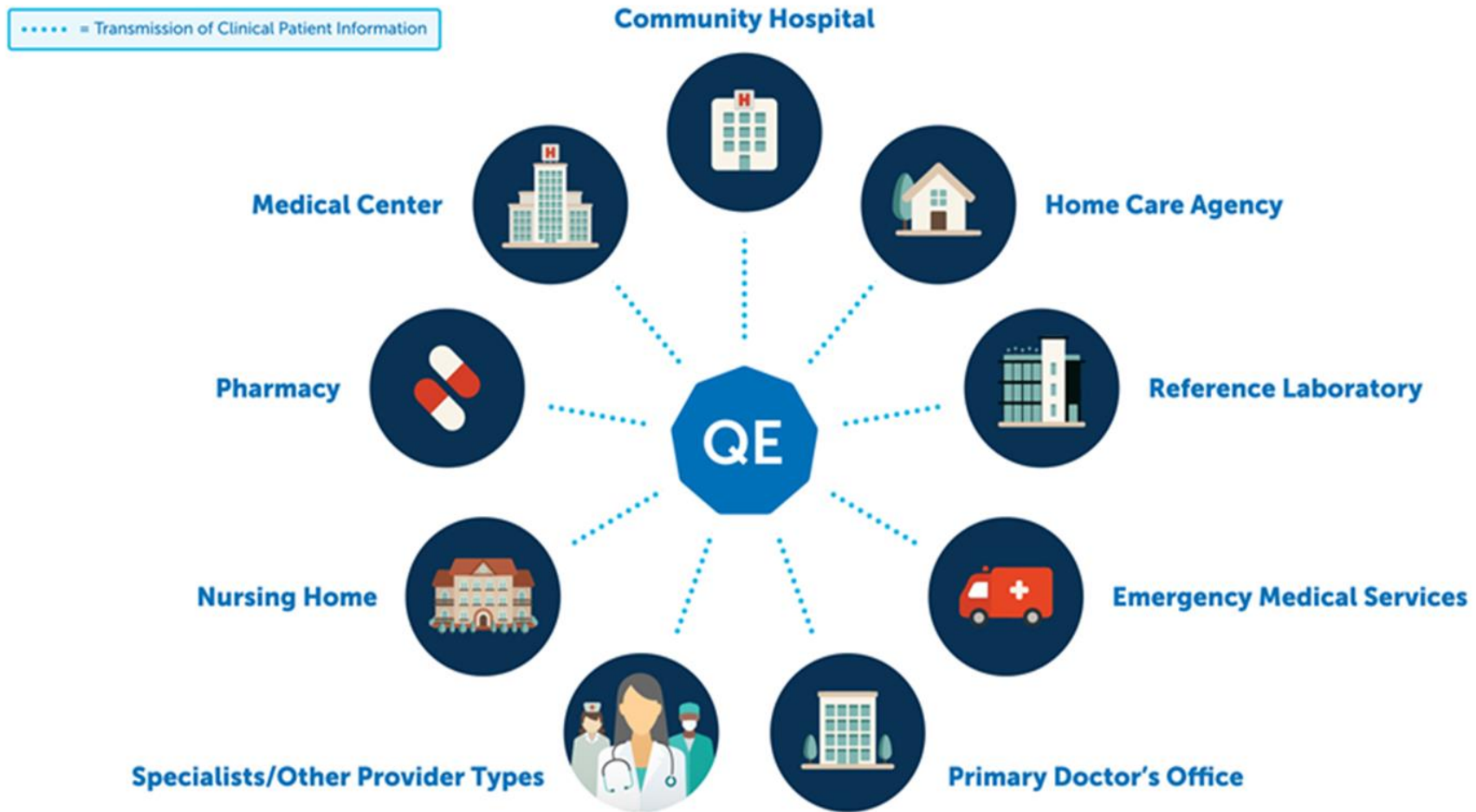
- Provide thought leadership and statewide management to advance, align, integrate, and advocate
- Facilitate and propose policy, technical standards, functionality, business operations, and innovation
- Oversee delivery of QE core services through performance-based contracts
- Connect QEs statewide and meet performance goals



