NEW YORK STATE OF OPPORTUNITY. Department of Health

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #13

June 6, 2017

Agenda

#	Topic	Time	Leader
1	Welcome and Introductions	10:00 – 10:05	Anne Schettine
2	APD Update	10:05 – 10:20	Mary Beth Conroy
3	Transparency and Consumer Engagement	10:20 – 11:00	Natalie Helbig
4	SHIN-NY Update	11:00 – 11:35	Valerie Grey (NYeC) Jim Kirkwood
5	Health IT Integrated Quality Measurement	11:35 – 11:50	Jim Kirkwood
6	Discussion and Next Steps	11:50 – 12:00	Anne Schettine

All Payer Database (APD) Update

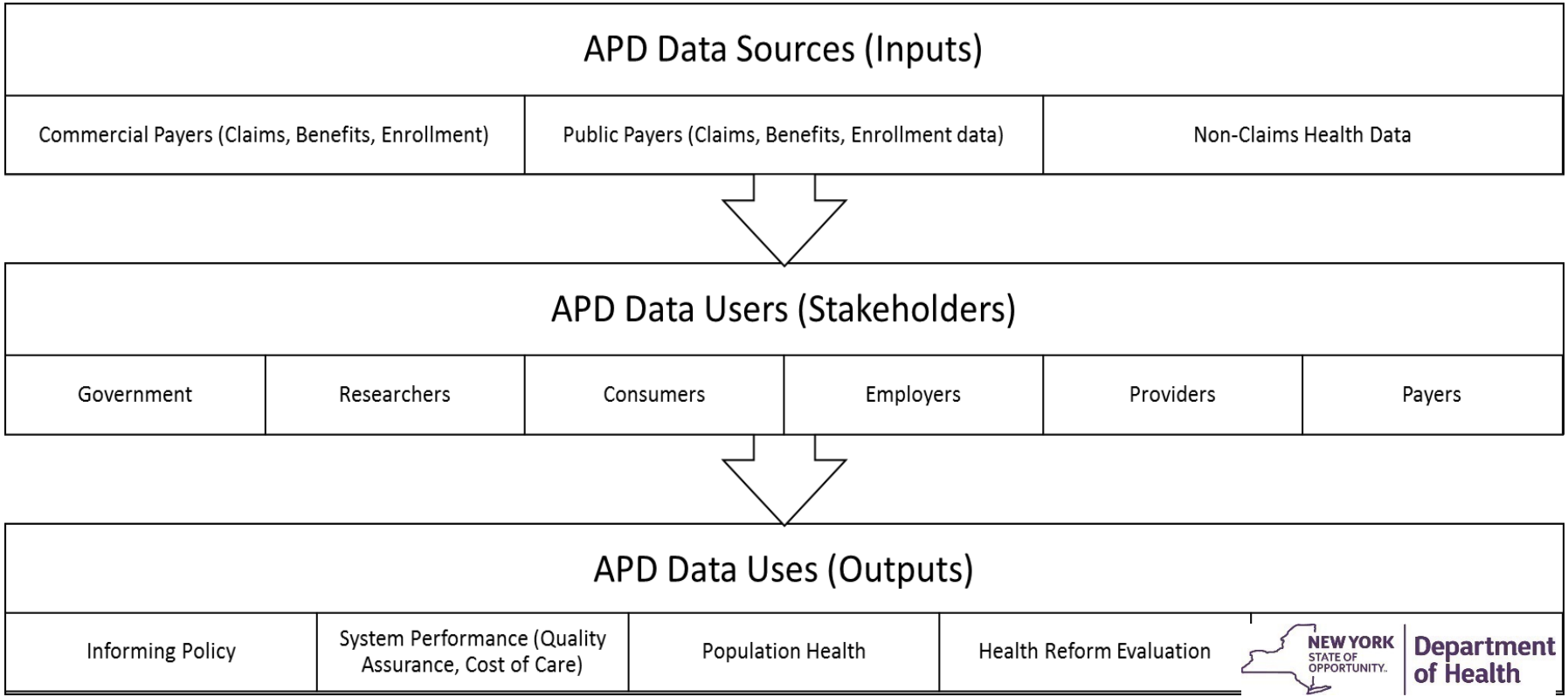
APD Stakeholder Meeting

- Held in Albany on April 26
- Over 310 registered participants
  - In person and WebEx
- All meeting materials are available on-line at: http://www.health.ny.gov/technology/all_payer_database/meetings/2017-04-26/

Purpose of the Stakeholder Meeting

- Bring together internal and external stakeholders of the NYS APD project for an update on:
  - Where we have been
  - Where we are now
  - Where we are going
- Elicit feedback and engagement from participants
  - Facilitated Discussions

Inputs, Stakeholders, Outputs



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Who Attended?

- Government
- Vendors
- Organizations
- Consumers
- Academics
- Researchers

- Both Crain's Health Pulse and Politico picked up the story and published articles on the event.

Facilitated Discussion Topics

1. Employer Use Cases
2. APD Data Submission
3. Data Quality
4. Data Governance and Release
5. Consumer Tools / Transparency
6. General / Other

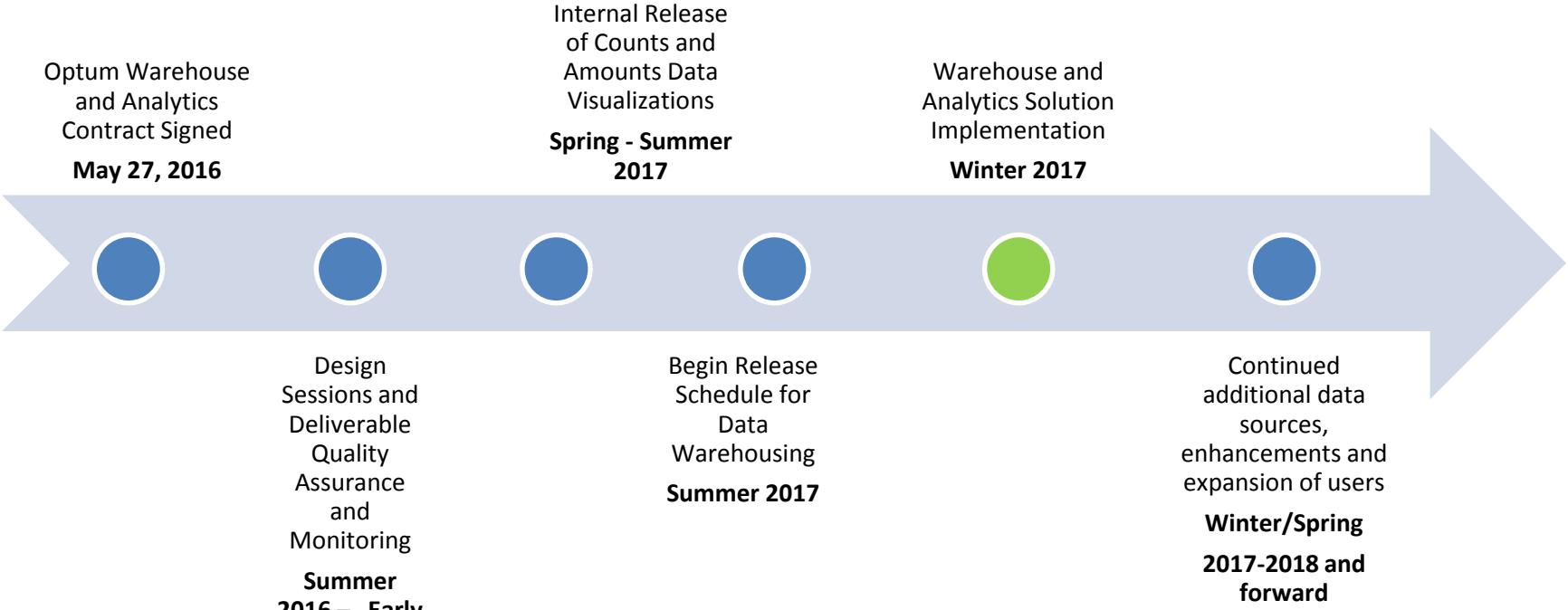
We received approximately 120 comments on these facilitated discussion topic areas, which are currently being analyzed.

All comments will be posted to the APD webpage on the DOH public website.

