NEW YORK STATE OF OPPORTUNITY. Department of Health

Health Information Technology, Evaluation & Transparency Workgroup

Meeting #17

September 18, 2018

Agenda

	Topic	Time	Leader
1	Welcome and Introductions	10:30 – 10:35	James Kirkwood
2	SHIN-NY Update	10:35 – 10:50	Val Grey
3	HIT-Enabled Quality Measurement Progress	10:50 – 11:15	James Kirkwood Mike Edmonds – NYSTEC
4	Cyber Security Conference	11:15 – 11:30	Mahesh Nattanmai
5	All Payer Database ▪ Release ▪ NYS Health Connector ▪ Consumer Engagement	11:30 – 12:15	Mary Beth Conroy Natalie Helbig
6	Discussion and Next Meeting Topic Suggestions – Survey to Follow	12:15 – 12:30	James Kirkwood

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Call in: 1-866-292-9308 / Conference ID# 965 87 67

WEBEX:

https://meetny.webex.com/meetny/j.php?MTID=mbdb79a101f822c088d4ab1728420eb94

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Opening Remarks

SHIN-NY Update

NEW YORK eHEALTH COLLABORATIVE

NEW YORK STATE Department of Health

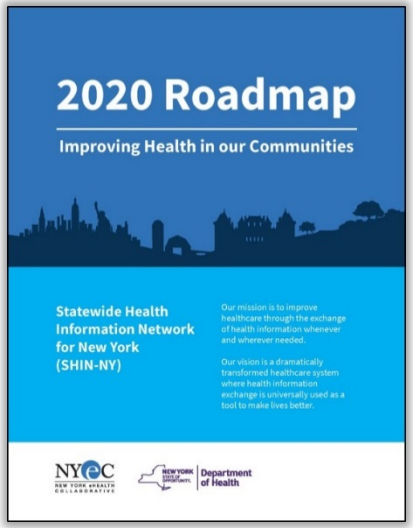
DOH Transparency, Evaluation & HIT Workgroup

SHIN-NY 2020 Roadmap Update

Valerie Grey

September 18, 2018

2020 SHIN-NY Roadmap Strategies



1. **Ensuring Strong HIE Foundation**
2. **Supporting Value-Based Care (Tools, Supports, and Services)**
3. **Enabling Interoperability and Innovations**
4. **Promoting SHIN-NY Efficiency and Affordability**
5. **Advocating Collectively**

Approved by NYeC's Board and DOH

Roadmap Strategy 1 Highlights

Ensuring Strong HIE Foundation

- Implemented New 2018-19 QE Performance Based Contracts, with goals and associated payments for participation, consent and data quality and completeness
- Awarded High Gap Closure projects to help QEs attain these targets, including:
  - Additional gateways, EHR hubs, e-consent, and subsidy program to temporarily reduce charges some downstate QEs charge providers to connect
- Progress is being made on these metrics, quarterly report cards have been developed, and everyone is focused on these priorities, especially downstate
- NYeC and the QEs have done significant work to ensure we are well-positioned to be HITRUST certified later this year
- New 2019-20 performance metrics for customer satisfaction, SHIN-NY usage, and enterprise reliability are under development and should be ready to be incorporated in next year's model

Roadmap Strategy 2 Highlights

Supporting Value-Based Care (Sampling)

Functionality

- Cross QE Alerts implemented
- Treating relationship consent policy change implemented
- Provider survey done by Ai
- NYeC Provider advisory group established
- I-Stop & EHR Integration pilot started
- sPRL expansion to CCDAs

Additional Data & Services

- DSRIP Medical Record Review assistance by QEs underway
- SIM quality measurement awards are imminent and will support NYS PCMH
- Expect to expand DEIP to EMS and pharmacy soon
- SDH data needs, CBO advisory group, and consent analysis for non-clinical data beginning now
- Plans to connect to all payer database under development
- National network options whitepaper will be completed by end of SFY

Roadmap Strategy 3 Highlights

Enabling Interoperability and Innovations

Bronx RHIO

Cross QE data sharing to support analytics

HealtheLink

Combining commercial claims with QE clinical data for quality measures and more

HealtheConnections

Multiple Wegmans pharmacy sites cross QE borders with one HeC connection

Hixny

Expansion of Hixny gateway to telehealth and health home cross QE borders with one Hixny connection

Rochester RHIO

Deep dive legal analysis and recommendations for consideration for sharing of social determinants of health data

- FHIR standards assessment and potential pilot identification will begin soon
- A NYeC Technology Innovation Advisory Group will start up later this year

Roadmap Strategy 4 Highlights

Promoting SHIN-NY Efficiency and Affordability

- Efficiencies can include group purchasing, QE specialization, standardization, shared services and potential QE mergers
  - Current examples include: NYeC and multiple QEs contracting collaboratively for HiTrust support, pilots that test different “wire once” models and a white paper that is close to completion, and some QE exploration of mergers & partnerships
- The new core allocation methodology that used a regression model to objectively construct new payments is designed to further promote and encourage efficiencies especially as the share allocated to core decreases over time while performance share increases

Roadmap Strategy 5 Highlights

Advocating Collectively

State

- Regular dialogue with Executive branch, Legislature, and stakeholders
- Reinforcing value and general awareness message (statewide estimate of savings, patient leakage/movement, use case organization)
- NYeC Consumer advisory group, CBO/VBC advisory group, and multi-sector association group expected to launch in November
- EHR Vendor SHIN-NY Connection Scorecard by end of year

Federal

- NYeC appointment and active engagement in federal HITAC committee, USCDI sub-committee, and ISP sub-committee
- NYeC submitted extensive comments on TEFCA
- NYeC commented on promoting interoperability RFI, proposed federal hospital IPPS rule, home care rule, physician rule, and plans to comment on EHR reporting RFI
- Currently evaluating national network options for the SHIN-NY

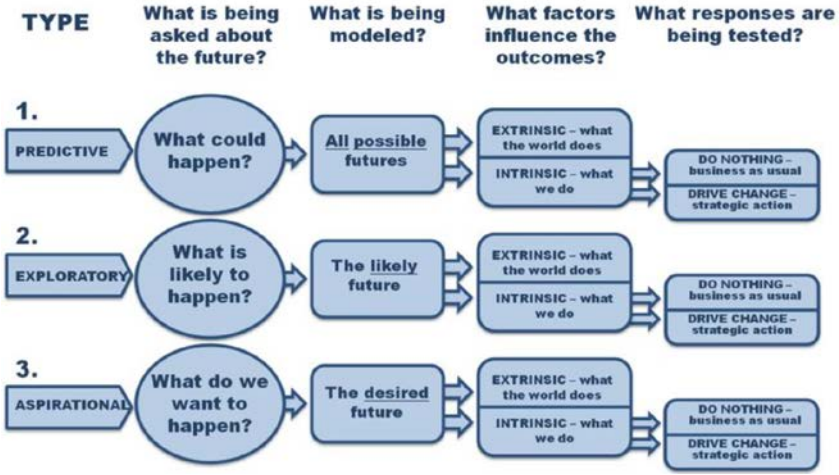
What's Next?

