



**Department
of Health**

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #14

September 19, 2017

Agenda

#	Topic	Time	Leader
1	Welcome and Introductions	10:30 – 10:35	James Kirkwood
2	Opening Remarks	10:35 – 10:40	Paul Francis
3	APD Update	10:40 – 11:00	Mary Beth Conroy
4	SPARCS Technical Alignment	11:00 – 11:20	Scott Franko
5	Consumer Tools and Transparency Update <ul style="list-style-type: none">▪ Working lunch	11:20 – 12:00	Natalie Helbig
6	SHIN-NY Update	12:00 – 12:30	Valerie Grey (NYeC)
7	Health IT Integrated Quality Measurement	12:30 – 1:00	Maria Ayoob (NYSTEC)
8	HITrust and Security Integration	1:00 – 1:30	James Kirkwood
9	Discussion and Next Steps	1:30 – 2:00	James Kirkwood

Opening Remarks

All Payer Database Update

- Regulation update
- Federal update
- Website update
- Timelines
- Updated visualizations

Regulation Update

- On August 3, 2017 the APD regulations were approved by the State's Public Health and Health Planning Council (PHHPC)
- Regulations were filed with the Department of State on August 23, 2017
- The regulations are published in the State Register and become effective on September 13, 2017
- An Assessment of Public Comment was prepared
- The APD Guidance Manual was finalized for public release

Regulation Update – Data Submission

- Section 350.2 of the regulation (APD Data Submission) shall be effective on January 1, 2018
- This will allow the Department additional time to develop the information technology for data collection from commercial third-party health care payers
- If the Department does not have the infrastructure in place to accept submission from commercial payers by this date, the Department will issue guidance indicating the anticipated implementation and required compliance date

APD Advanced Planning Document

- An As-Needed Advance Planning Document Update (AN-APDU) was submitted to CMS on July 28, 2017 and was approved by CMS on August 3, 2017.
- The AN-APDU outlined anticipated Design, Development and Implementation (DDI) as well as Operational costs for APD Data Intake, Hosting and Analytics.
- The data intake is funded at the 90% Federal Financial Participation (FFP) rate. The analytics and hosting components are funded at 50% FFP.
- The FFP requests were approved covering FFY 2018-2021.

APD Website Updates

The APD public webpage on the DOH homepage continues to be updated – recently EIS Data Submission Technical Guidance documents were added:

https://www.health.ny.gov/technology/all_payer_database/

Data Intake and Acquisition: Data Submission Technical Guidance

Entities that submit data to the APD ("data submitters") will submit data to the APD using the Encounter Intake System (EIS). Currently, the APD's EIS accepts data submissions in the following formats:

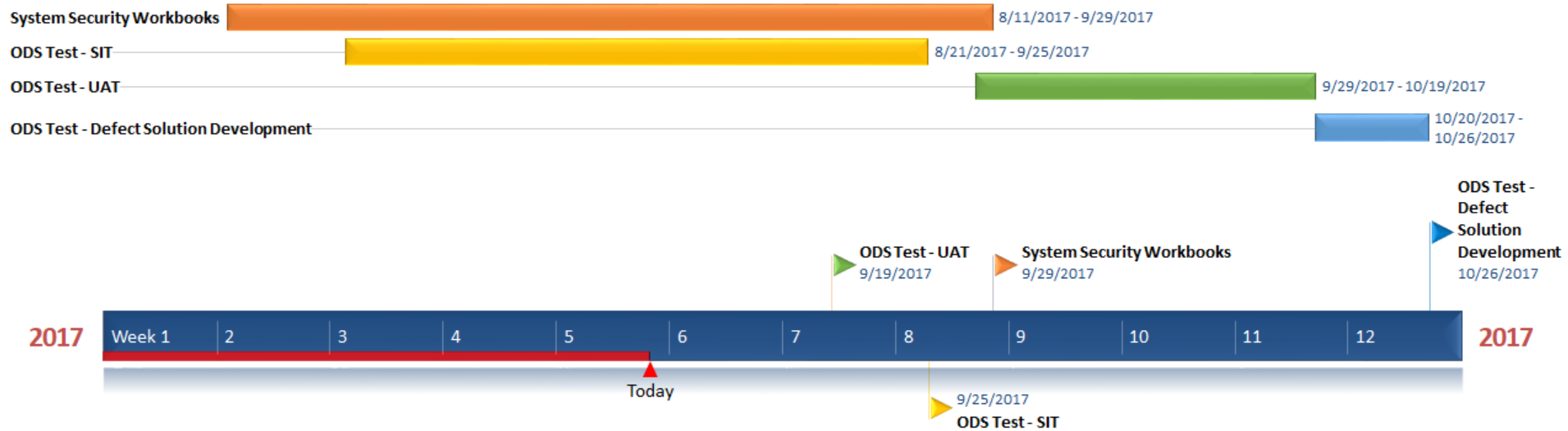
- X12 Post Adjudicated Claims Data Reporting (PACDR)
- National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard

DOH requires that data submitters submit post-adjudicated claims data for all members and for all health care related claims that have been adjudicated. After adjudication, claims data is submitted using X12 PACDR and the NCPDP Post Adjudication Standard transactions. X12 PACDR is used for institutional, professional, and dental claims. The NCPDP Post Adjudication Standard is used for pharmacy claims. The EIS Companion Guides define specific NYS DOH requirements to be used for processing encounter data. It is important to note that the below three EIS Companion Guides supplement and do not contradict any requirements in the X12 Implementation Guides (Version 5010), the NCPDP Post Adjudication Standard Version 4.2 Implementation Guide, or related documents.

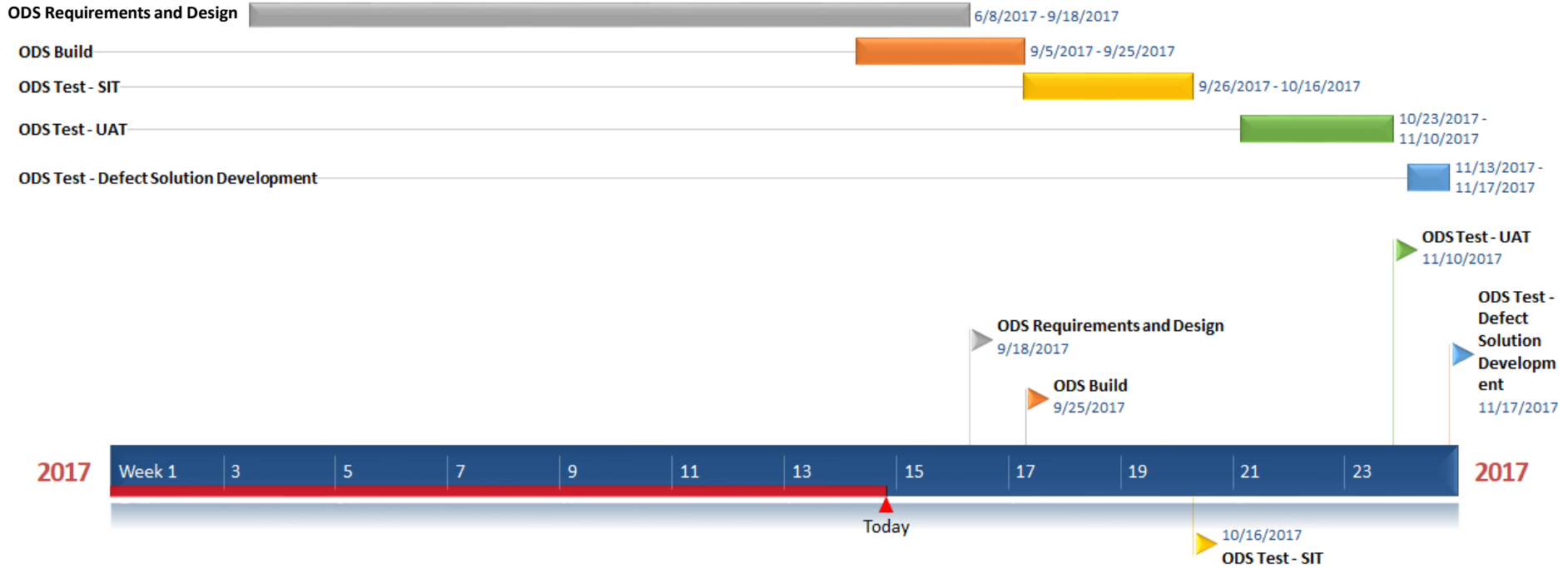
- [EIS TRADING PARTNER INFORMATION COMPANION GUIDE](#): Instructions Related to the Exchange of Electronic Data Interchange (EDI) with the EIS. Based on X12 Implementation Guides, Version 5010 and the NCPDP Implementation Guide, Version 4.2. The EIS Trading Partner Information Companion Guide is intended to provide information needed by trading partners to exchange Electronic Data Interchange (EDI) data with the Encounter Intake System (EIS). It includes information about registration, testing, support, and other information.
- [EIS TRADING PARTNER INFORMATION COMPANION GUIDE](#): Instructions related to Transactions Based on X12 Implementation Guides, Version 5010, and related documents. To acquire copies of the X12 Implementation Guides, Version 5010, and related documents, please visit <http://store.x12.org/store/healthcare-5010-original-guides>.
- [EIS STANDARD COMPANION GUIDE](#): Instructions related Transactions Based on NCPDP Post Adjudication Standard Implementation Guide, Version 4.2, and related documents. To acquire a copy of the NCPDP Implementation Guide, Version 4.2, visit <http://www.ncpdg.org>.
- [TIER 2 EDIT DISPOSITION SPREADSHEET](#): If a submission file passes Tier 1 editing (standard level syntax and structure editing), the EIS will perform Tier 2 editing on each claim. The EIS process will check to ensure functional edits are met (external code sets and logical validation). This involves testing for valid Implementation Guide specific code set values and other code sets adopted as HIPAA standards, as well as DOH required edits. Edit descriptions and logic for each EIS edit are found on the Tier 2 edit document.