Regulation Update

- On August 4, 2016 the APD regulations were presented to the State's Public Health and Health Planning Council (PHHPC)
- The APD regulations were posted for public comment on August 31, 2016
- A 45 day public comment period ran through October 17, 2016
- We hope to have regulations adopted this summer and publish the APD Guidance Manual on the APD website

All Payer Database Key Milestones



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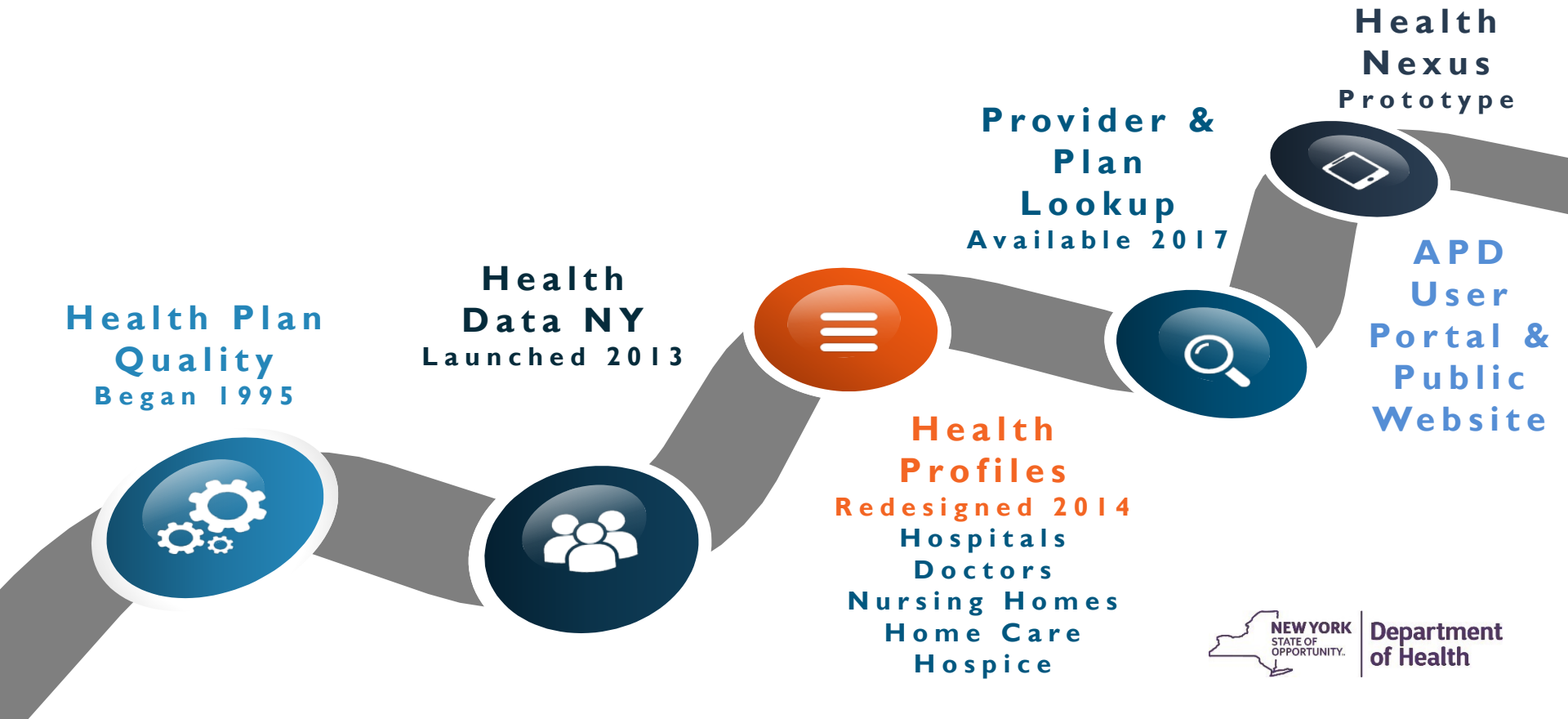
Questions/Comments

Transparency and Consumer Engagement

Participation, Transparency & Engagement

Strategies			
	Inform	**Consult**	**Involve**
Consumer Participation	• Website SIM (newsletters, presentations) • Website APD • Website SHIN-NY	• HIT Meetings • Transparency Roundtable (consumer advocacy groups) • Focus Groups • APD Stakeholder Meetings • Public Comments (SHIN-NY & APD)	• APD Advisory Group • APD Data Release Committee • ROMC (Regional Oversight and Management Committee)
	Data Collection	**Disseminating Data**	**Data Made Actionable**
Transparency & Consumer Engagement	• SPARCS • QARR • VS • Redesign PNDS • Commercial • EHR	• Health Plan Performance Reports • SPARCS Stat Briefs • Health Data NY (open data) • Quality Metrics	• Health Plan Performance Consumer Guides • Hospital Quality Compare Tools • Nursing Home Quality Compare Tools • Home Care Agency Quality Compare Tools • Provider/ Health Plan Lookup • APC Scorecard

Data Made Actionable: Digital Tools



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Health Plan Performance & Quality Tool

- Provides data to help consumers make a decision. These guides have information about the quality of care offered, and people's opinions about the care and services provided.
- In 2017, we will improve usability through the use of filters, labeling, sorting, and expanding consumers capability to compare data over measures, plans, and years
- Consumers can explore which plans are doing better in the areas that are important to them
- Leading the way with ‘Star Rating’ system for ease of understanding

2016 Plan Performance - Commercial HMO Managed Care in Hudson Valley New York

- The 2016 Consumer Guide to Commercial HMO Managed Care in Hudson Valley New York is also available in Portable Document Format (PDF, 67.3 KB, 2pg.)
- More information about Commercial HMO Managed Care

Ratings

Health Plan	Preventive and Well-Care for Children				Quality of Care Provided to Members with Illnesses		
	Child and Adolescent Care	Women's Preventive Care	Maternal Health	Adult Care	Care for Respiratory Conditions	Diabetes Care	Cardiovascular Care
CDPHP	☆☆☆☆	☆☆☆☆☆	☆☆☆	☆☆☆☆☆	☆☆☆	☆☆☆☆	☆☆☆☆☆
Empire BlueCross BlueShield HMO	☆☆	☆	☆☆	☆☆	☆☆☆☆	☆☆	☆
HIP (EmblemHealth)	☆☆	☆☆☆☆	☆☆	☆☆☆☆	☆☆☆	☆☆☆	☆☆☆
MVP Health Care	☆☆☆	☆☆	☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆
Oxford Health Plans of New York	☆☆	☆☆☆	☆☆	☆	☆☆☆☆☆	☆	☆☆

Key

More stars mean better plan performance with 5 stars being the best.

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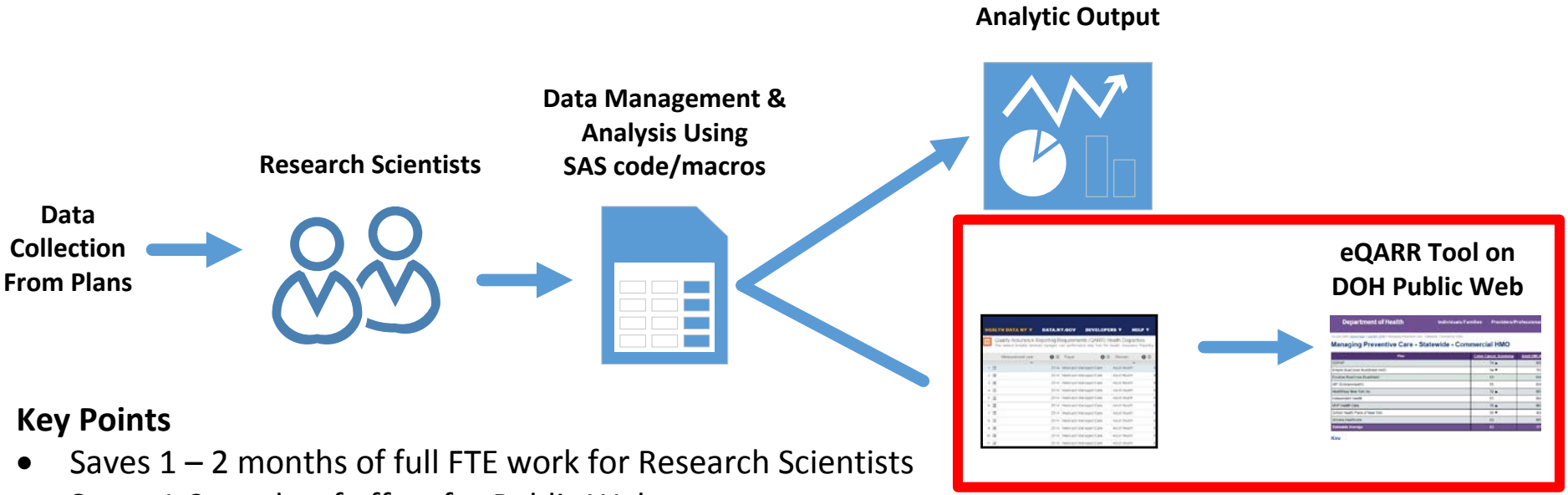
Quality Assurance Reporting Requirements (QARR)

PROPOSED PROCESS



Key Points

- Saves 1 – 2 months of full FTE work for Research Scientists
- Saves 1-2 weeks of effort for Public Web team
- Improves interface
- Is single source driven
- Expands opportunities for more visualizations from the same source

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Department of Health | Individuals/Families | Providers/Professionals | Health Facilities | Search

You are Here: Home Page > eQARR 2015 > Managing Acute Illnesses - Statewide - Commercial HMO

▼ Show Instructions ▼

Region: Central | Payer: Commercial HMO / Commercial PPO / Medicaid and Child Health Plus

Produce Table

2016 Plan Performance - Commercial HMO Managed Care In Central New York

- The 2016 Consumer Guide to Commercial HMO Managed Care in Central New York is also available in Portable Document Format (PDF, 74.8 KB, 2pg.)
- More information about Commercial HMO Managed Care

Ratings

Health Plan	Quality of Care Provided to Members with Illness				Preventive and Well-Care For Adults and Children				Patient Satisfaction with Access and Service	Overall
	Cardiovascular Care	Care for Respiratory Conditions	Diabetes Care	Mental Health	Adult Care	Child and Adolescent Care	Maternal Health	Women's Preventive Care	Satisfaction with Adult Care	
CDPHP	★★★★★	★★★	★★★★	★★★★★	★★★★★	★★★★	★★★	★★★★★	★★★★★	★★★★★
Excellus BlueCross BlueShield	★★★	★★	★★★	★★	★★★	★★★	★★★	★★★	★★★	★★★
HealthNow New York Inc.	★★★	★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★	★★★★
HIP (EmblemHealth)	★★★	★★★	★★★	★★★	★★★★	★★	★★	★★★★	★	★★★