Thing #1

- Continue to execute on the SHIN-NY 2020 Roadmap
- Significant and ambitious undertaking continues

Thing #2

- Given the changing market and funding dynamics, NYeC with NYS and Stakeholders is working on draft longer-term sustainability plans and anticipate use of scenario planning



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HIT-Enabled Quality Measurement Progress

Future State Vision

An infrastructure of ***technology and policies*** that allow ***multiple stakeholders*** to access ***high-quality data*** that represents a ***complete picture of the care*** delivered to a patient and enables ***measurement*** of the ***health outcomes of a population***

Regional Oversight Management Committees (ROMC)

- Stakeholder-led Regional Committees
  - Based on the ADK model
  - Focus on value based payment, advanced primary care, and NYS PCMH
  - Payers in each ROMC have met in separate “payer only meetings” since 2017
    - Purpose of meeting is to develop a multi-payer primary care payment model
- Models vary regionally—but each has the following features:
  - NYS PCMH certification required for payment
  - Common quality measures across all payers (APC Scorecard)
  - Aligned PMPM payments
  - A “target list” of small/medium practices

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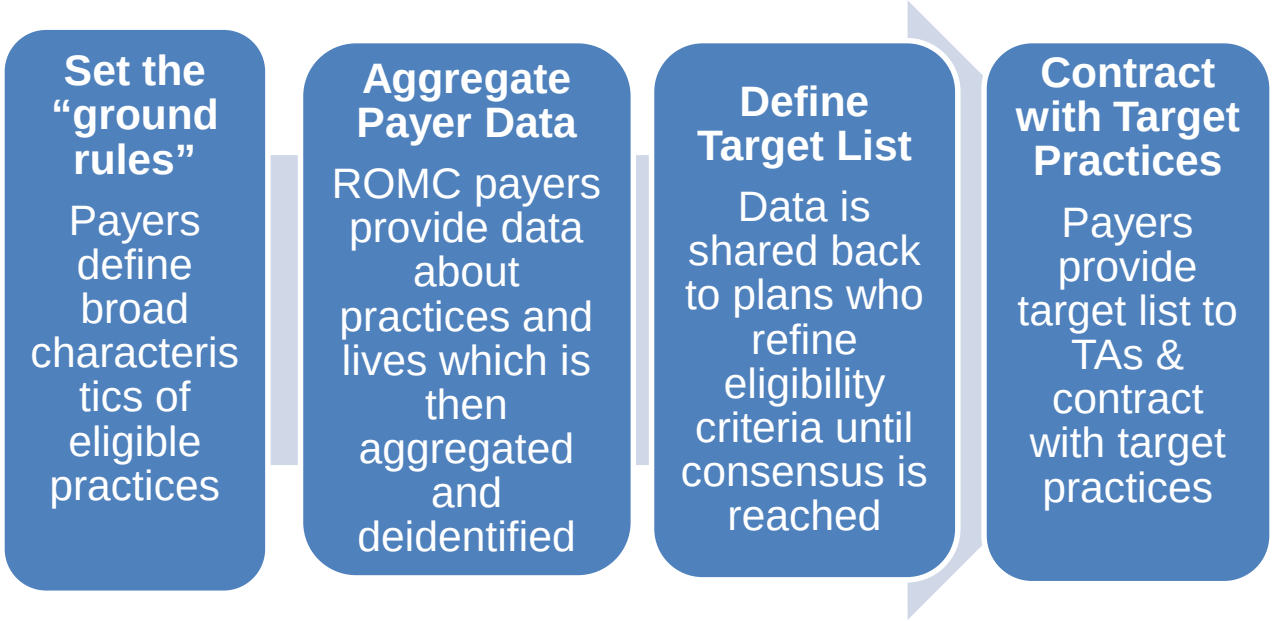
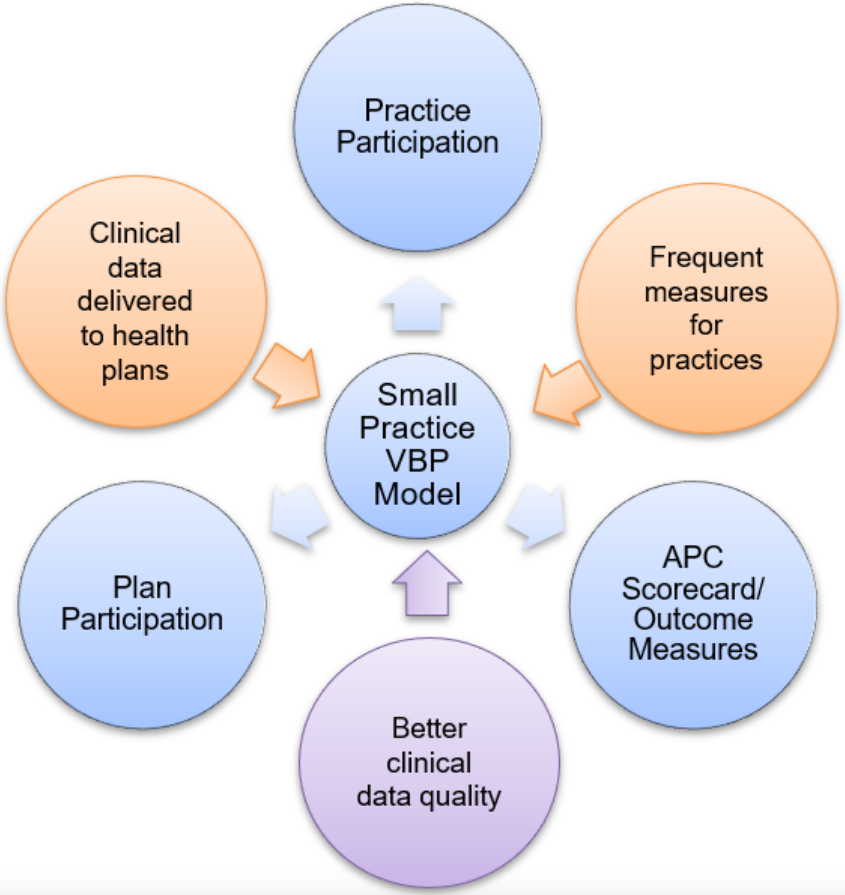
Developing the Target Practice List





ROMC Initiatives

QE Pilots

SHIN-NY Data Quality Assessment

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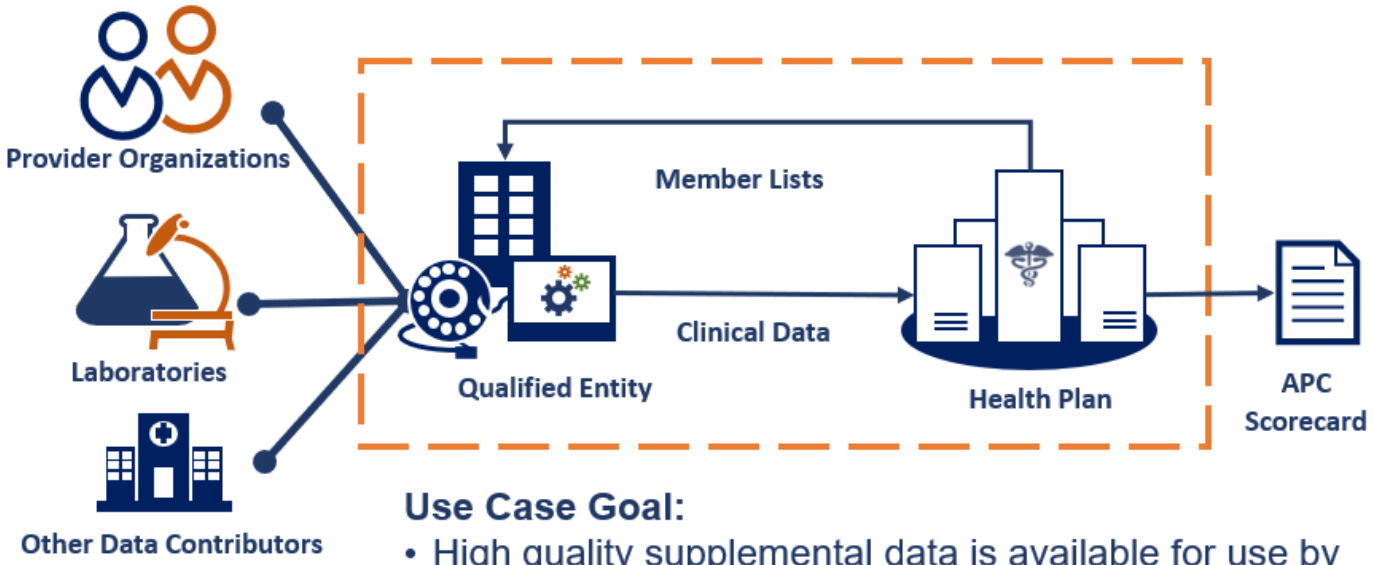
QE Pilot Use Case #1: Data Delivery to Health Plans



