



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State



CHCANYS NYS-HCCN & NYeC presents

The Future of New York State Health Information Exchange

January 8th, 2026

For more information, please email Anita Li at ali@CHCANYS.org



Agenda

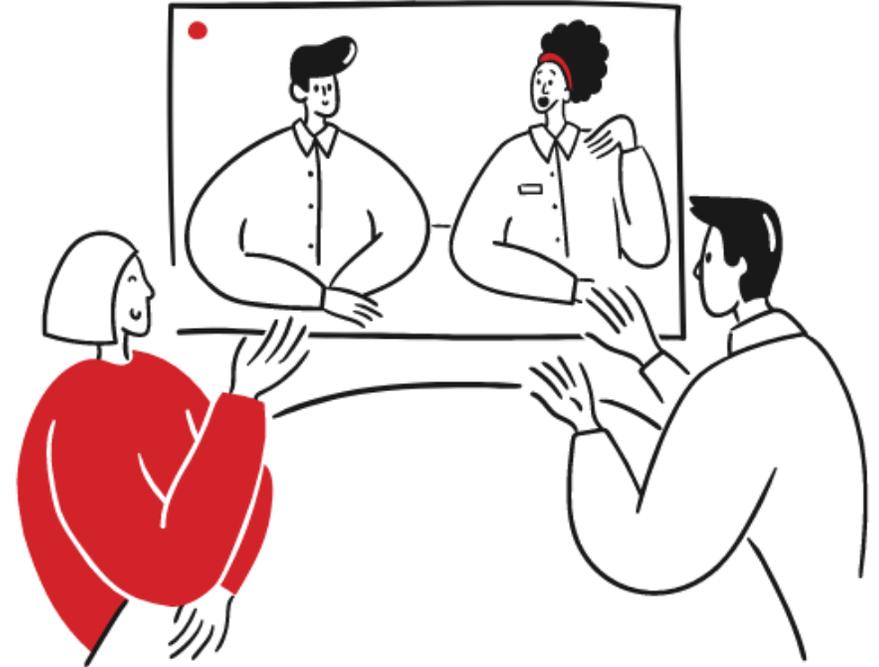
1. Welcome & Introductions
2. The Future of New York State Health Information Exchange
3. Q&A
4. Closing and Evaluations





Housekeeping

- 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 and will be shared after the session along with the slide deck.
- A webinar evaluation will be shared with participants