- Partner with NYS DOH and NYeC to provide thought leadership
- Deliver core SHIN-NY Services
- Meet performance goals and comply with State requirements
- Directly support healthcare reform initiatives, care models, and innovation
- If desired, offer enhanced services for additional fees



# How Does a QE Connect Providers Today?



# Current Core Services Delivery and Participation



**OVER 57 MILLION ALERTS  
DELIVERED IN Q3 2022**



**OVER 6 MILLION  
Patient Record Returns  
(Via EHR & Clinical Viewer)  
in Q3 2022**

**100%** of Hospitals

**77%** of Diagnostic and Treatment Centers

**57%** of Physician Practice Sites

**78%** of Certified Home Health Agency\*

**88%** of Residential Healthcare Facility – SNF\*

**80%** of Hospice\*



# The SHIN-NY Core Services

Since March 2015, all QEs must provide the following **Core Services** to Participants:

1. Statewide Patient Record Lookup\*
2. Statewide Secure Messaging (Direct)\*
3. Notifications (Alerts / Subscribe and Notify)\*
4. Provider & Public Health Clinical Viewers\*
5. Consent Management
6. Identity Management and Security
7. Public Health Reporting Integration
8. Lab Results Delivery\*

**No charge for these services beyond initial setup**

SHIN-NY resources and success stories:

<https://www.nyehealth.org/resources/shin-ny-success-stories/>

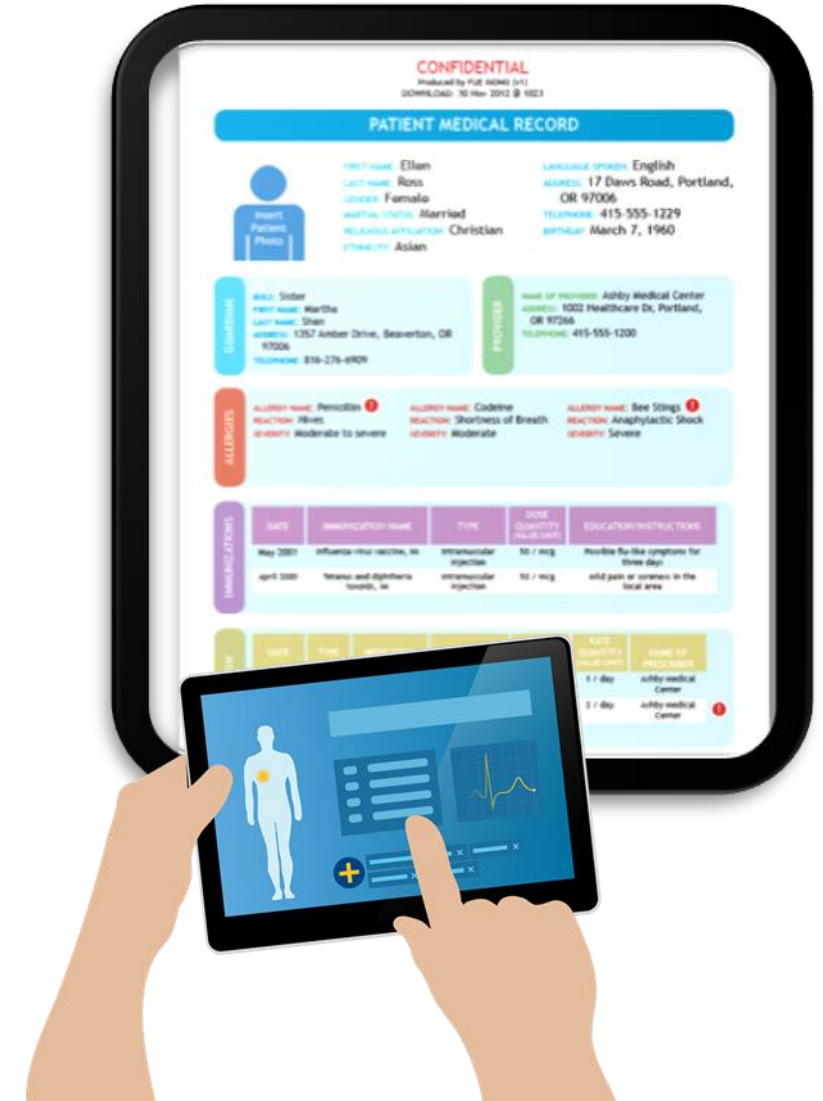
# Patient Record Look-Up

Patient record look-up allows healthcare providers to retrieve individual patient records from both the local QE and across the statewide network after receiving consent from the patient.

This service makes information available to providers accessing the SHIN-NY via third party software (EHRs) and QE-provided clinical viewers.

## Capabilities:

- Search for existing patient records across all QEs
- Search within a QE's clinical viewer
- Search within third party software (EHR) supported by the QE



# Statewide Secure Messaging (Direct)

**Secure Messaging** gives clinicians the ability to securely and seamlessly exchange authenticated, encrypted clinical data with one another. Direct messaging pushes health information from a sender to a known receiver, similar to how an email or fax is pushed from one endpoint to another. A provider is able to receive information about his/her patient from another provider in the network or another network connected to a provider.



## Capabilities:

- Generate messages and/or documents to be sent to another provider
- Send messages, with or without attached documents, directly and securely to an Authorized User or list of users
- Look-up intended recipients in a Provider Directory / Master Clinician Index
- Request and receive messages and/or documents from other QEs for delivery to a secure Direct address
- Allows for providers to receive messages who may not have access to EHR via a web-based interface

# Notifications (Alerts / Subscribe and Notify)

Alerts allow providers to subscribe to real-time events, giving providers ability to receive notifications related to their patients. Through these notifications, providers and care managers can help their patients stay out of the hospital through better management of their care on an outpatient basis.

## Capabilities:

- An authorized user can subscribe to notification feeds related to the following events at minimum; other events may be available for a given QE:
  - ER admit, ER discharge
  - Inpatient admit, Inpatient discharge

Now available statewide – Cross QE Alerts



# Provider & Public Health Clinical Viewers

A clinical viewer allows providers to search for records for an individual patient across all data sources (as defined by patient record lookup requirements) based on demographics, MRN or other patient identifying information. The clinical viewer is web-based, which eliminates the need to integrate with EHRs.

## Capabilities:

- View a history of demographic and clinical records associated with a patient to the extent QE has such data:
  - Patient contact, demographics and insurance coverage
  - Patient consent from within the local QE community, as required
  - Encounter history and summaries
  - Vital signs, diagnoses, allergies and medications
  - Lab and radiology reports