Use Case Goal:

- High quality supplemental data is available for use by health plans in calculating outcome measures to inform the APC Scorecard

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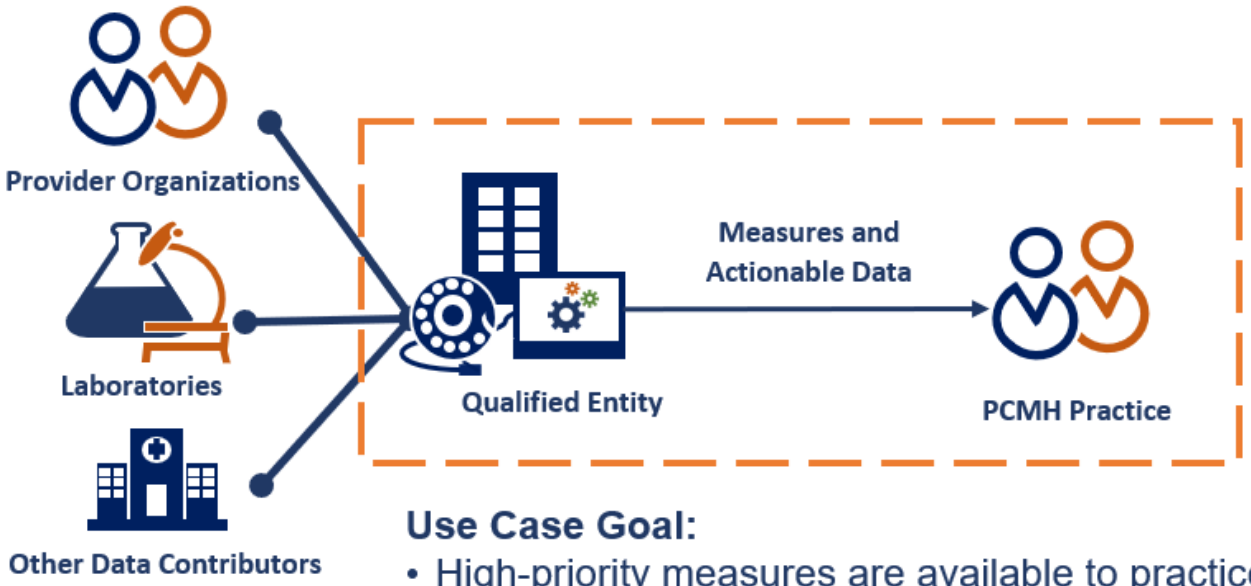
QE Pilot Use Case #2: Generating Measures for PCMH Practices



Use Case Goal:

- High-priority measures are available to practices on a timely basis

QE Quality Measurement Pilot

Goal:

- Demonstrate the potential value of clinical data to fulfill unmet needs
- Pilot the QE's potential as a source of high quality clinical data for quality measurement
- Support the quality measurement needs of the ROMC participants

Key Activities:

- QEs will design, implement and test capabilities to deliver electronic clinical data to health plans
- QEs will generate and share quality measures with PCMH practices
- Document data standards, data quality and other lessons learned

Outcomes:

- A shared understanding of participant data needs
- An assessment of the feasibility of statewide scalability and potential barriers
- A shared understanding of measure specifications
- Meaningful improvement to measure results

NYSTEC

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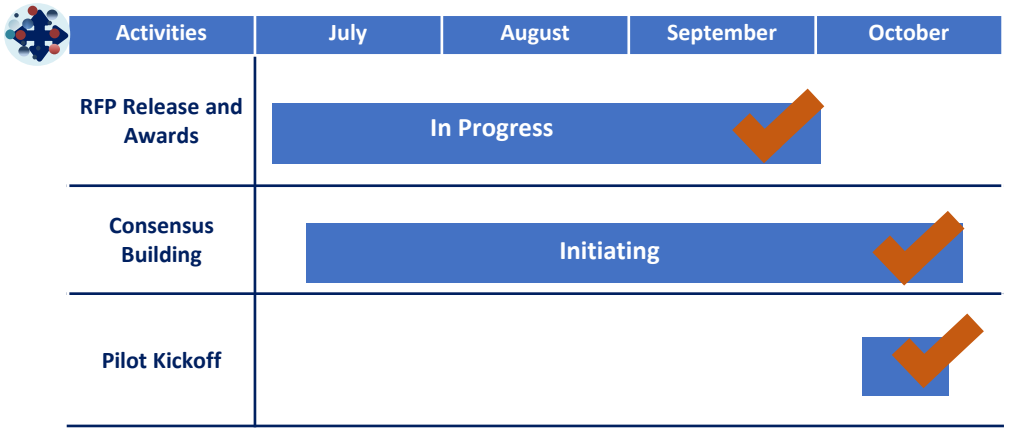
Anticipated Pilot Schedule

- The RFP was released in early July with the anticipated announcement of awardees in September
- Pilot facilitators will be collaborating with stakeholders to build consensus, share pilot objectives and document needs
- Pilot kickoff is anticipated in the fall
- Funding currently ends January 31st, 2019. However, an extension is anticipated through January 31st, 2020



SHIN-NY and NYS PCMH Recognition

NYS PCMH Recognition criteria includes components specifically related to this project and usage of the SHIN-NY:

- CC 14 (Core) Identifying Unplanned Hospital and ED Visits: Systematically identifies patients with unplanned hospital admissions and emergency department visits.
  - The practice has a process for monitoring unplanned admissions and ED visits, including their frequency. The practice works with local hospitals, EDs and health plans to identify patients with recent unplanned visits, and demonstrates how it systematically receives notifications from facilities with which the practice has established mechanisms for exchange.
- CC 21 External Electronic Exchange of Information: Demonstrates electronic exchange of information with external entities, agencies and registries
  - A. Regional health information organization or other health information exchange source that enhances the practice's ability to manage complex patients.
  - C. Summary of care record to another provider or care facility for care transitions.