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Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	Details
FIDELIS CARE Quality Details	Fidelis Care Silver ST INN Pediatric Dental Dep25	Silver	Medical Plus Child Dental	Albany	Couple And Dependent(S)	$1,237.54	View Details
MVP HEALTH CARE Quality Details	MVP Premier Plus Silver 2 NS INN Dep25 Acupuncture Telemedicine Wellness 3PCP	Silver	Medical	Albany	Couple And Dependent(S)	$1,255.03	View Details
MVP HEALTH CARE Quality Details	MVP Premier Plus Silver 2 NS INN Dep29 Acupuncture Telemedicine Wellness 3PCP	Silver	Medical	Albany	Couple And Dependent(S)	$1,267.58	View Details

Health Data NY

- Provides a range of health-related datasets, from hospital quality metrics to the results of lead levels in school drinking water for a range of stakeholders, particularly researchers, journalists, educators, and advanced citizen analysts
- Since 2013, we have added over 83 topics and150 visualizations, added new visualization tools
- Between 2014 and present, more organizations, local health departments, bloggers, news articles and universities are connecting directly to the portal via links, embedded visuals, or APIs (Application program interface)
- In 2016, we improved the way consumers can discover datasets through “dataset landing pages”
- In 2017, we will explore how to use our own health data on DOH’s public web site to create more connections between DOH programs and data

HEALTH DATA NY
DATA.NY.GOV
DEVELOPERS
HELP
ABOUT
Search Health Data NY
View the Percentage of Adults with Asthma in New York
This chart shows the percentage of adults who report current asthma by county.
Consumer Resources
Environmental Health
Facilities & Services
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Department of Health

Tracking Site Analytics…

Health Data NY

Platform: **Health Data NY;** https://health.data.ny.gov/
Metric: **# Users** (Beginning 2015)

Month	# Users (2017)	Month	# Users (2016)	Month	# Users (2015)
Jan-17	24,593	Jan-16	3,435	Jan-15	9,895
Feb-17	18,547	Feb-16	14,951	Feb-15	12,994
Mar-17	16,623	Mar-16	14,117	Mar-15	10,458
Apr-17	13,639	Apr-16	19,152	Apr-15	10,228
May-17		May-16	15,057	May-15	8,707
Jun-17		Jun-16	13,310	Jun-15	12,075
Jul-17		Jul-16	11,730	Jul-15	10,016
Aug-17		Aug-16	12,235	Aug-15	10,272
Sep-17		Sep-16	12,544	Sep-15	8,089
Oct-17		Oct-16	12,093	Oct-15	10,979
Nov-17		Nov-16	13,216	Nov-15	12,041
Dec-17		Dec-16	12,245	Dec-15	9,688
T-17	**73,402**	**T-16**	**154,085**	**T-15**	**125,442**

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NYS Health Profiles

- Provides data and information on quality, utilization, surveillance and services
- In 2014 & 2015, we put all facility/provider type profiles within one portal. Improving search capabilities and display of information.
- In 2016, we added print and email results functionality
- In 2017, we released an improved ‘comparison’ tool to examine quality, procedure volume, and look up facilities with citations

NEW YORK STATE | Department of Health

NYS Health Profiles

Find and Compare New York Health Care Providers

Home | Hospitals | Nursing Homes | Home Care | Hospice | Doctors | PNDS Lookup

Find a Provider by Name:

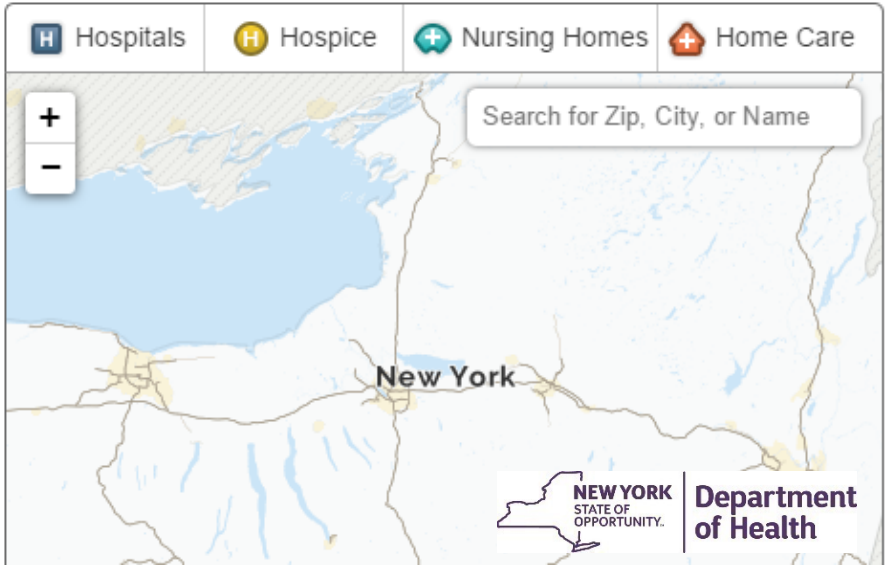
Begin by typing a provider's name

Search

Welcome to Health Profiles!

We make it easy to find quality and safety information on New York's hospitals, nursing homes, home care agencies, and hospice. You can also view information on doctors.

Find Providers Near You:



NEW YORK STATE | Department of Health

NYS Health Profiles

Find and Compare New York Health Care Providers

Home | Hospitals | Nursing Homes | Home Care | Hospice | Doctors | PNDS Lookup

- Search by Region/County and Service
- Search Alphabetically
- Search by Enforcements
- Compare Hospitals
- Designated Centers
- Methodology
- Printable Directory of All Hospitals

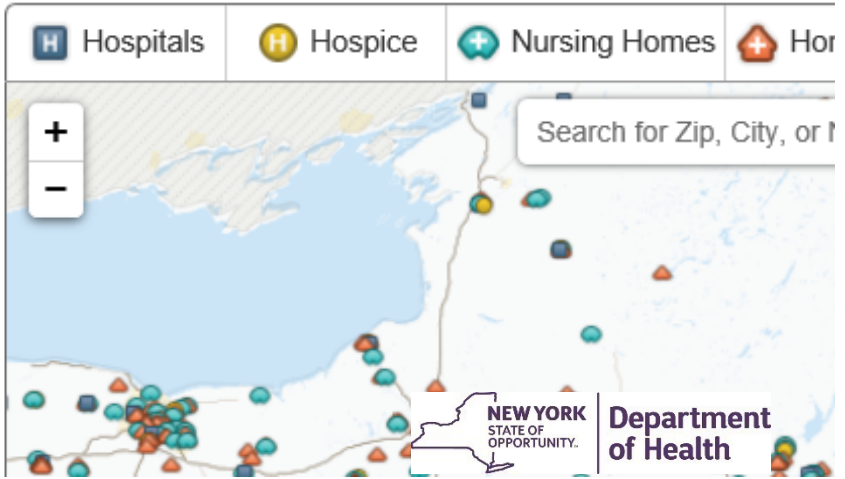
Find a Prov

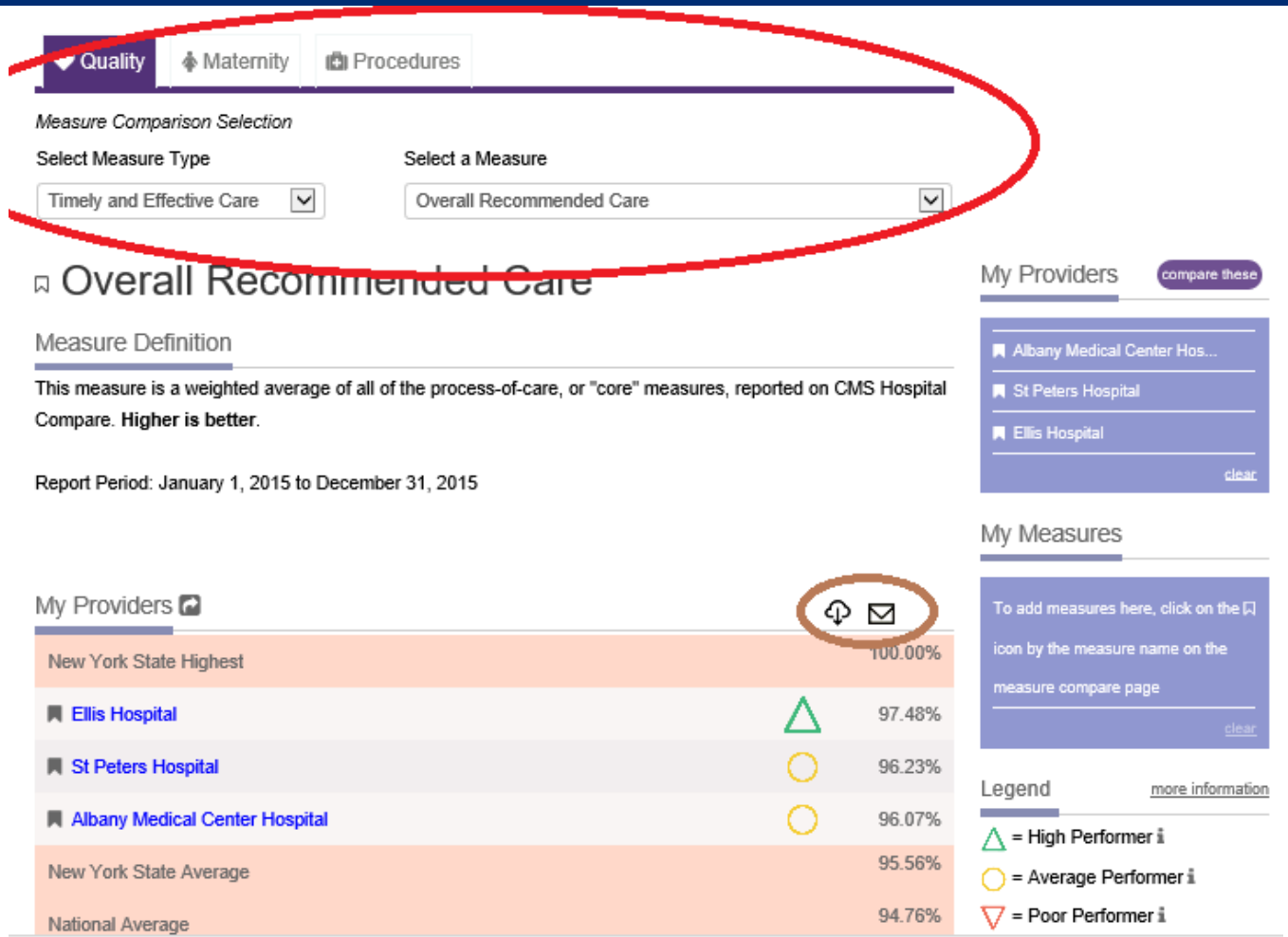
Begin by ty

Search

We make it tion on New York's hospitals, nu d hospice. You can also view information on doctors.