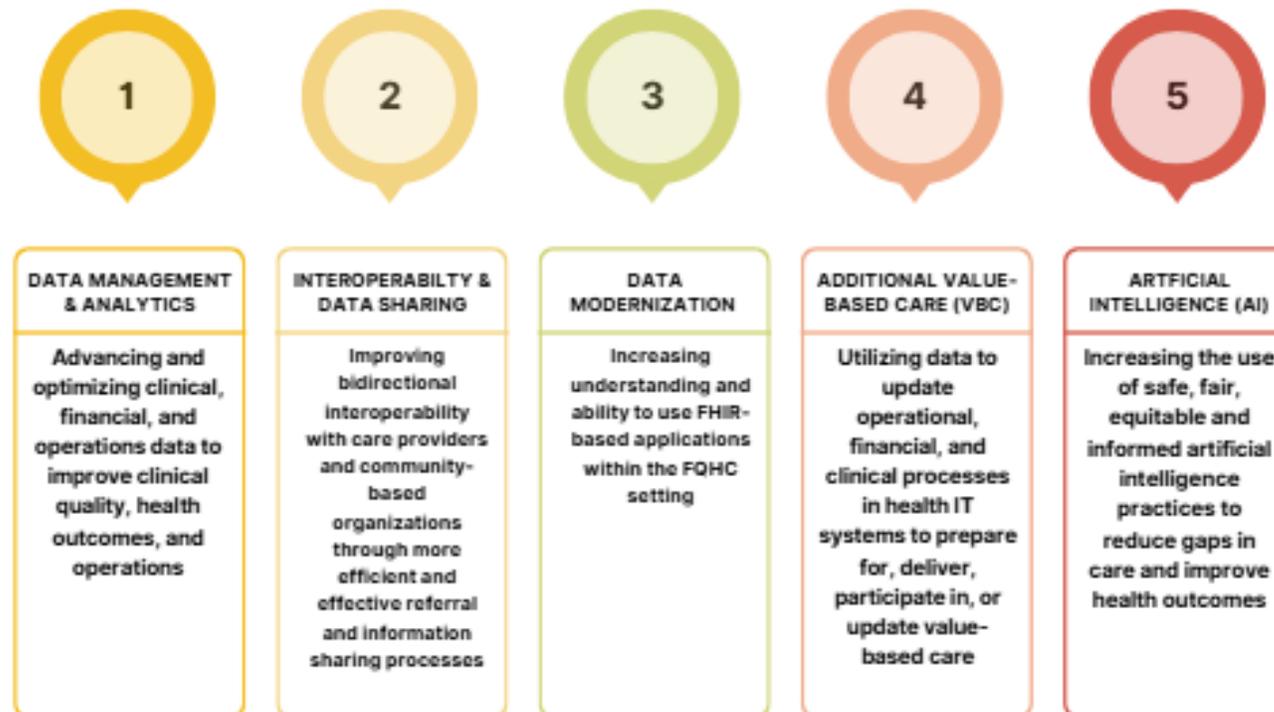
About the New York State HCCN



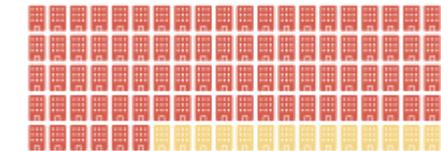
Established in 2012, the NYS-HCCN is one of 52 HRSA funded networks that leverages health IT and data to enhance how centers deliver affordable, accessible, and high-quality care with a specific emphasis on data management and analytics, interoperability of systems, and data modernization

What are the Key HCCN Focus Areas?

HRSA has identified the following key focus areas for the 2025-2028 program year



86% OF ALL FQHCS PARTICIPATE IN AN HCCN NATIONALLY



52 HEALTH CENTERS PARTICIPATE IN THE CHCANYS NYS-HCCN



This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to CHCANYS' New York State Health Center Controlled Network (NYS-HCCN) totaling \$1,705,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

12.2025



Meet the Presenters



Alexandra Fitz

Head of Enterprise Initiatives & Partnerships



Cynthia Sutliff

Senior Director, State Policy



SHIN-NY Info Session

CHCANYS

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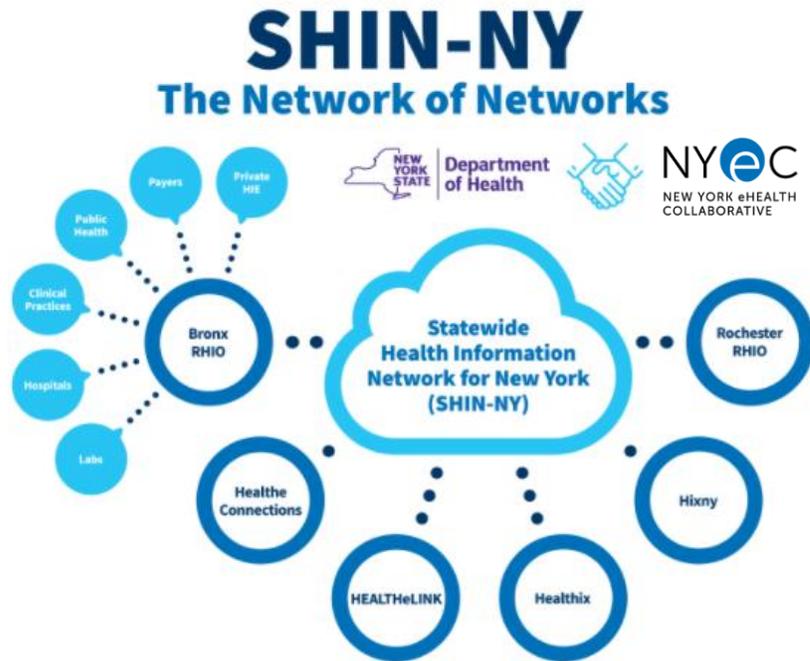
1. SHIN-NY Transformation Overview
2. SHIN-NY Statewide Services
3. Statewide Common Participation Agreement (SCPA)
4. Statewide Form of Consent & Consent Registry