Medicaid VBP Pilots

June 2018

VBP Challenges for Quality Measurement

- MCOs do not report **all** Category 1 VBP Measures for HEDIS/QARR
  - BMI Screening and Follow-up Plan
  - Diabetes Foot Exam
  - Influenza Immunization
  - Screening for Clinical Depression and Follow-up
  - Tobacco Use: Screening and Cessation Intervention
- Some HEDIS/QARR measures that rely heavily on clinical data to populate numerator compliance are difficult to report (e.g., HEDIS measures that use the hybrid method)
- Controlling High Blood Pressure (CBP) is a hybrid only measure and relies on medical record review (MRR) to calculate the measure results based on a sample from the eligible population
  - Sampling does not allow for population-based measurement or measuring at the VBP Contractor level
  - MRR is resource intensive and does not allow for measurement more frequently than annually

Overview: VBP Pilot Quality Measure Testing Project

June 2018

Goal:

- VBP pilot participants will design, implement, and test their ability to collect electronic clinical data and generate the Controlling High Blood Pressure (CBP) measure at the VBP Contractor Level

Objectives:

- Report results for the CBP quality measure at the VBP contractor level
- Create baseline scores for CBP to benchmark future quality measure improvement
- Enable more frequent measure reporting between VBP Contractors and MCOs
- Improve the quality of clinical data needed for quality measures

Impact:

- Prepares VBP participants to report outcome-based quality measures for their VBP arrangement(s)
- Results of the project may be shared with external organizations, like NCQA and CMS, to drive measure alignment and development

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Key Activities to Date

June 2018

Activities	Description	February				March				April				May			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
VBP Testing Interviews	• VBP Testing interviews with representatives from each VBP arrangement/partnership • Project Overview and Q/A	Completed															
Testing Project Template	• Identify project contacts • Document early milestones and objectives • Timeline					Completed											
Current State Snapshot	• Document current measurement activities, including data flows, data sources, and systems • Identify VBP Pilot activities and engagement • Identify data standards and scalable solutions							Complete Snapshot Responses		Snapshot Response Analysis and Report							

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Cyber Security

All Payer Database

- Releases
- NYS Health Connector
- Consumer Engagement

Timeline

May 2016

Setting the Vision

- Selected data warehousing/analytic vendor
- Contract signed and executed
- Secured ACA grant, Medicaid matching, & state funding
- Held design & requirements sessions
- Started data acquisition for QHP

2017

Developing the Building Blocks

- Published APD regulations & guidance manual
- Approved by IRB as research system
- Held design & requirements sessions
- Build & testing phases
- Developed Master Indexes (Patient/Provider)
- Internal soft releases of APD Analytics Portal & Operational Data Store (ODS)
- Started data acquisition for Essential Plan (EP)

May 2018

Strengthening the Core

- Launch APD public website
- Launch APD analytic portal (sign-in)
- Onboard DOH users
- Mature Master Indexes (Patient/Provider)
- Release additional functionality
- Establish APD Advisory Group

2019

Realizing the Vision

- Integrate commercial data
- Publish data release policy
- Expansion of state users
- Release additional functionality
- Develop sustainability plan
- Expand research agenda

May 2020

Aiming Higher

- Integration with other data systems/sources

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Apr
May
June

Qrt. 1 Release

- **NYS Health Connector**
- **APD Analytic Portal**

Jul
Aug
Sept

Qrt. 2 Release

- **NYS Health Connector**
  - Self Harm, ED Avoidable, Cost/Volume
- **APD Operational Data Store (ODS)**
  - Member, Provider, Issuer/Plan
  - Member MDM; Provider MDM

Oct
Nov
Dec

Qrt. 3 Release

- **NYS Health Connector**
  - Flu Dashboard
- **APD Operational Data Store (ODS)**
  - Consolidated Claims, Symmetry

Jan
Feb
Mar

Qrt 4. Release

- **NYS Health Connector**
  - TBD
- **APD Operational Data Store (ODS)**
  - TBD

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Timeline

Sept 2018

Public Web Release #2 (NYS Health Connector)

1st Release APD ODS to Subject Matter Experts (SMEs)

- Member including Master Patient Index, Provider including Master Provider Index, Issuer/Plan

Oct 2018

Public Web Release #3 (NYS Health Connector)

2nd Release of APD ODS to Subject Matter Experts (SMEs)

- Consolidated claims, Symmetry

Dec 2018

Public Web Release #4 (NYS Health Connector) – TBD

3rd Release of APD ODS – TBD

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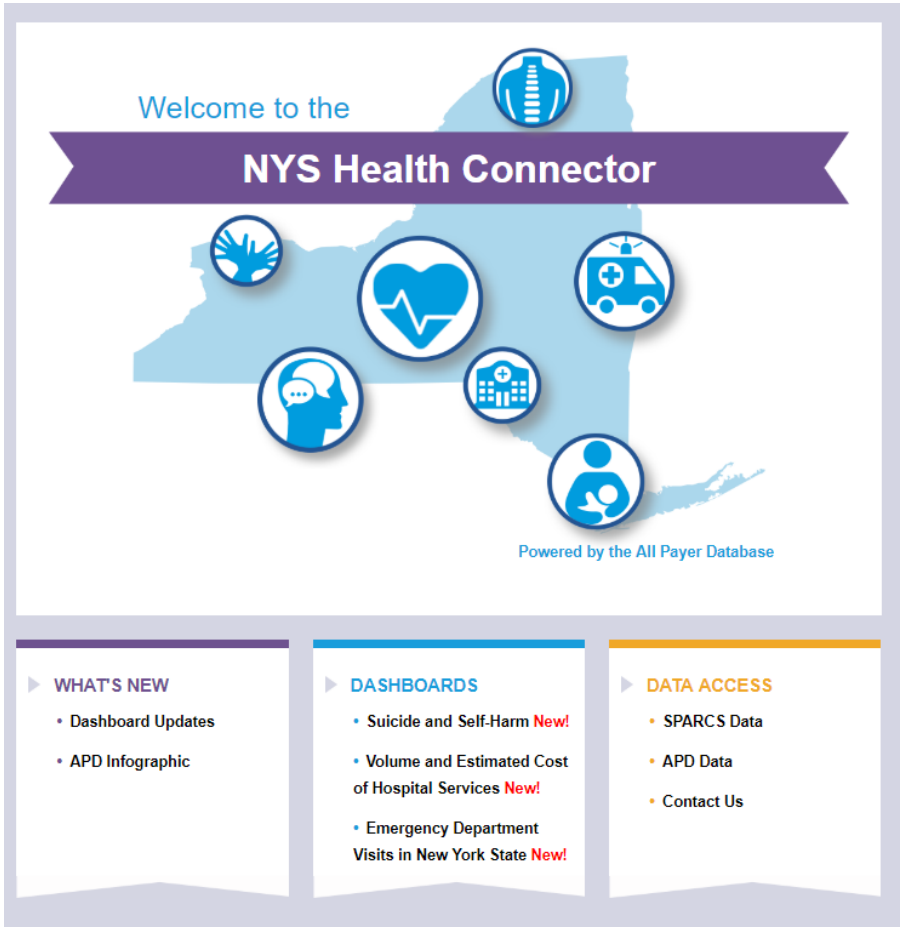

- Targeted Release September 20, 2018

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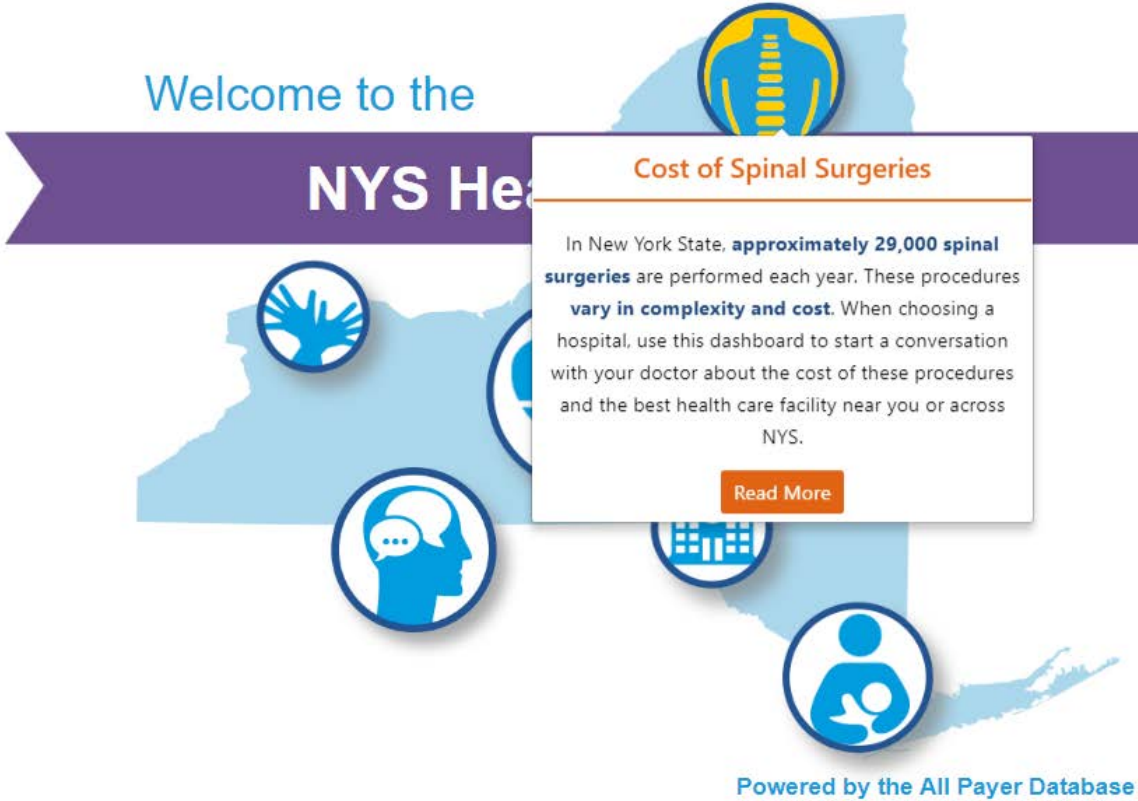