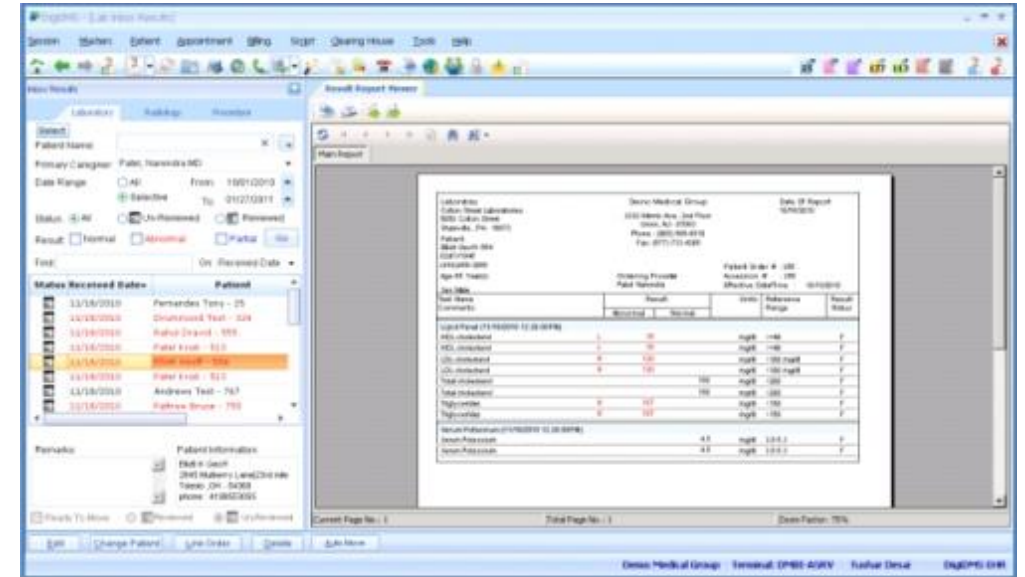


# Results Delivery

This service allows for the delivery of diagnostic results and summary reports back to ordering providers and others designated to receive results.

## Capabilities:

- Receive diagnostic results and summary reports for laboratory tests and radiology tests from laboratories and diagnostic centers and other facilities that have arranged to have the QE route results on their behalf
- Receive results when the Authorized User is the ordering provider or has been listed in the order to receive copies of results





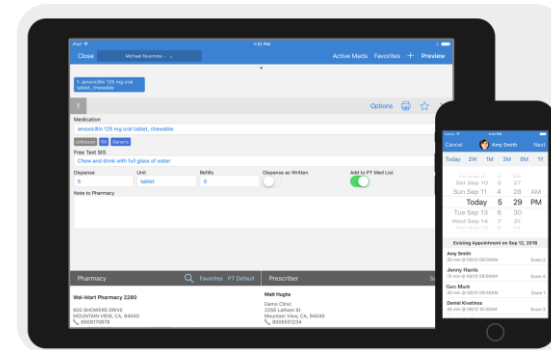
# QE Value-Added Services... Just A Sampling



Advanced & Custom Alerts  
(incarceration, lab values,  
diagnosis specific)



Health Data Analytics  
&  
Quality Measure  
Reporting



Patient Portals



Image Exchange  
(diagnostic quality  
images and reports)

# What is the Consent Model for Health Information Exchange via the SHIN-NY?

**New York State is an Opt-In state.** That means patients must specifically affirm their desire to have their data accessed in the SHIN-NY. This is referred to as **affirmative consent** and is required for non-emergency treatment. Patient consent is not required for the provider to load data to the QE.

In New York State there are two levels/forms of consent:

- **Level 1** consent which allows access to patient health information (PHI) by QE Participants for the purpose of *treatment, quality improvement, care management, and health insurance coverage reviews*
- **Level 2** consent which allows access to patient health information by QE Participants for all other uses outside of those defined in Level 1 consent. This might include such uses as payment (i.e., payment authorization for health services provided), marketing, and research
- Consent for Level 1 access and Level 2 access require separate consent forms.

# SHIN-NY Strategic Plan and Public Health Support

Technology Modernization (Shared Services)

Updated Consent Model (TBD)

SHIN-NY's role in the 1115 waiver implementation in New York; working with NYS DOH to plan and prepare

Implications of TEFCA and New York State

What does this mean for health centers?



# Q&A





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# **Data, Medicaid Reform & New York's Pending 1115 Waiver**

**Marie Mongeon, MPH**

**Senior Director of Policy**

**Community Health Care Association of NYS**





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## Data, Medicaid Reform & New York's Pending 1115 Waiver

Marie Mongeon  
Senior Director of Policy  
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January 18, 2022

# What is an 1115 Waiver?

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Medicaid is jointly funded by Federal and State governments. States receive a Federal “match” on Medicaid dollars spent that comply with Federal program rules

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Section 1115 of the Federal Social Security Act authorizes Health and Human Services to “waive” certain Federal rules of the standard Medicaid program

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Allows states to pursue flexible and innovative ways to administer the Medicaid program in their State

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Waiver must be budget neutral to the Federal government

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Often approved for five years initially, with three- or five-year extensions

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# Section 1115 Waivers Must:

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Increase and strengthen overall Medicaid coverage of low-income individuals

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Increase access to, stabilize, and strengthen providers or provider networks that serve the Medicaid population

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Improve health outcomes for the Medicaid population

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Increase the efficiency and quality of care for Medicaid population through transformed delivery systems



# New York's Pending 1115 Waiver

## *New York Health Equity Reform (NYHER):*

### *Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic*

- NYS seeks \$13.52 billion in Federal funding over five years to that address the inextricably linked health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic.
- Built upon the successes and lessons learned from DSRIP
- NYS seeks to integrate New York's health care and social care systems to achieve a more equitable and resilient delivery system.



# NYHER is structured around four areas:



Health Equity-Focused  
System Redesign



Supportive Housing



System Redesign and  
Workforce



Digital & Telehealth



# Key Waiver Infrastructure

- Regional Governance (9 regions - TBD)
  - Health Equity Regional Organizations (HERO)
  - Social Determinant of Health Networks (SDHNs)
- Leverage “advanced VBP” to drive population health improvements, reduce health disparities
- Data & IT Infrastructure:
  - Uniform assessment tool (TBD) to screen for social needs in the clinical setting (housing, interpersonal safety, food insecurity, transportation)
  - Leverage SHIN-NY to share social needs screening data & coordinate referrals between providers & CBOs
  - Enhance interoperable data exchange between providers, CBOs, SDHNs, HEROs, MCOs



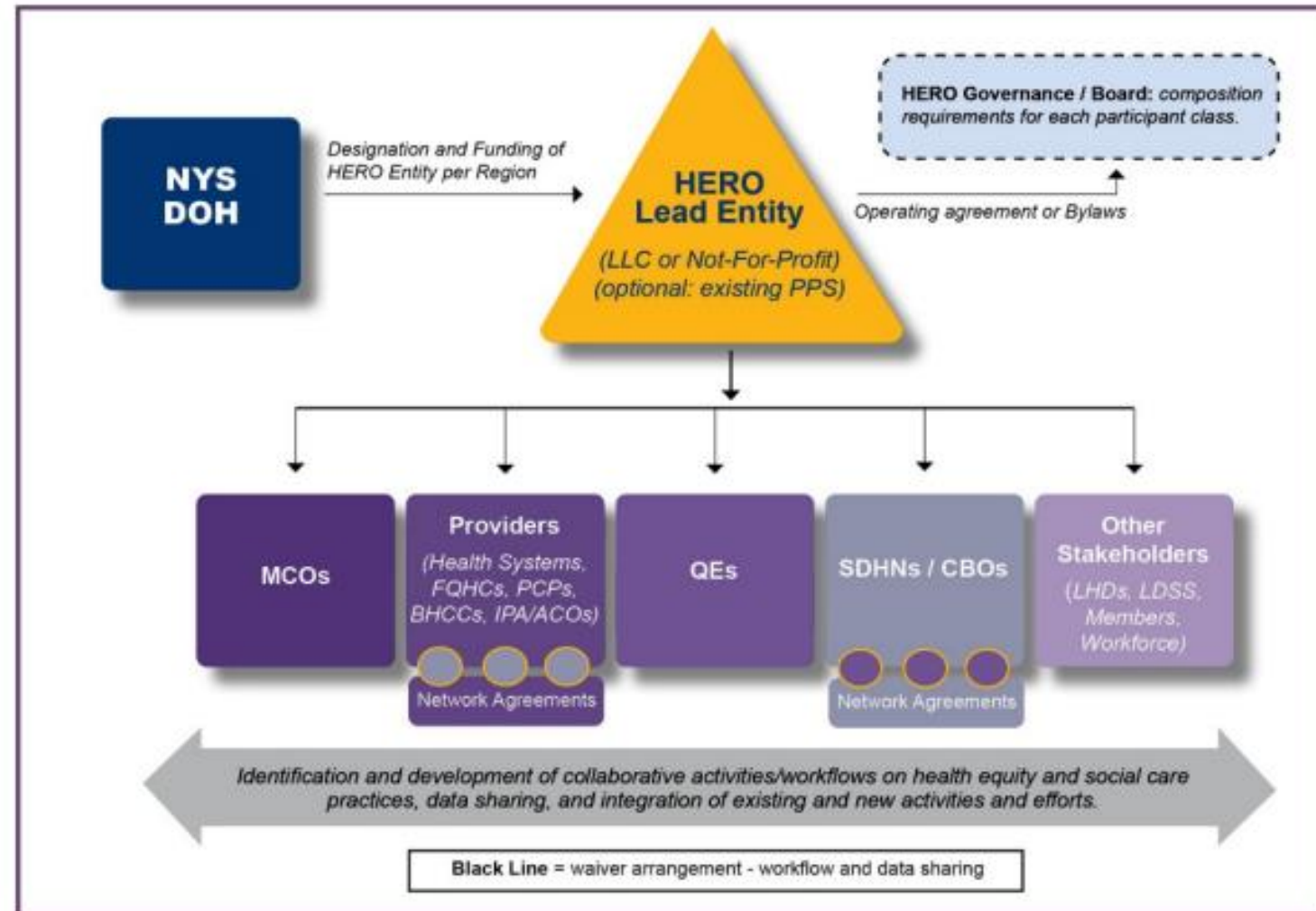
# Health Equity Regional Organizations (HEROs)