SHIN-NY Transformation

Alex Fitz

Head of Enterprise Initiatives & Partnerships

Why Does New York have the SHIN-NY?



New York State has invested in the SHIN-NY to build health information exchange capabilities, supporting clinical uses, Medicaid, and public health purposes for its residents. The State intervenes in the interoperability marketplace with laws, regulations, and by paying for services to be delivered. At a high level, the state's involvement is necessary to:



Address health data interoperability needs that the marketplace is not otherwise solving in the best interest of patients



Provide the Department of Health (DOH), including NY Medicaid and Local Health Departments, with data services necessary in its own role promoting public health



Protect the privacy of New York patients above the baseline provided in federal law

These needs change as the marketplace, federal law, and New York health policy aims evolve.

Over time, challenges emerged



Statewide service gaps: The SHIN-NY's ability to deliver statewide services or to aggregate statewide data has been limited, and efforts to date to resolve this have been largely unsuccessful. The structure is cumbersome and frustrating to providers, and limits the SHIN-NY's usefulness to DOH and capacity to support state health reform programs.



National industry change: National networks are beginning to efficiently support activities for which the state is currently paying QEs, and federal TEFCA strategy will do increasingly more without full-function intermediaries as in New York's model.



Limited market competition: Despite encouraging competition in theory, the existing QE model is functioning as a "walled garden" in practice, shutting out innovative organizations, leaving participants with few choices, and trapping data in regional data silos.



Funding uncertainty: The future of state and federal financial support for HIE is unclear, and the type of work which can be funded is likely to change.

Strategic Priorities

A

The SHIN-NY needs to provide seamless and consistent **statewide services**, to public health agencies, for statewide program support, and to those addressing health related social needs and disparities.

B

The SHIN-NY needs to be **more efficient**, reduce costs and redundancy, and take advantage of national marketplace developments.

C

The SHIN-NY must meet local **community needs** and support organizations in underserved communities.

Preliminary Recommendations: A unified SHIN-NY

1. Convert SHIN-NY services to statewide contracts, by **unifying data** and contracting to specific QEs competitively
2. Solve to be Compatible with and Complementary to National Networks
3. Create a streamlined customer experience, even as multiple QEs are providing a participant's services
4. Fund QEs for statewide contracts and to collect data, adjusting certification requirements to encourage value-added services



NEW YORK eHEALTH
COLLABORATIVE

Date: June 18, 2025

To: Anne Schettine
Director, Office of Health Services Quality and Analytics
New York State Department of Health

From: David Horrocks
NYeC CEO

Re: Preliminary Recommendations from the Scenario Planning Process

Introduction

In response to uncertainty about public funding, and as directed by the Department, NYeC continues to develop and analyze "rapid reform" scenario plans for the SHIN-NY. We expect to provide a summary report to the Department by July, which can inform New York policy makers as they wrestle with the realities of changes to federal programs. We have also worked to identify immediate, "actions to ensure that the SHIN-NY is operating as effectively and as efficiently as possible now, even in advance of other possible changes," as requested by the Department. These **Preliminary Recommendations** could be called the "One SHIN-NY Model" and have been vetted with our Board of Directors. We believe they will prepare the SHIN-NY to meet various funding scenarios and structurally enhance SHIN-NY operations today.