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Volume and Estimated Cost of Hospital Services

Cardiac Procedures

Newborns & Deliveries

Joint Replacement Surgeries

Bariatric Surgery

Spinal Procedures

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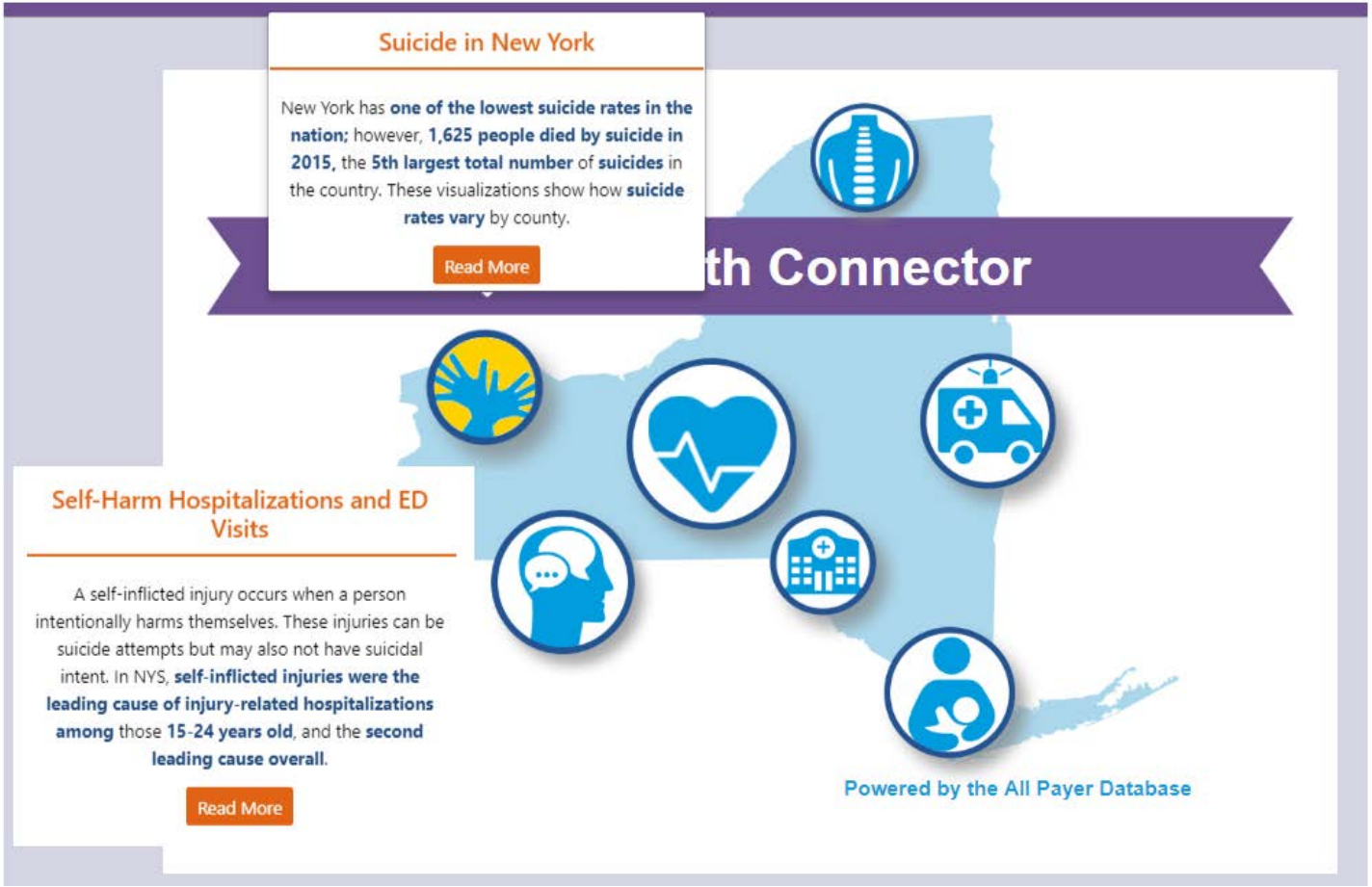

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Suicide and Self-Harm

Deaths by Suicide | Deaths by Suicide by County | Self-Harm Hospitalizations and ED Visits Statewide | Self-Harm Hospitalizations by County | Self-Harm ED Visits by County

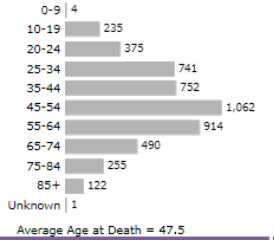
Deaths by Suicide, 2014 - 2016

Hover over the "i" for Information

(•) Number of Deaths
( ) Death Rate per 100,000 Population

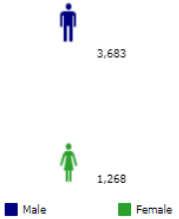
	Number of Deaths			% Change from 2015 to 2016
	2014	2015	2016	
New York City	530	482	518	▲7.5%
Rest of State	1,125	1,143	1,153	▲0.9%
Statewide	1,655	1,625	1,671	▲2.8%

Suicide Deaths by Age Group

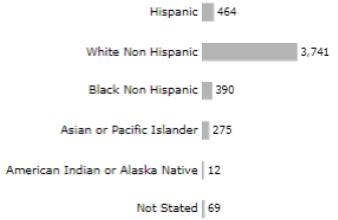


Average Age at Death = 47.5

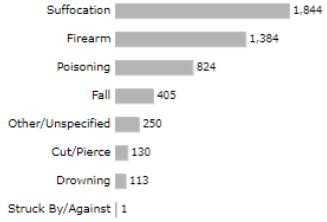
Suicide Deaths by Gender



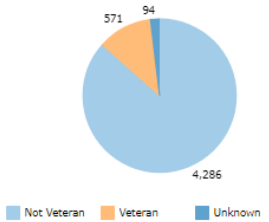
Suicide Deaths by Race



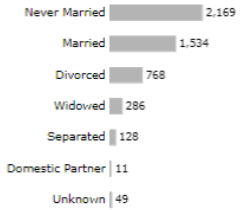
Suicide Deaths by Mechanism of Self-Harm