- Regional planning entities composed of a coalition of stakeholders (ex: CHCs, public health, MCOs, IPAs, hospitals, social care organizations, QEs – HIEs & RHIOs)
- HEROs will conduct regional planning and set regional health priorities, informed by regional data
  - Develop a regional plan on evaluating & addressing needs of vulnerable populations through VBP
  - Centralize data collection & aggregation, including providing support
  - Plan implementation of a **State-chosen Uniform Social Needs Assessment tool**,
  - Select health equity quality improvement measures for their region and
  - Build regional consensus on a VBP interventions that integrate physical health, behavioral health, and social care services



# Health Equity Regional Organizations (HEROs)

Exhibit 1: HERO Structural Diagram



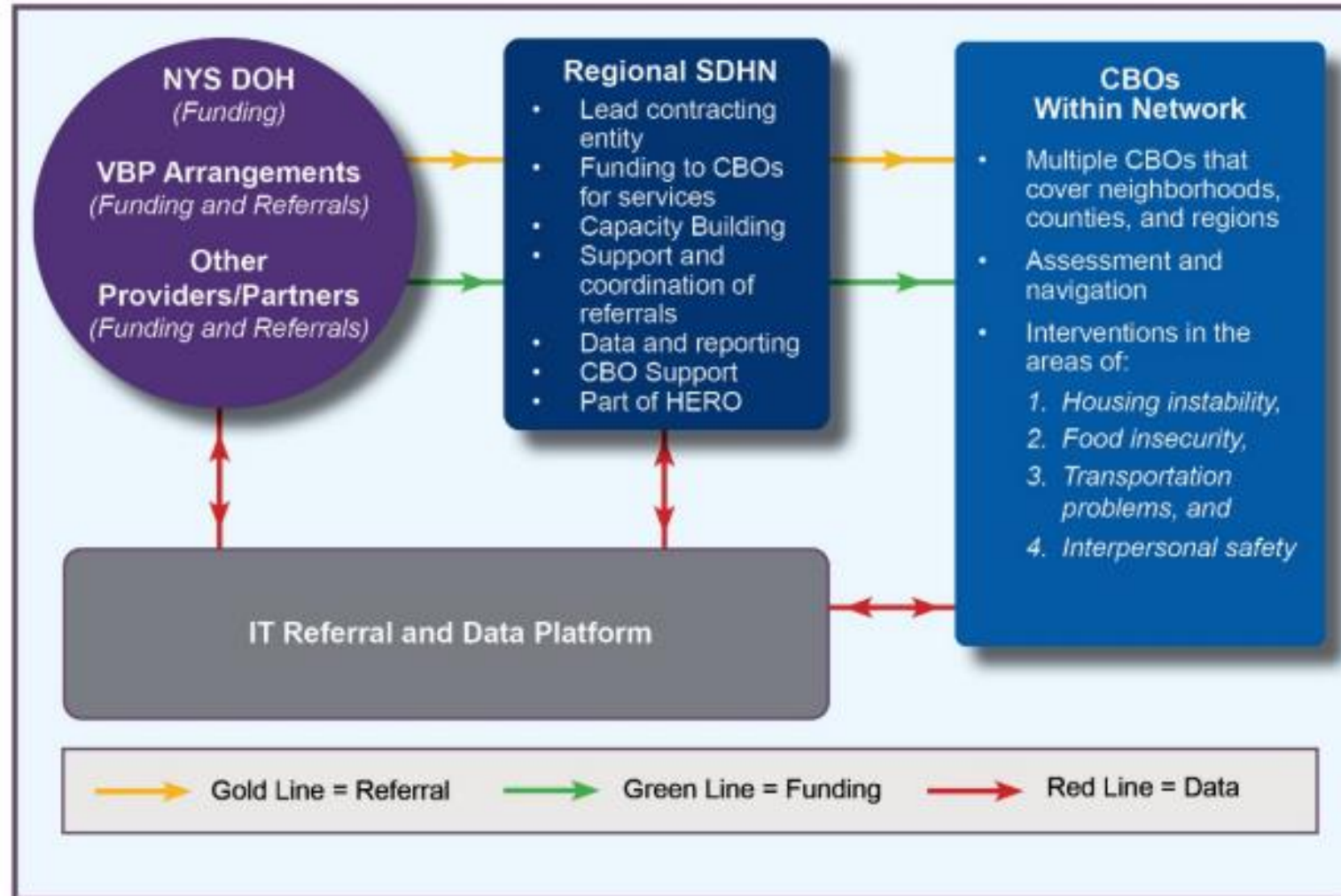
# Social Determinant of Health Networks (SDHNs)

- SDHNs would organize coordinated networks of CBOs to provide evidence-based interventions that address a range of social care needs, such as housing, food insecurity, transportation, and interpersonal safety.
- Will coordinate a uniform referral system among multiple partners.
- Create a single point of contracting for social care needs interventions and advising on a process and entity to conduct social needs assessments.
- Support CBOs around building capacity, technology, service delivery integration, workflows, billing and payment.
- The State will use the learnings from the SDHNs to integrate high-value services into managed care contracts and VBP arrangements.