Aims

The Strategic Priorities of the SHIN-NY remain: A) statewide services, B) efficiency, C) serving communities. Within that umbrella, and based on stakeholder feedback, we believe this moment requires prioritizing the following objectives:

- Make the SHIN-NY resilient to funding uncertainty,
- Move the SHIN-NY closer to national networks integration,
- Make the SHIN-NY feel unified to the participants,
- Unify data to better meet statewide public health purposes,
- Ensure that **each** SHIN-NY service does not have dependencies on **every** QE, and
- Foster innovation, ideally through a marketplace of capable and trusted organizations.

A	The SHIN-NY needs to provide seamless and consistent statewide services, to public health agencies, for statewide program support, and to those addressing health related social needs and disparities.
B	The SHIN-NY needs to be more efficient, reduce costs and redundancy, and take advantage of national marketplace developments.
C	The SHIN-NY must meet local community needs and support organizations in underserved communities.

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nyehealth.org

1. 1115 MCO Data Aggregation Vendor



- Developed & implemented a plan to connect with all MCOs throughout NYS.
- Through these connections, the QE receives MCO Enhanced Member Services Files, performs Quality Assurance and transmits them to the SHIN-NY Data Lake.

Work Well Underway

2. Statewide Encounter Alert Service (SEAS)



- Provide statewide alerting services.
- Two offerings provide choices to participants.
- Hixny & HeC contracts executed.
- Uses the Encounter Gateway.

Scaling Statewide

3. QE Data Curation Vendor



- Contract negotiated for data curation services on DOH's priority use cases:
 - Childhood Obesity
 - Respiratory Illness Surveillance
- Hixny executed contract in June.

Entering Phase 2

4. Primary Document Repository Vendor



- QE to operate Primary Document Repository within the SHIN-NY.
- Repository: a statewide service enabling the collection, storage, and distribution of clinical documents—beginning with Discharge Summaries, later extending broadly to documents distributed by QEs to providers.
- RFP issued to QEs June, proposals due July 1