Suicide Deaths by Veteran Status



Suicide Deaths by Marital Status



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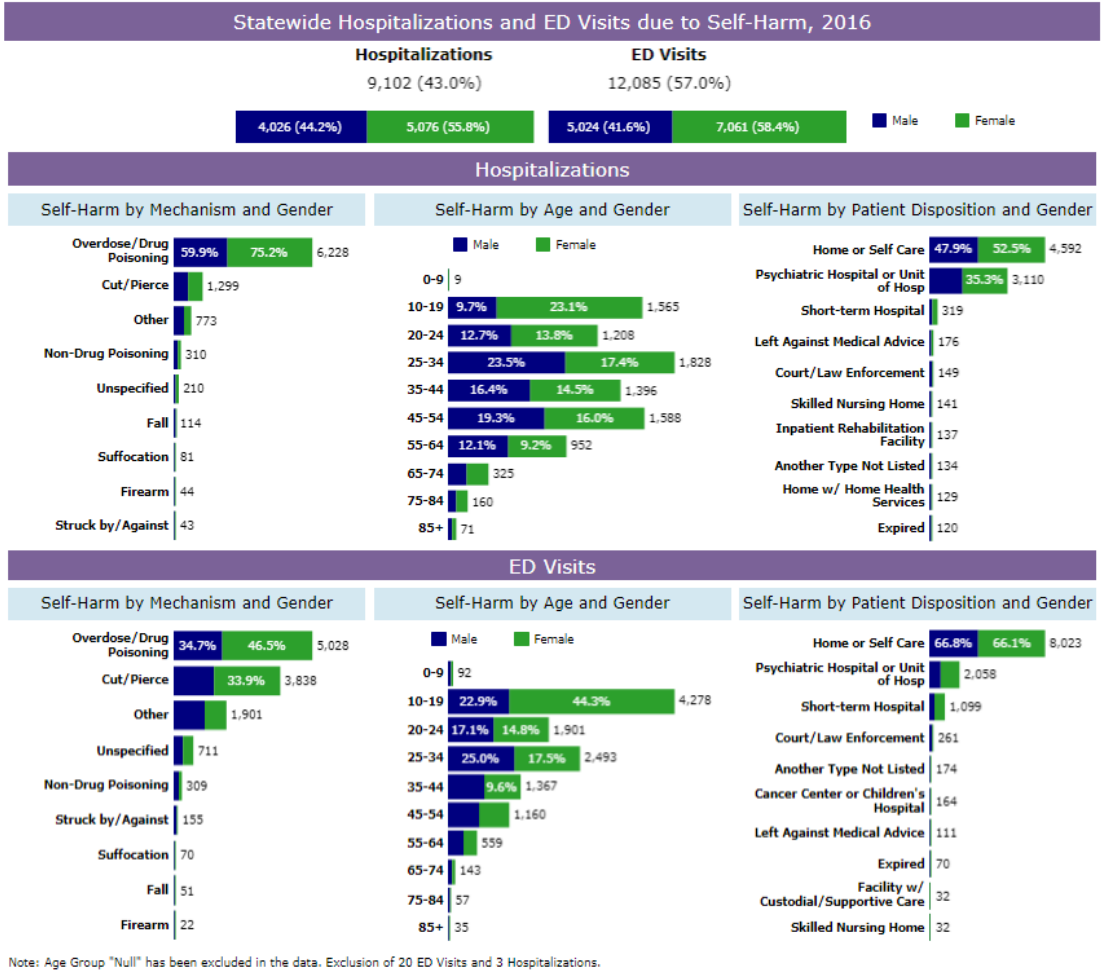

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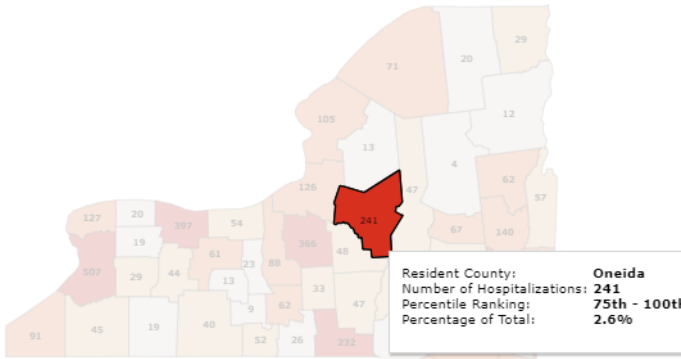
Hospitalizations Due to Self-Harm, 2016

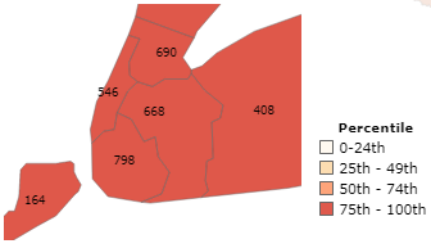
Hover over the "i" for Information

(•) Number of Hospitalizations
( ) Hospitalization Rate per 100,000 Population

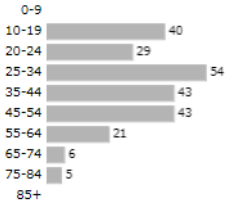
Self-Harm Hospitalizations by County



Self-Harm Hospitalizations for New York City



Self-Harm Hospitalizations by Age Group



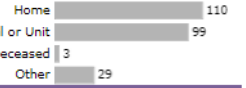
Self-Harm Hospitalizations by Gender

Self-Harm Hospitalizations by Race

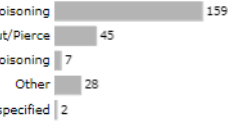
Race Numbers Too Small to Report

Self-Harm Hospitalizations by Ethnicity

Self-Harm Hospitalizations by Discharge Status



Self-Harm Hospitalizations by Mechanism



* Indicates all or multiple selections by default

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Emergency Department Visits in New York State

How often?

Why?

Where?

When?

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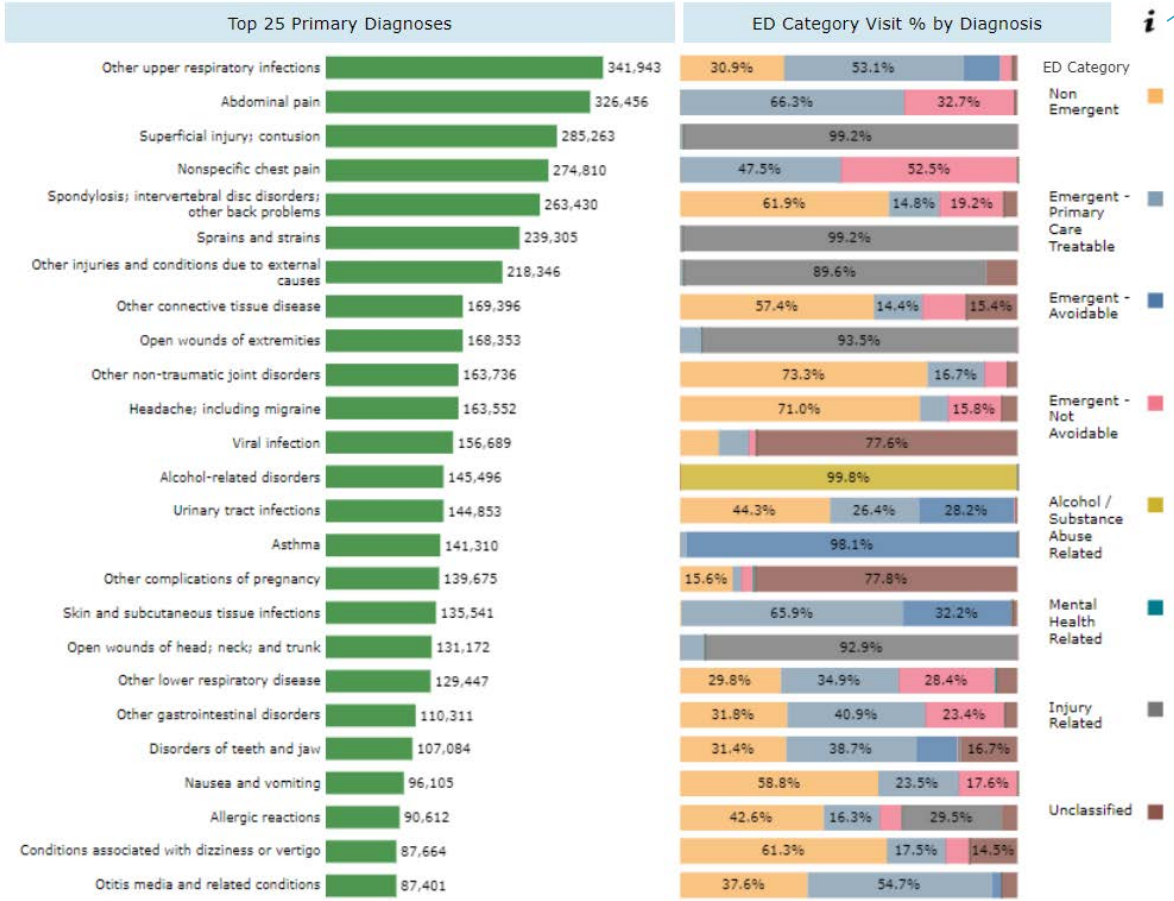
Why did people visit the emergency department in 2016 ?