Find Providers Near You:





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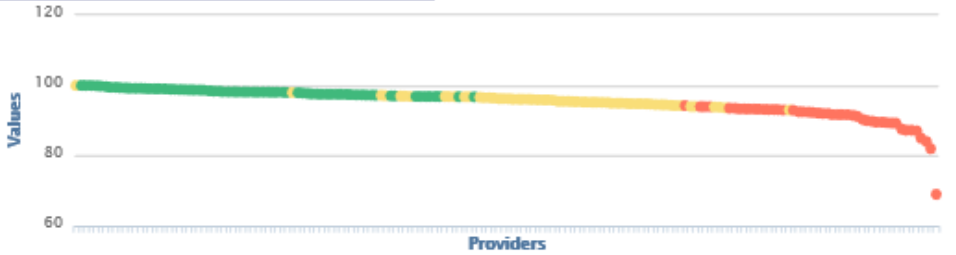
My Providers

New York State Highest		100.00%
Ellis Hospital	△	97.48%
St Peters Hospital	○	96.23%
Albany Medical Center Hospital	○	96.07%
New York State Average		95.56%
National Average		94.76%
New York State Lowest		69.00%

All NY Facilities Reporting This Measure:



Explore this data in greater detail

All Hospitals that report this measure

My Measures

To add measures here, click on the icon by the measure name on the measure compare page

clear

Legend

more information

- △ = High Performer
- ○ = Average Performer
- ▽ = Poor Performer
- ○ = No Comparison Available

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Tracking site analytics

NYS Health Profiles

Platform: **NYS Health Profiles;** https://profiles.health.ny.gov/
Metric: **# Users** (Beginning 2015)

Month	# Users (2017)	Month	# Users (2016)	Month	# Users (2015)
Jan-17	4,506*	Jan-16	19,352	Jan-15	11,986
Feb-17	32,465	Feb-16	20,309	Feb-15	11,327
Mar-17	41,596	Mar-16	22,595	Mar-15	12,598
Apr-17	34,484	Apr-16	21,067	Apr-15	11,152
May-17		May-16	21,141	May-15	9,894
Jun-17		Jun-16	19,794	Jun-15	10,675
Jul-17		Jul-16	18,048	Jul-15	10,626
Aug-17		Aug-16	21,399	Aug-15	10,242
Sep-17		Sep-16	20,139	Sep-15	19,011
Oct-17		Oct-16	23,160	Oct-15	24,555
Nov-17		Nov-16	19,787	Nov-15	17,875
Dec-17		Dec-16	19,446	Dec-15	17,042
T-17	**113,051**	**T-16**	**246,237**	**T-15**	**166,983**

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NYS Provider & Health Plan Look-Up

Home About the Data FAQ Languages Contact

WELCOME TO THE

NYS Provider & Health Plan Look-Up

Use this tool when you are deciding which health plan to enroll in or when you are looking for a provider, for example a hospital or doctor, that works with your plan. The tool is updated with information sent to New York State directly by health plans. BUT, to be on the safe side, you should still ask the provider if they accept your health plan and participate in your network before receiving health care services or before enrolling in a health plan.

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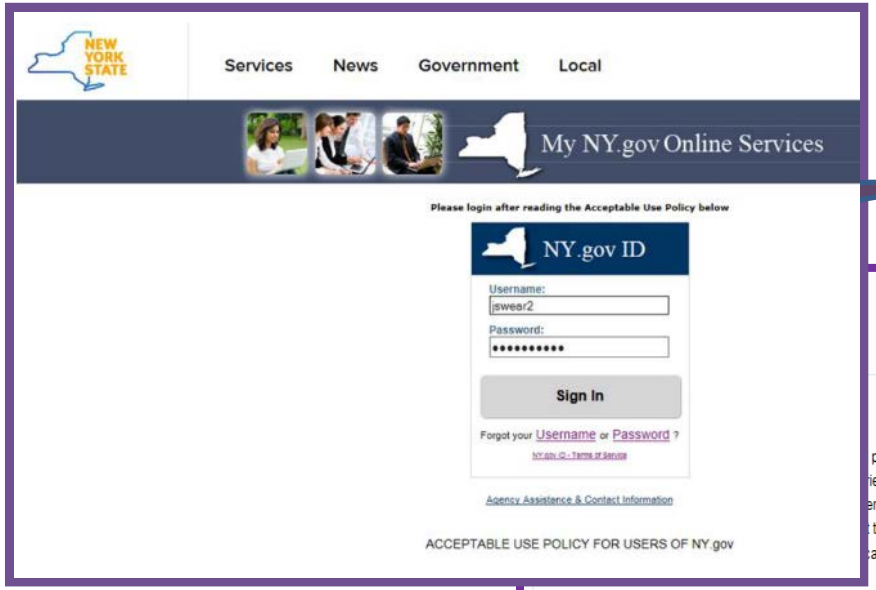
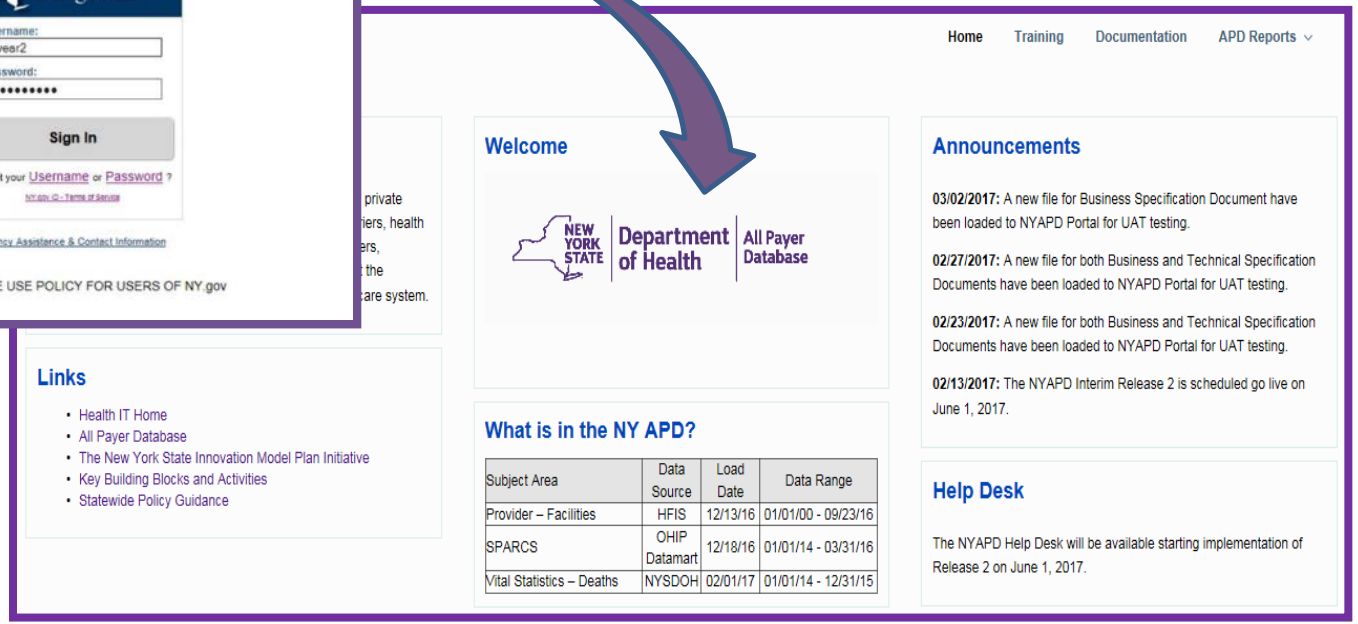
Provider & Health Plan Lookup

- Launched in May 2017
- Stand-alone site, link on Exchange, and link on Health Profiles
- Takes advantage of new requirements for Provider Network Data submission, including more frequent reporting by both Medicaid and commercial health plan providers

Single Sign-On Using NY.Gov



APD Portal



APD Public Facing Website: Early conceptualization

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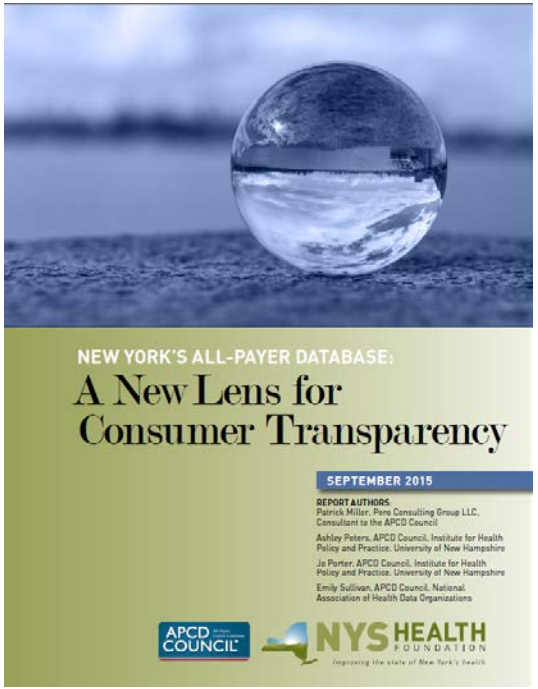
The NYS APD and Consumer Transparency