Work Well Underway

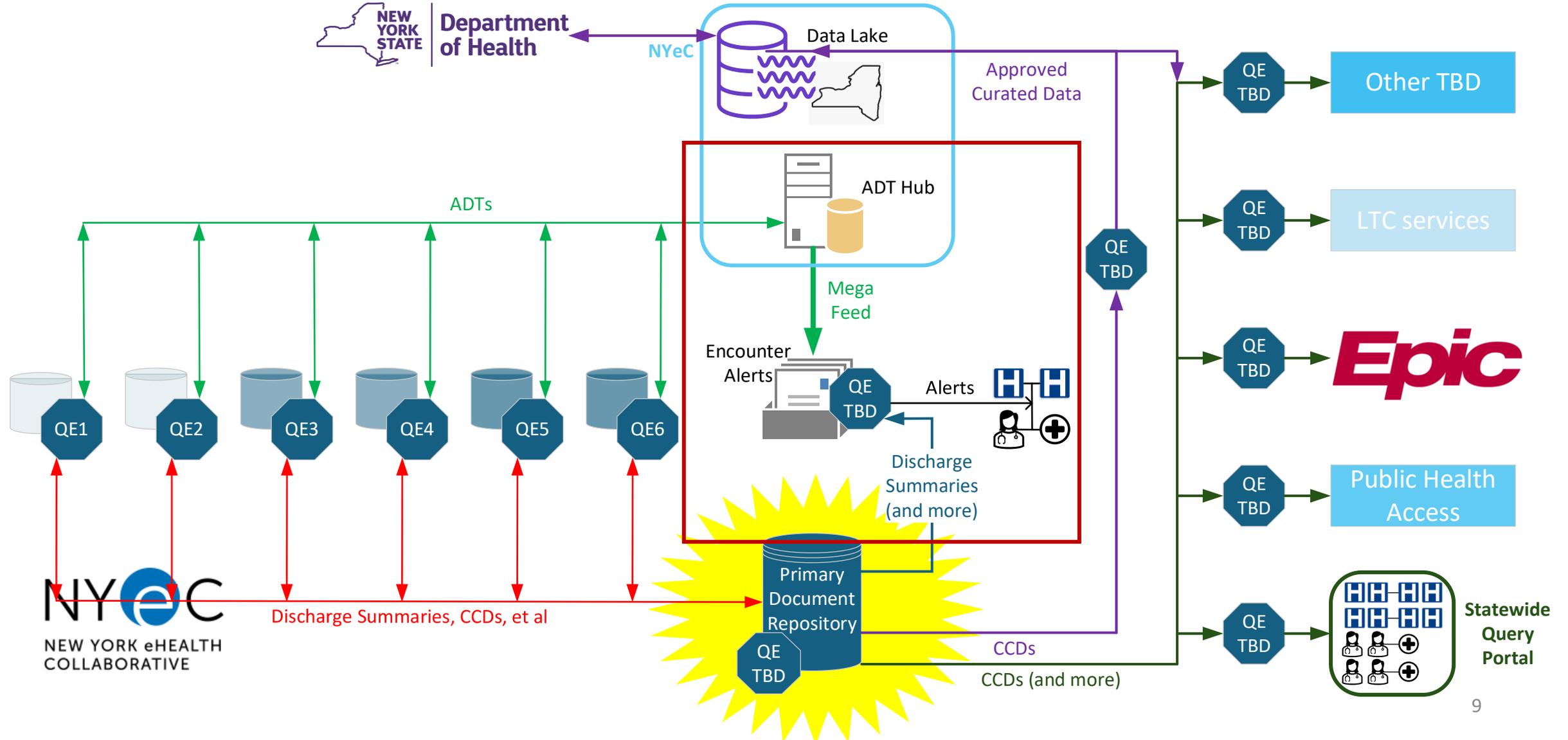
5. Hospital EHR Special Integration RFI



- QE(s) to serve as SHIN-NY partner with major EHRs and their customers to optimize SHIN-NY participation and function in complementary & compatible manner
- Work to standardize integrations and eliminate unnecessary duplication of data & services

Awards Being Made

A modern technical architecture



Statewide Common Participation Agreement (SCPA)

How do Participation Agreements Work?

- The SCPA sets forth the **legal framework** for participation in the SHIN-NY; detailed requirements for participation are contained in the SHIN-NY Standard Operating Procedures (SOPs).
- Every SHIN-NY participant will sign an SCPA.
 - **Data Contribution:** The SCPA will govern contribution by SHIN-NY participants of data to the SHIN-NY and set forth the terms and conditions regarding use of data from the SHIN-NY
 - **State-Funded Participant Services:** SHIN-NY participants will receive State-Funded Participant Services under the SCPA, including services that provide SHIN-NY participants with access to the SHIN-NY and data from the SHIN-NY
 - A QE may offer services other than State-Funded Participant Services under a separate services agreement. Participants can sign Services Agreements with any QE and with multiple QEs.

SCPA Basics

Intends to:

- Promote consistency in data use & sharing
- Ensure efficient & transparent governance
- Improve service quality & consistency
- Clarify service expectations for participants
- Provide flexibility for how participants connect & contribute data to the SHIN-NY
- Adapt the SHIN-NY to current technology and data standards, infrastructure, and landscape changes

Does not:

- Weaken data privacy protections or security
- Give DOH unchecked access to all SHIN-NY data
- Impose new burdens on participants
- Supersede/replace any requirements established by applicable law
- Increase data contribution requirements
- Reduce input & transparency of participants related to any aspect of SHIN-NY operation or governance