The **Primary Diagnosis** is the condition medical professionals deemed to be the chief reason a person was treated in the emergency department (ED). The **ED Categories** shown are based on the NYU algorithm for classifying ED use.

Non-Emergent: immediate medical care was not required within 12 hours.

Emergent- Primary Care Treatable: treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting.

Emergent - Avoidable: emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.).

Emergent – Not Avoidable: emergency department care was required, and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).

Mental Health Related; Injury Related; Alcohol/Substance Abuse Related and Unclassified: The NYU algorithm separately classifies ED primary diagnoses related to mental health, injury, and alcohol/substance abuse, and unclassified. These primary diagnoses are not given a probability of being emergent.

How to interpret ED Category Distribution for Diagnosis: The stacked bar chart reads as follows: In 2016, 341,943 visits to the ED had a primary diagnosis as "Other upper respiratory infections". Of those 341,943 visits, 30.9% were classified as Non-Emergent, 53.1% were classified as Emergent - Primary care Treatable, and 11% were classified as Emergent-Avoidable, etc.

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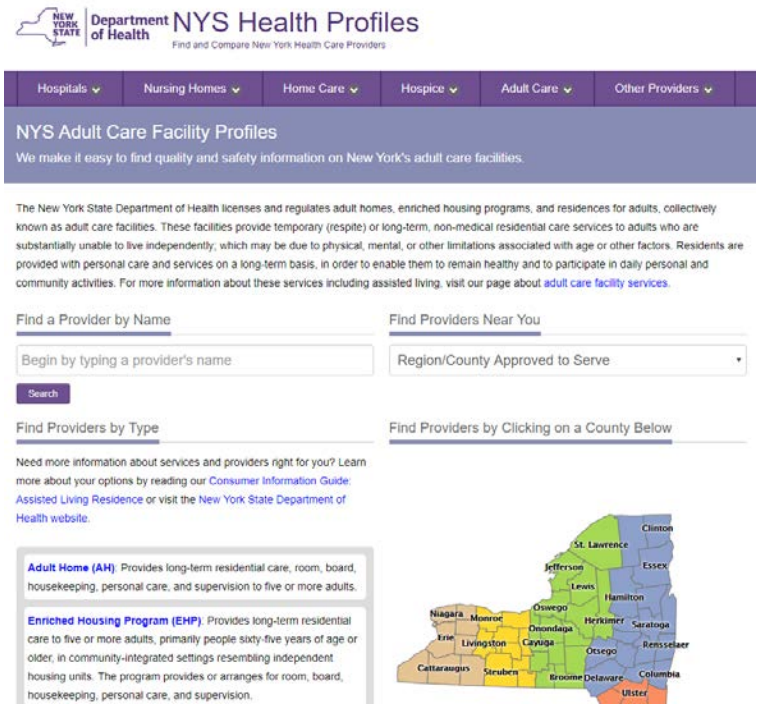
Consumer Engagement

March 2018 Adult Care Facility Basic Look Up

August 2018 Adult Care Facility Inspections

Nursing Home and Home Care Domain Ratings



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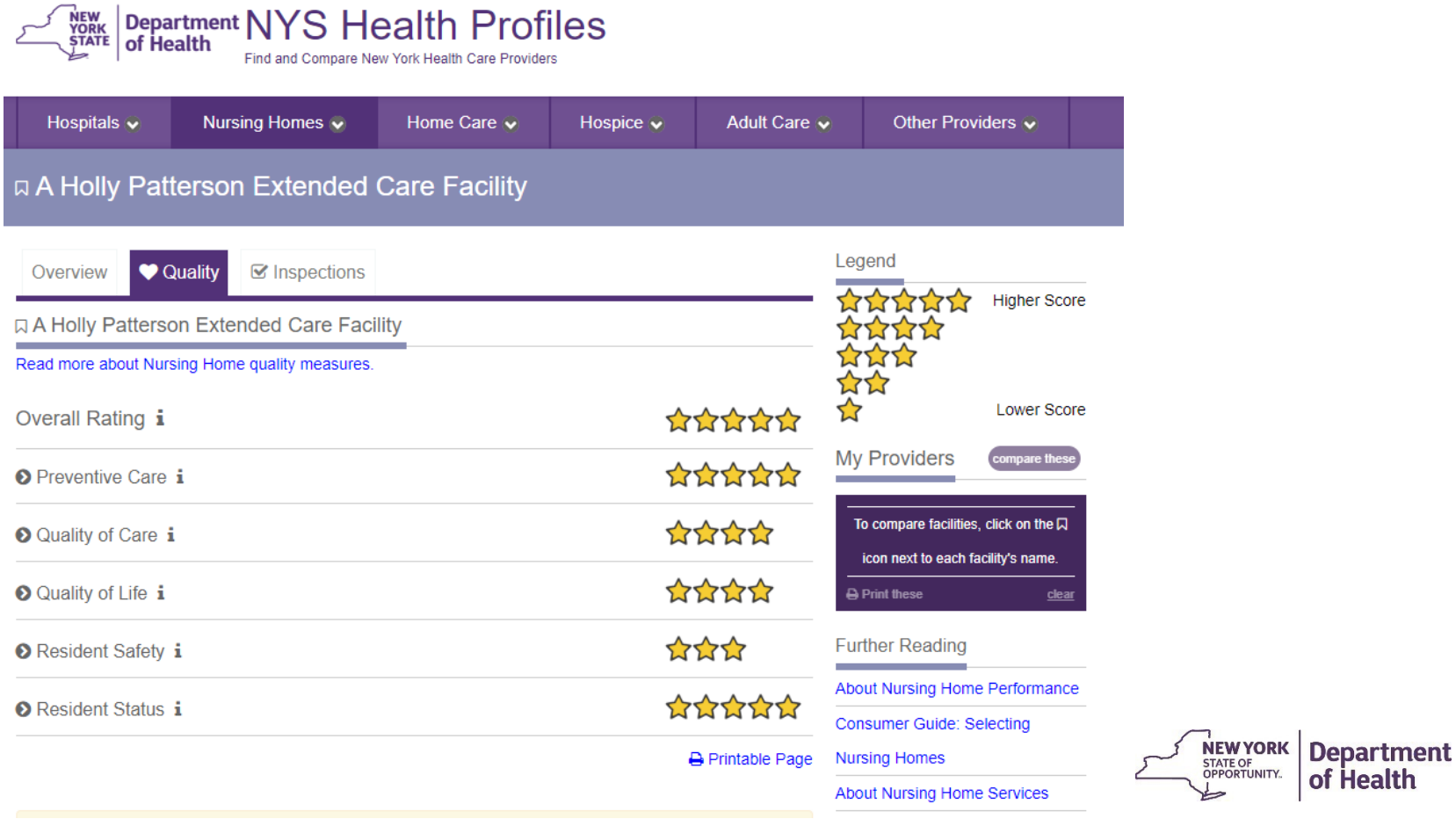
Consumer Engagement