- NYS Health Foundation sponsored a study in September 2015: **New York's All-Payer Database: A New Lens for Consumer Transparency**
- Conducted through the national APCD Council, completed in September 2015.
- The report provides insight and analysis of challenges and barriers specific to the NYS APD environment, and recommendations for ensuring a quality system that achieves goals and meets stakeholder needs and expectations.
- Available on the APD page on the DOH website under “Reports” or at the direct link: http://nyshealthfoundation.org/resources-and-reports/resource/new-yorks-all-payer-database-a-new-lens-for-consumer-transparency



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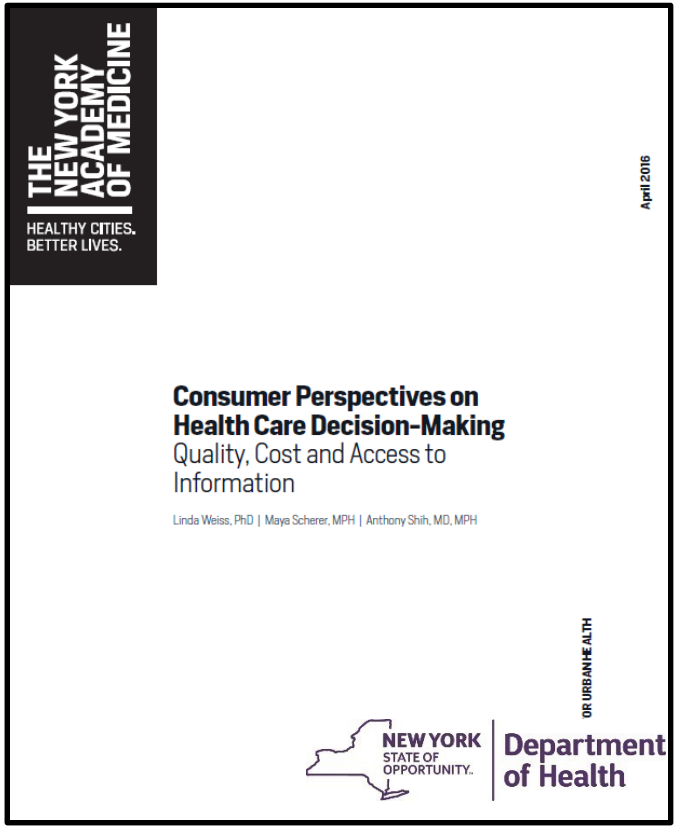
Phase 1 Consumer Focus Groups

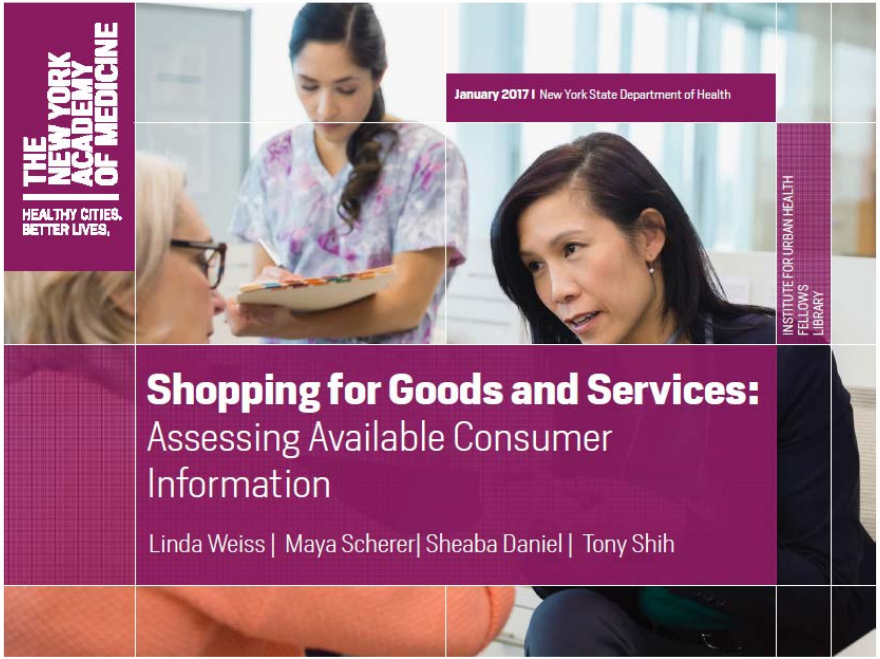
- Presented results at the December 2015 APD stakeholder meeting
- Phase 2 work is building off of findings from Phase 1
- Report is available on the APD page on the DOH website under “Reports or at the direct link:

https://www.nyam.org/publications/publication/consumer-perspectives-health-care-decision-making-quality-cost-and-access-information/



Phase 2 Consumer Focus Groups

- “Shoppable” goods and services
- Internal report and presentation
- Results will continue to inform the development of consumer tools
- 2nd round focus groups to start this summer



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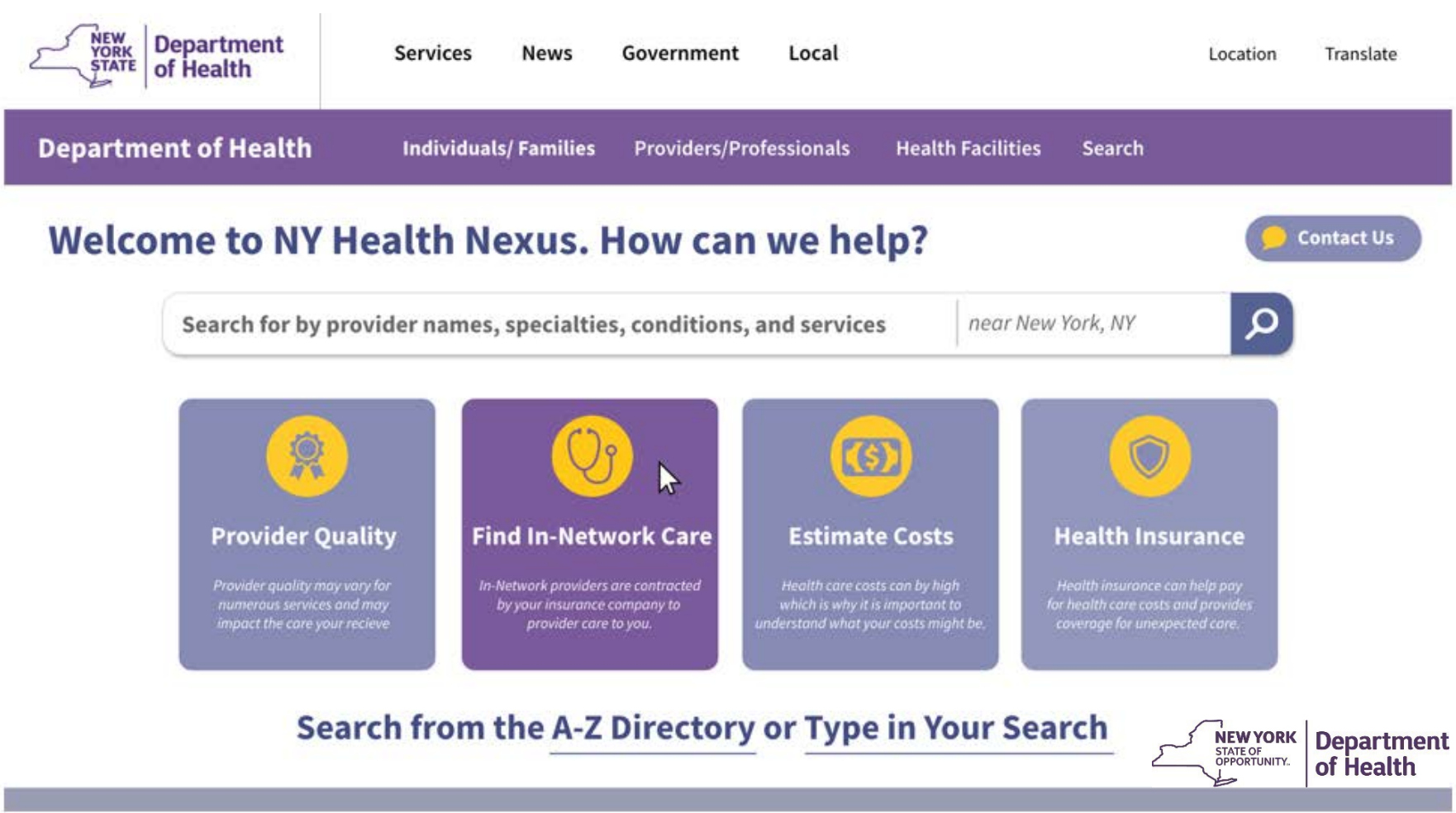
Next Phase: Concept & Prototyping

- Conduct a series of meetings with DOH to gather information on the priorities for New York's health care consumer work including existing and future efforts to inform consumers about cost and quality for physicians, facilities, drugs, and health plans.
- Collect tools available within New York including those currently provided by the state and by health plans within the state to compile links for the available resources.
- Create a wireframe of a centralized resource for New York to be approved by the DOH. These will be used to develop a working prototype for a centralized resource within the state of New York for health care consumers.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Services
News
Government
Local
Location
Translate
Department of Health
Individuals/ Families
Providers/Professionals
Health Facilities
Search
Welcome to NY Health Nexus. How can we help?
Contact Us
Search for by provider names, specialties, conditions, and services
near New York, NY
Provider Quality
Provider quality may vary for numerous services and may impact the care your recieve
Find In-Network Care
In-Network providers are contracted by your insurance company to provider care to you.
Estimate Costs
Health care costs can by high which is why it is important to understand what your costs might be.
Health Insurance
Health insurance can help pay for health care costs and provides coverage for unexpected care.
Search from the A-Z Directory or Type in Your Search
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Mapping APD data to open datasets

- Create recommendations for the eventual use of the APD data to support consumer-focused price transparency including mock-ups of different levels of data collection and disclosure. This includes provider-level, carrier-level, etc.
- A set of written technical documents recommending specific data for collection and its organization in the APD warehouse

Questions/Comments

SHIN-NY Update

NEW YORK eHEALTH COLLABORATIVE

NEW YORK STATE Department of Health

Draft 2020 SHIN-NY Roadmap Version 1.0 High Level Summary

DOH HIT, Evaluation & Transparency Workgroup

Val Grey
Executive Director

June 6, 2017

SHIN-NY Evolution

The Last Decade Or So . . .