Implementation Timeline

- **Mandatory SHIN-NY Participants** (*Regulated entities*)
 - Required to sign before 10/1/25
- **Voluntary SHIN-NY Participants** 
 - Sign before 3/31/25 to remain SHIN-NY participants
 - For Voluntary Participants that do not sign a new SCPA, current processes (e.g., DUCA) would continue to apply for a period of time

Uniform Form of Consent & Statewide Consent Registry (SCR)

More than “Just” a New Consent Form

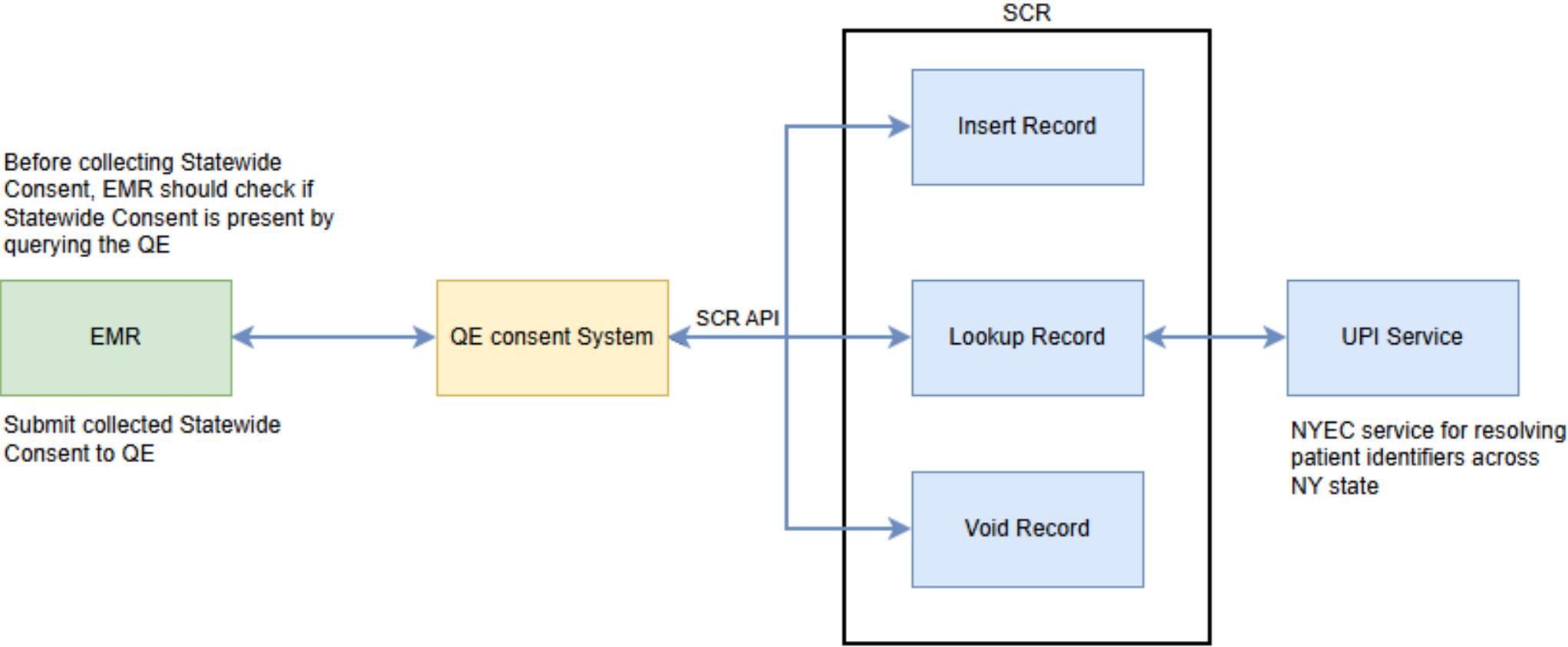
Cindy Sutliff
Senior Director, State Policy