Sept 2018	Planning begins for consumer focus groups focused on testing usability of prototype concepts for price/quality tool and NYS Health Connector and NYS Health Connector bot prototype
Oct 2018	Focus groups begin
Dec 2018	Preliminary results



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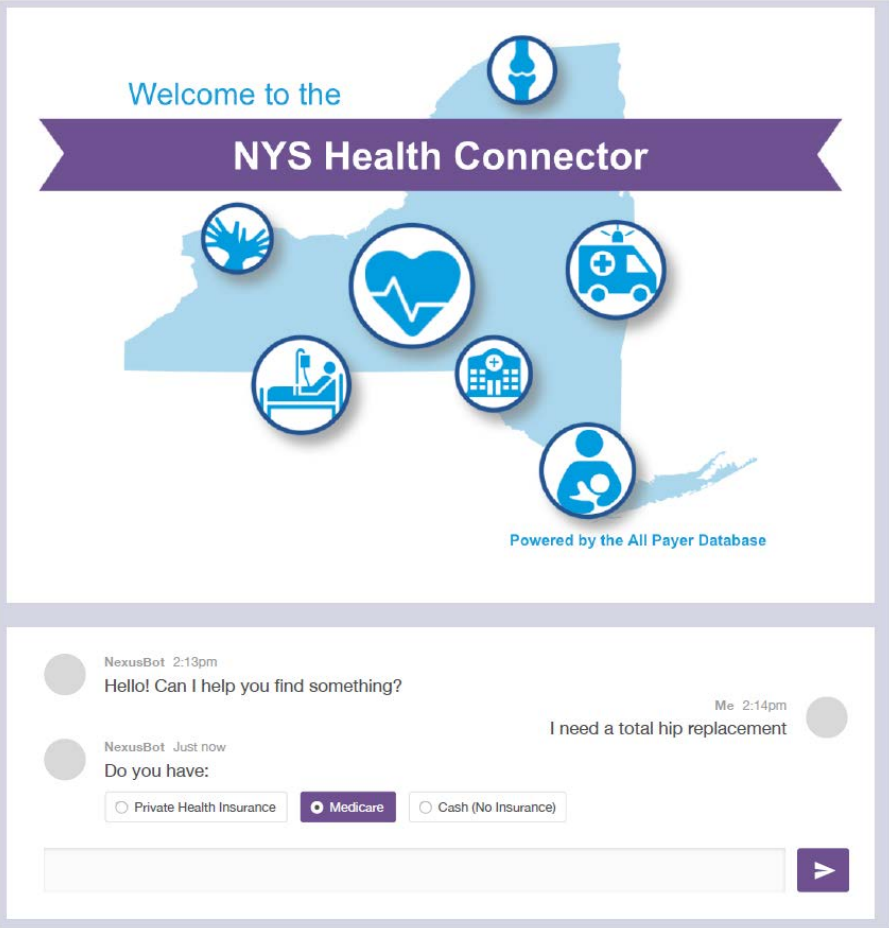

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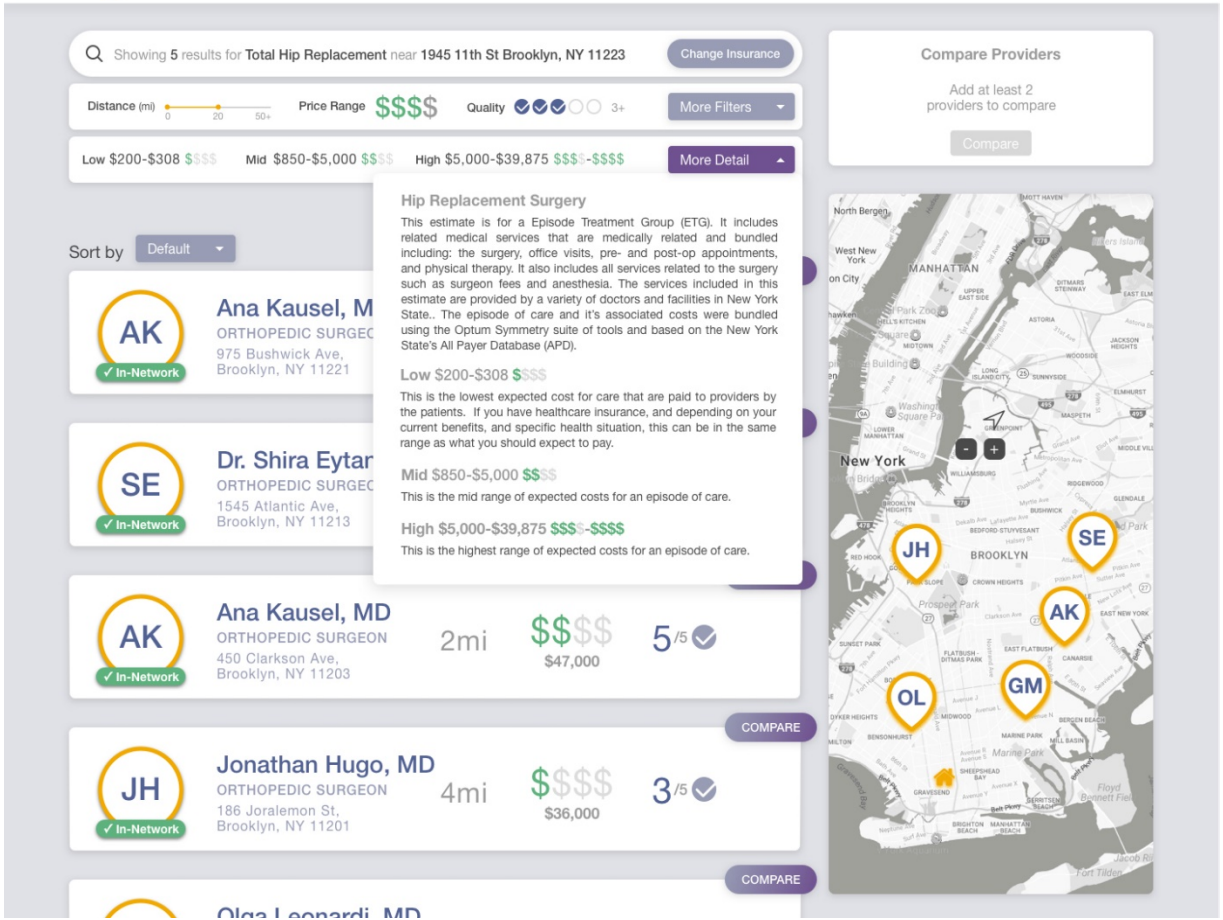

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QUESTIONS?

FIND OUT MORE.

nysapd@health.ny.gov

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Discussion and Next Meeting Topic Suggestions – Survey to Follow

HIT Advisory Committee Next Steps

- Re-examining the charge of the committee
- Surveying the committee on the topics of interest
- Next meeting to be scheduled