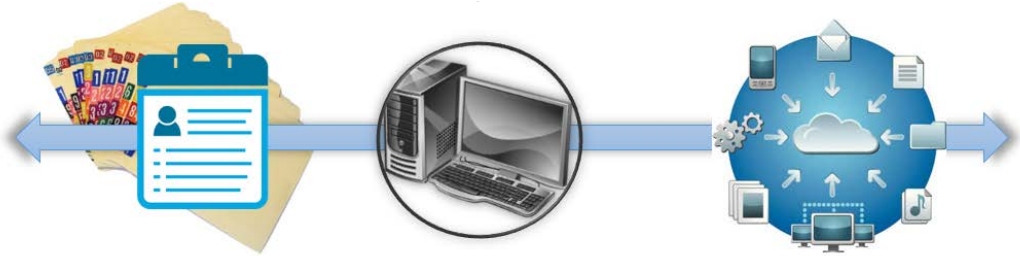
Draft Version 1.0
2020 SHIN-NY Roadmap

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



NYeC

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 lookup & 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

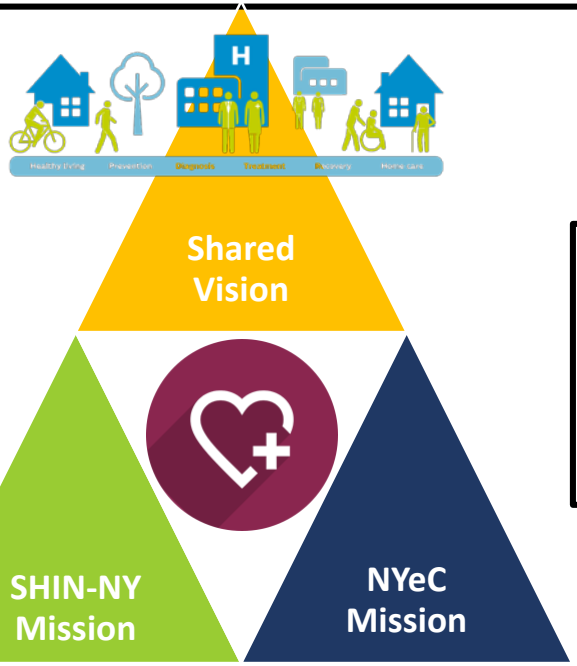
Statewide Patient Record Lookup (SPRL) is operating
Cross QE Alerts are being fully phased-in

NYeC

SHIN-NY & NYeC
Mission And Vision

Draft Version 1.0
2020 SHIN-NY Roadmap

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



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

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

SHIN-NY: Enables & Supports Value Based Care

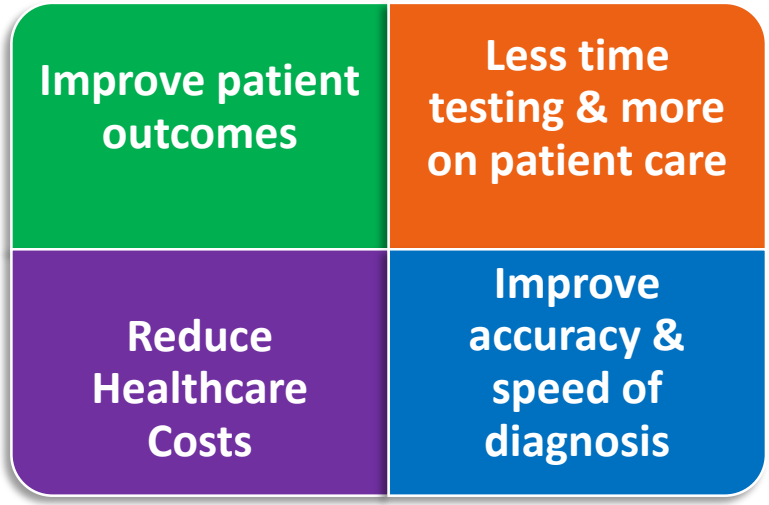
Leads To Better Care & Lower Costs

Draft Version 1.0
2020 SHIN-NY Roadmap

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/



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

NYeC

Current Core Services Delivery and Participation

Draft Version 1.0
2020 SHIN-NY Roadmap

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

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* 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 & Consent

Both Vital Components

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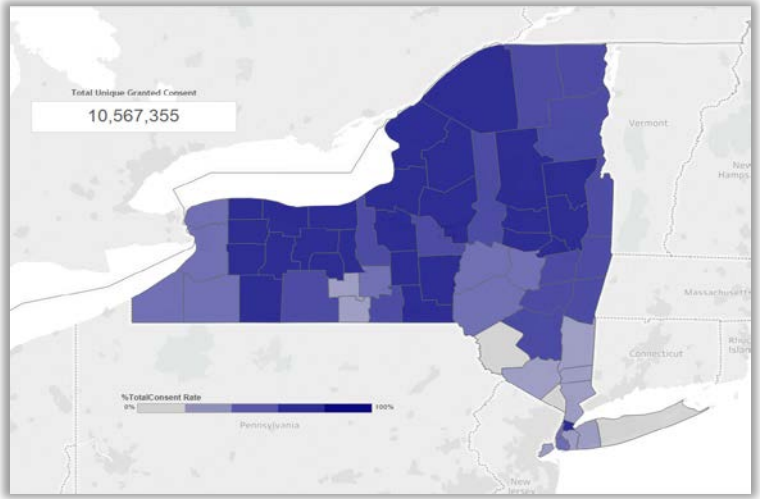
Only about ½ of New Yorkers have provided written consent



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

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

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

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Population Health Key Components

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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 & Challenges

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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

Epic 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

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

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Federal HIT Policy Landscape

Changing & Uncertain

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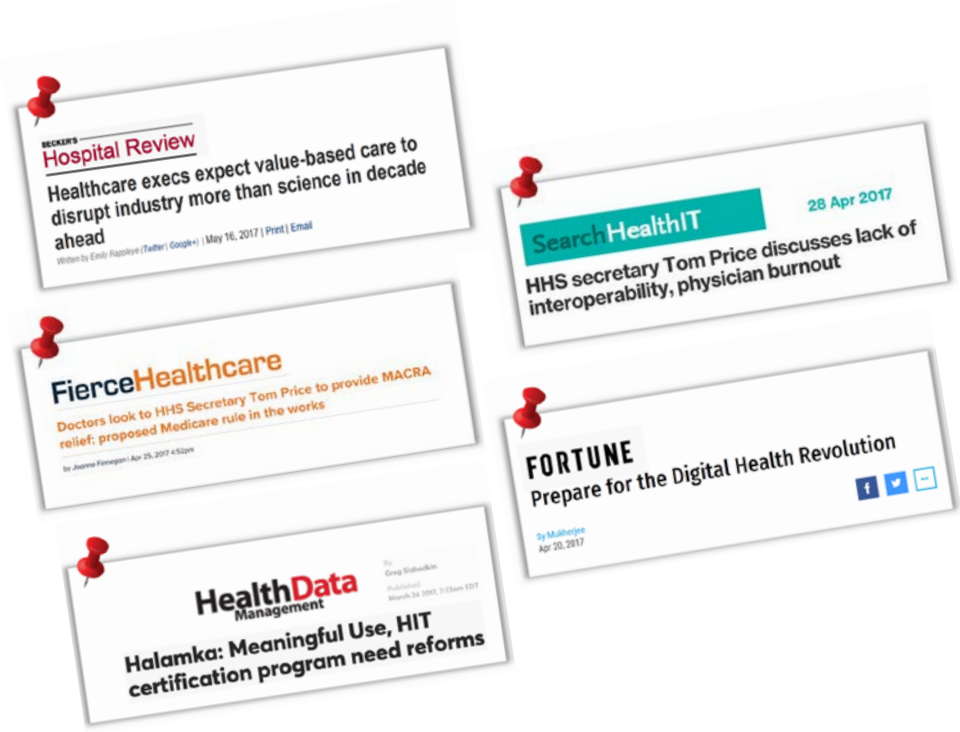

Top 3 Federal Priorities:

- Interoperability
- Usability
- Payment Reform

Meaningful Use Stage 3 will change

Transparency & patient engagement interest

Potential "Perfect Storm"
Funding Challenges

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Moving to lower Medicaid match
HITECH Enhanced match expires 2021

Federal ACHA could cost NYS $7 billion

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

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Ongoing Customer & Stakeholder Input

Has Informed Draft Roadmap

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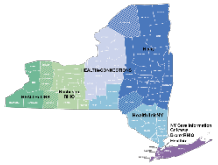
Stakeholder Focus Groups

- All Provider Types
- Health Plans
- Consumers
- Qualified Entities
- DOH Workgroups



NYACP New York Chapter American College of Physicians Advancing Internal Medicine, Improving Patient Care

Medical Society of the State of New York

Greater New York Hospital Association GNYHA

HANYS

HCA Home Care Association of New York State

LeadingAge New York

CCLC

NYeC

And many others ……..