# Social Determinant of Health Networks (SDHNs)

*Exhibit 2: SDHN Structural and Funding Diagrams*





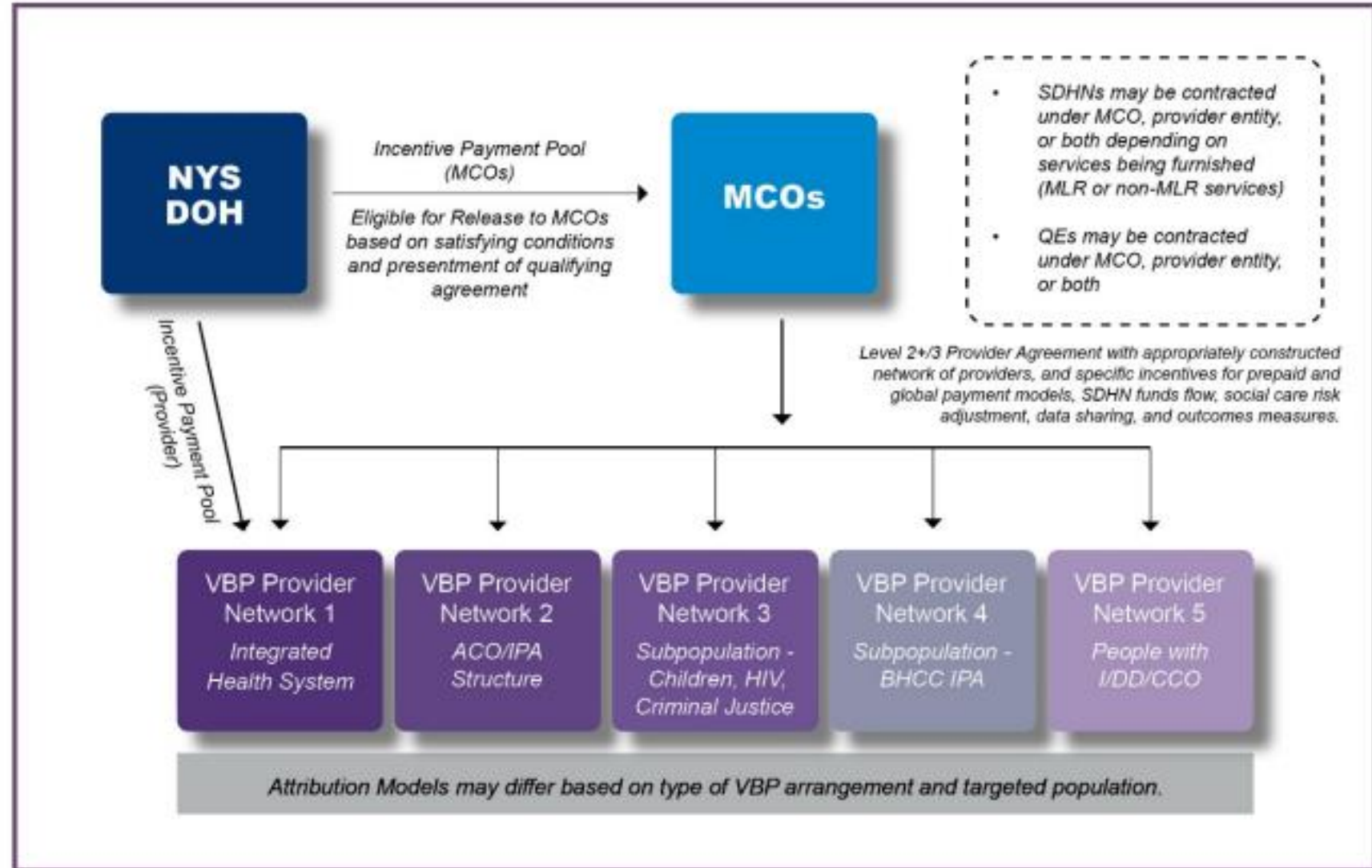
# Advanced VBP Arrangements

- Bulk of waiver dollars will be driven through advanced VBP arrangements, overseen by HEROs
- Advanced VBP arrangements must:
  - Address health equity
  - Integrate health care and social care to advance population health needs,
  - Adjust risk according to the physical, behavioral health, and social care needs of patients, and
  - Incentivize quality improvement.
- NYS will outline potential VBP arrangements for consideration by HEROs, including services, attribution, quality and outcome measures, and risk adjustments. A selection of VBP models will be available for HEROs, SDHNs, and MCOs to choose from based on the specific population needs.
- Patient Centered Medical Home (PCMH) will serve as a key foundation for health equity-focused primary care VBP arrangements.



# Advanced VBP Funds Flow

Exhibit 4: Advanced VBP Incentive Structural Diagram



# Potential Opportunities for Health Centers

- Participation in HERO governance to determine regional population health initiatives
- Acquire dollars through VBP arrangements
- Increase social needs screening & improve connections with CBOs
- Payment reform through an Alternative Payment Methodology
  - Receive monthly payment for attributed patients, regardless of care delivered
  - Reduce reliance on billable visits
  - Increase flexibility for care teams



# Thank you!







## Continue the Conversation

Day 3 of this virtual event is taking place tomorrow **Thursday, January 19th** **from 1:00 – 2:00 pm**

We hope to see you then!

**Thank you for joining us today. Please share your feedback using the survey link in the chat, the QR code below, or the link in the follow up email!**