Purpose of Moving to SHIN-NY Uniform Statewide Consent

Statewide Consent Model

- “One and Done”
- Current and future treating providers, any health plan enrolled in, social service organizations across NYS
- Facilitates movement towards participation in national networks
- The 3 consent values are the same as they are currently (Yes I give consent; No I deny consent; and No Except in an emergency)

Statewide Consent Registry (SCR)



In Preparation for Offering SHIN-NY Uniform Form of Consent

EMRs and Participants Must:

- Implement New Form As-Is or Incorporate Elements of New Form (All Required Fields and Verbiage)
- Validate Existing Consent Interface (EMR to QE) Includes All Statewide Consent Required Fields
 - If needed, Update Interface and Test with QE
- Implement a Process to Utilize the QE API to Query for Consent
 - Participants Must Update Workflow to Check for Statewide Consent Outside of their EMR by Querying the QE who will query the SCR for Statewide Consent.
 - If none exists, present the SHIN-NY Uniform Form of Consent to patient for signature
 - If one exists and patient does not want to change their Statewide Consent choice, NO form should be presented for signature
- Work with your QE on Go-Live Timing; Technical Specifications, Workflow, and Any Follow Up Questions
- Update Patient Education Materials and Training Process
 - To promote understanding of the SHIN-NY Uniform Form of Consent process
 - Participant QE will Provide Materials as a Starting Point

Before A QE's Participant(s) Can Go Live on SHIN-NY Uniform Form of Consent

The QE with a Participant Going Live Must:

- Accept Inbound Statewide Consent Data and Send to the SCR
 - Reject (or enrich, if needed and possible) if Required Fields are Missing
 - Track Which of their Participant/Sources are on Statewide vs Local Consent
 - If Source is on Statewide Consent, enrich consent data with proper Consent Type value, then Send Data to SCR
 - If Source is still on Local Consent, keep current process as-is and implement the new process to send local consent to the SCR
- Stand Up the QE API for Participants to Query and Retrieve for Statewide Consent
- Select (in groups) and Work With Participants and EMRs to Test and Get Production Ready on All SCR Processes

ALL QEs Must:

- Honor Any Statewide Consent Sent to the SCR by Implementing "Interim" Solution (Push) OR Implementing the SCR API (Query) to Check for Statewide Consent Before Allowing Access

SHIN-NY Uniform Form of Consent and SCR Rollout for Statewide Consent Overview

SCR “Prior to Day 0” — Current Process Update

Participants collect Consent for only patients who Do Not have a consent on File or who want to update consent
(No interface changes required for this)

SCR “Day 1” — Initial Launch

1st QE(s) Full Go-Live
1st QE(s) First Participant Group & EMRs Go Live with Uniform Form of Consent & SCR processes
(If QE cannot query for consent, “interim” Push must be used)

SCR “Day 30” — Second QE Go-Live

2nd QE(s) Full Go-Live
2nd QE(s) First Participant Group & EMRs go live
Continue until all 2nd QE(s) Participants & EMRs are live

When SCR is in PROD, QEs Query for Consent to get ready for when SCR is populated with consent values

SCR “Day 0” - Pre Launch

1st QE(s) adds additional Participant Groups & EMRs
Continue until all 1st QE(s) Participants & EMRs are live

SCR “Day 15” — Expansion Phase

Remaining QEs follow same staged pattern
Each QE brings Participant groups & EMRs live in defined intervals
End State: All QEs, Participants, & EMRs live with Uniform Form of Consent & SCR

Continuing Phased Expansion

Discussion & Questions

Resources & Contact Information

The SCPA, BAA & current SOPs are available for review [here](#).

If you are ready to sign the SCPA, please complete this [form](#).

Contact scpa@nyehealth.org with any SCPA related questions.

Questions? info@nyehealth.org



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Questions?





Please fill out our survey!

Please share your feedback using the survey link in the chat, the QR code, or the link in the follow up email!

Completing the survey helps us to provide relevant and helpful information. Thank you in advance!