2020 Roadmap Overarching Goal

Optimizing, Integrating & Getting Ready

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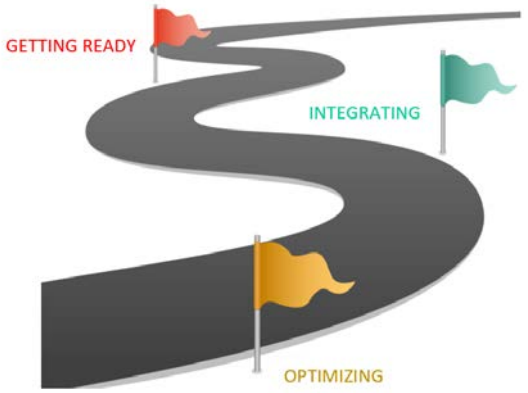
2020 SHIN-NY Roadmap

This 4 Year Roadmap is about:

- Ensuring top-notch infrastructure & platform to increase value & allow diversification of services & funding to 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 which should help maintain some Medicaid funding (albeit at lower matching rates)



What Are The SHIN-NY Infrastructure Goals?

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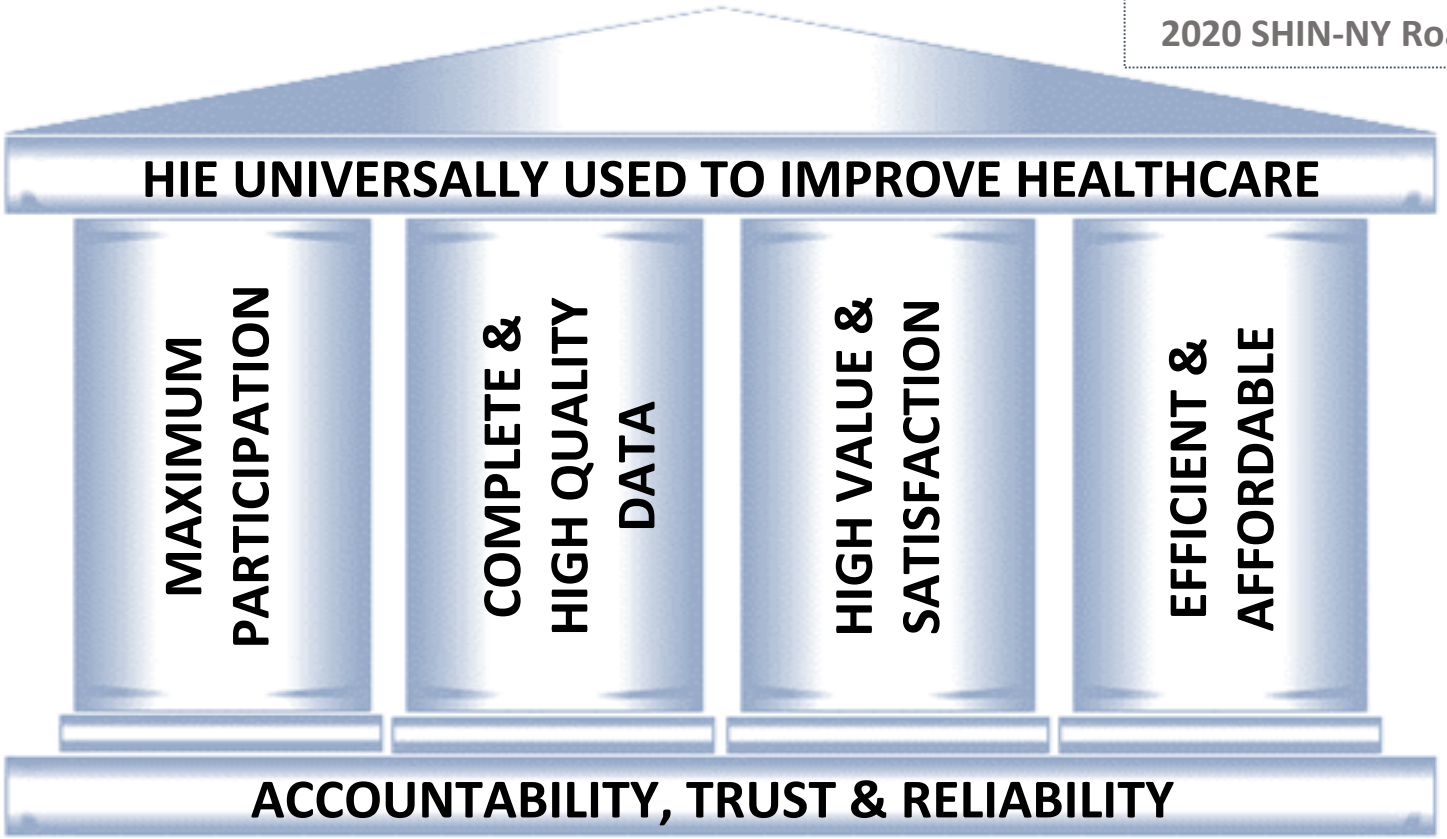

2020 SHIN-NY Roadmap

Strategies & Themes

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- 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

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* 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?

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All metrics must have clear definitions followed by all consistently

Component	Goal
Participating hospitals	100%
Participating providers (physicians + 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

SHIN-NY Integral To Triple Aim

What Does Success Look Like?

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Component	Examples include:	Measured by:
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	Availability and meaningful usage metrics to be determined
Additional important integration data	Claims, eMOLST, Rx, EDRS, registries, Social Determinants of Health	Availability & meaningful usage metrics to be determined
Innovation experiments to identify highest value investments	Quality measurement reporting, smarter alerts, FHIR, Blockchain, AI, machine learning, patient engagement	Relevant milestones developed for each project with outcomes and work shared across the SHIN-NY enterprise

Continuous Feedback: Value, Satisfaction & Usage

What Does Success Look Like?

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2020 SHIN-NY Roadmap

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 & Affordability

What Does Success Look Like?

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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

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What Are The High Level Tools & Levers?

To Execute Roadmap

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2020 SHIN-NY Roadmap

Government Funding

2017-18 … A Transition Year

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2020 SHIN-NY Roadmap

DOH Contracts with QEs

Base Funding

Traditional budget-based approach*
NYeC serves as DOH SDE

Additional reporting & data collection

Consistent rules on allowable membership fees

DOH manages, administers and processes payments with NYeC assistance

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

NYeC *(includes SHIN-NY late stage implementation & IAPD projects)

Government Funding

2018-19+ Performance-Based Contracts

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2020 SHIN-NY Roadmap

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

How Does Gap To Goal Work?

An Example Assuming Even Progression Over 3 Years

Performance Metric	% Improvement Gap to Goal
Provider Participation	33%

100% divided by 3 years

Performance Goal (%)	QE Result Last Year (%)	Gap Amount	Annual Increment	Improvement Target (%) This Year
70.0	50.0	20.0	6.6	56.6

Statewide goal has been established for each performance measure

The previous year's measurement result is used to calculate this year's improvement target

The gap amount is the performance goal minus the previous year's result

Annual increments are calculated from 33% of the gap amount

Improvement targets are set by adding the annual increment & previous year's measurement result

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

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2020 SHIN-NY Roadmap

- ❑ 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

State, Federal, Stakeholders & General Public

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2020 SHIN-NY Roadmap

- ❑ 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

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2020 SHIN-NY Roadmap

- ❑ 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

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

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Questions/Comments

Health IT Integrated Quality Measurement

Quality Measurement Continuum

Claims-based Quality Measurement	Self-reported	Live automated data	Integrated data
Claims data quality measurement and/or HEDIS data collected from surveys, chart reviews, and claims data	Data captured, eCQM calculated in EHR and only numerator/ denominator reported	Automated data acquisition from EHRs to central aggregator tool for calculation, comparison, reporting, and population level measures	Claims and clinical data integrated to analyze quality and address population health needs

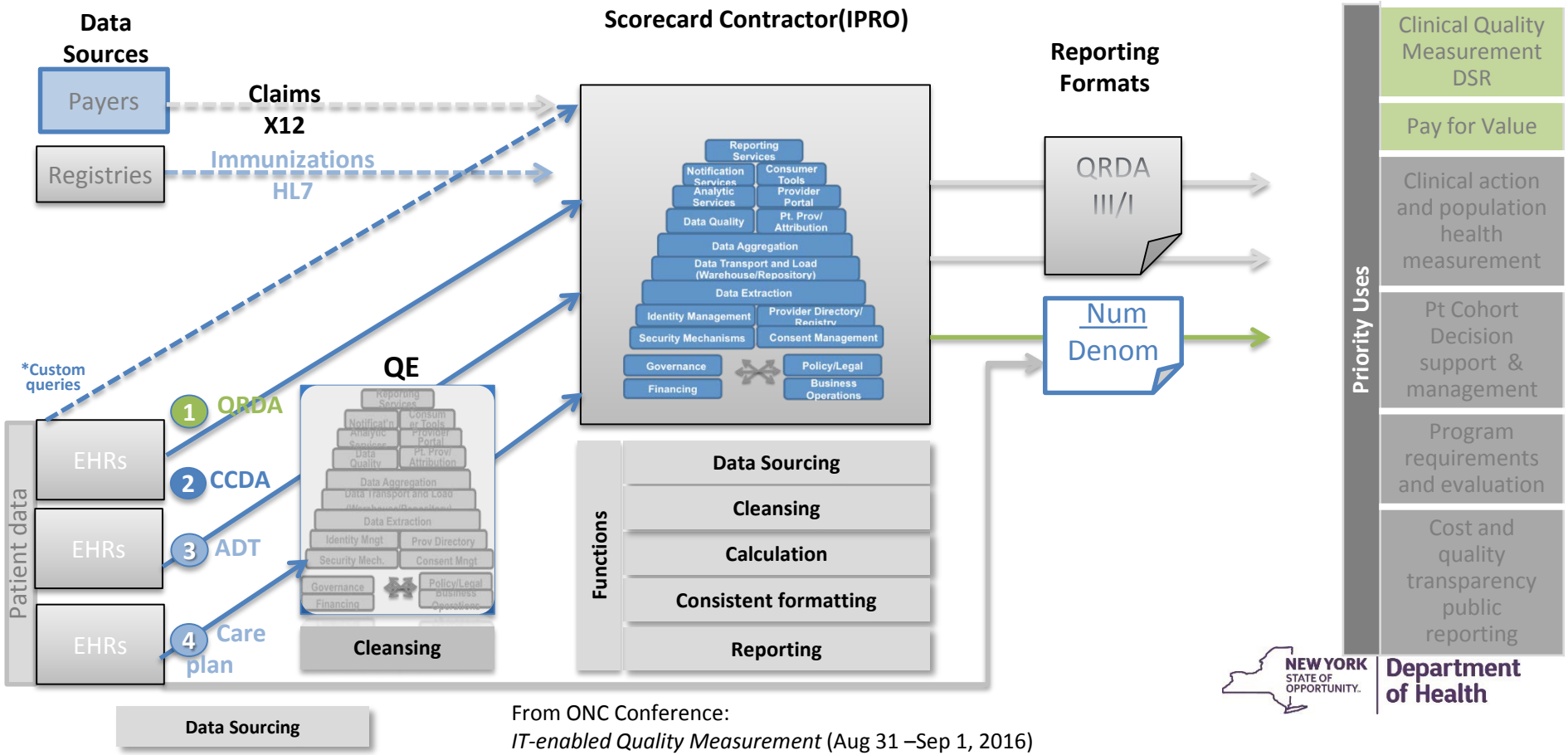
Provider/Practice/Encounter Level Data

Patient-Centric Reporting
Provider-Centric Reporting
Practice-Centric Reporting
System-centric Reporting
Population-level Reporting

From ONC Conference:
IT-enabled Quality Measurement (Aug 31 –Sep 1, 2016)

NEW YORK STATE OF OPPORTUNITY. Department of Health

Intermediate Scorecard



From ONC Conference:
IT-enabled Quality Measurement (Aug 31 –Sep 1, 2016)

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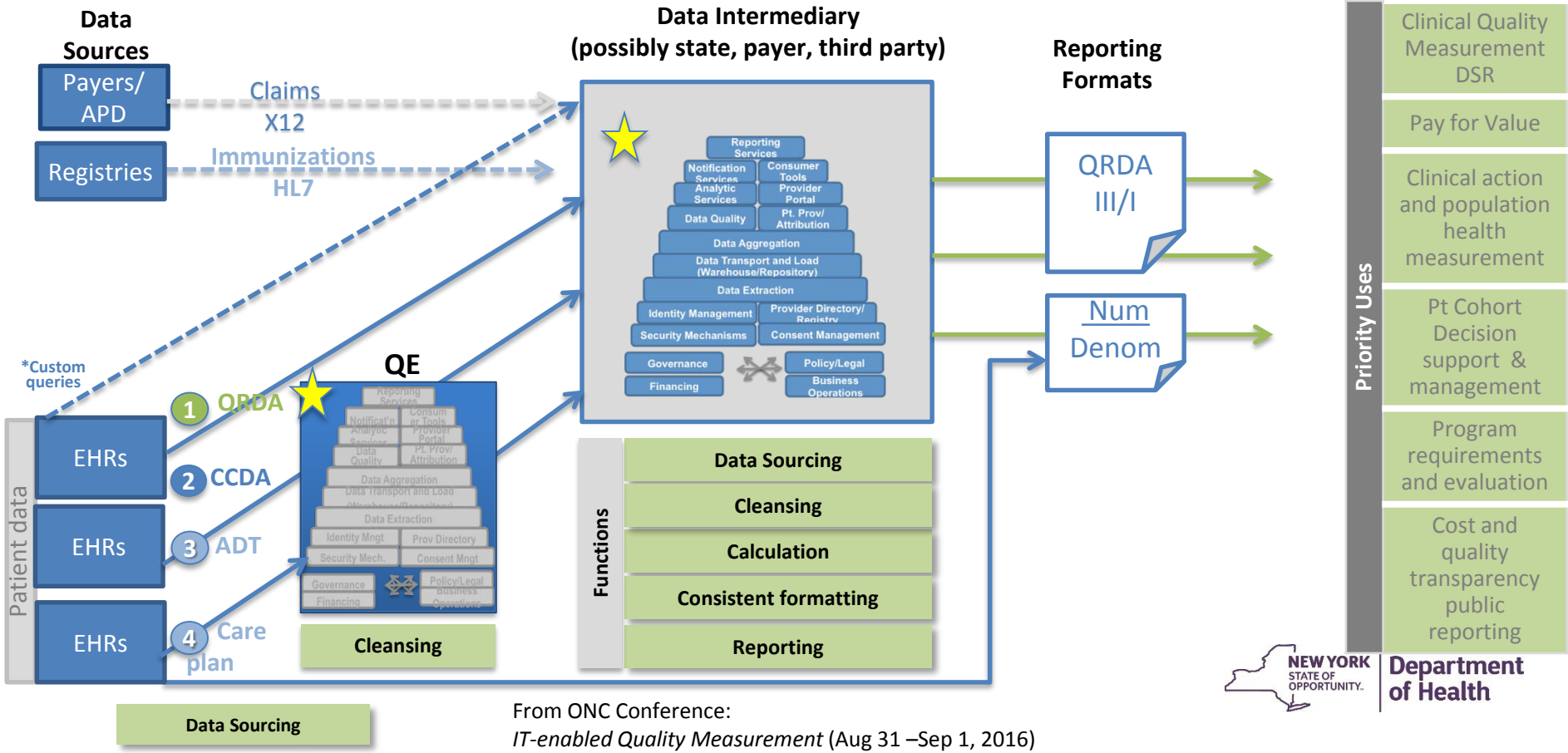
CQM Data Sources & Intermediaries



From ONC Conference:
IT-enabled Quality Measurement (Aug 31 –Sep 1, 2016)

NEW YORK STATE OF OPPORTUNITY. Department of Health

Major Challenges to Implementing HIT-enabled Quality Measurement

- Increasing quality and completeness of data available through EHRs
  - EHR expectation vs. reality
  - How an EHR is used and implemented
  - Standardization
- Provider-Practice Site Problem
- Ensuring infrastructure is available and avoiding redundancy

Implementing Standards

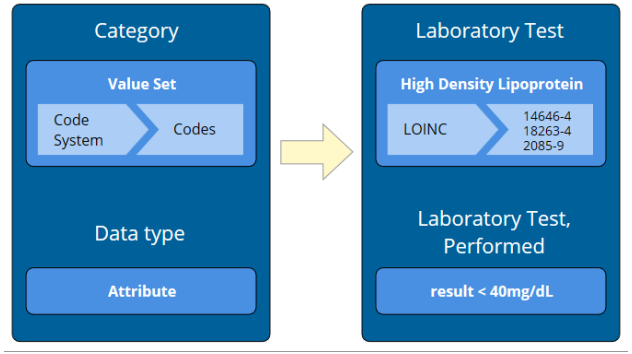
SHIN-NY is focused on aligning with standards for Certified Health Information Technology

- SHIN-NY regulation
- Incentive programs for providers to connect to the SHIN-NY
- Supports providers and hospitals that need to meet MACRA and Medicaid Meaningful Use Requirements
- Aligns with national activities electronic quality measurement initiatives

Aligning with National Activities

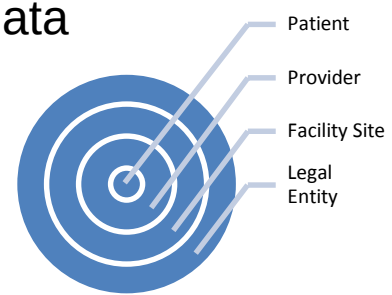
Quality Data Model- Describes the relationship between the patient and clinical concepts to support standardized quality measurement

- Building blocks of electronic clinical quality measures
- Relies on multiple, recognized standards implemented in the community



Developing a Provider Directory to Support Measurement

- Numerous provider directory/provider index activities ongoing
  - PPSs, Plans, NYSDOH
- Importance to quality measurement:
  - Need standardized way of representing patient-provider-facility site-legal entity relationship
- Coordinating activity on Provider Index
- Data sources:
  - Practice Transformation Database, Provider Network Data System, Qualified Entity Information, EHR based data



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Next Steps

Identify infrastructure currently in use that supports quality measurement

- Public, private and shared infrastructure
- Aligning with current measurement activities
- Avoid unnecessary duplication

Continue efforts to increase data quality

- Engaging APC providers on data necessary to support quality measure
- Identify more opportunities for standardization

Questions/Comments