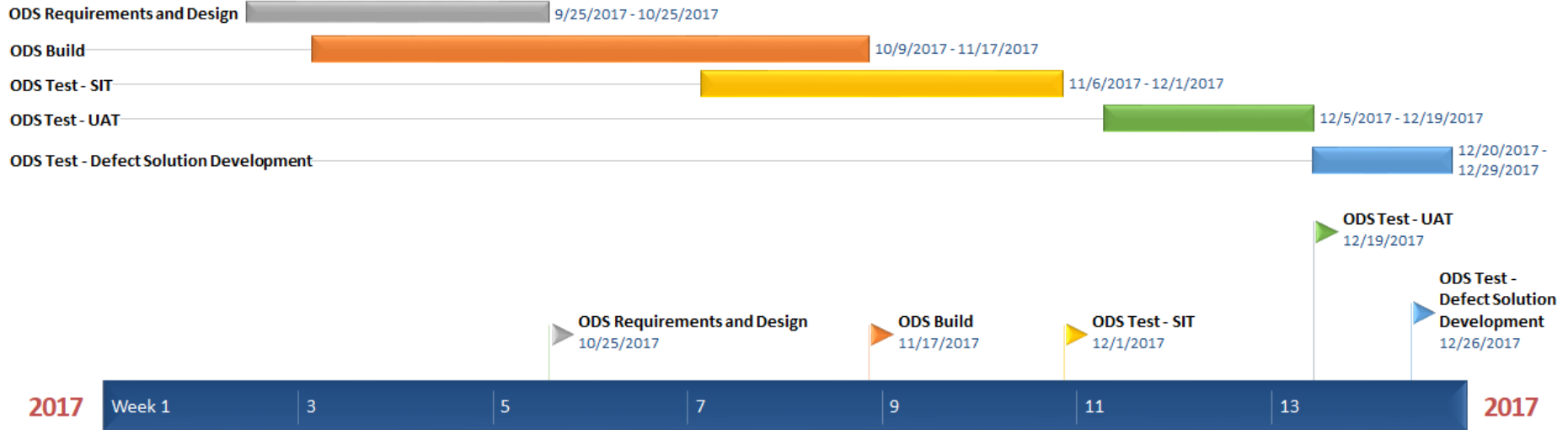
Enterprise Member Timeline



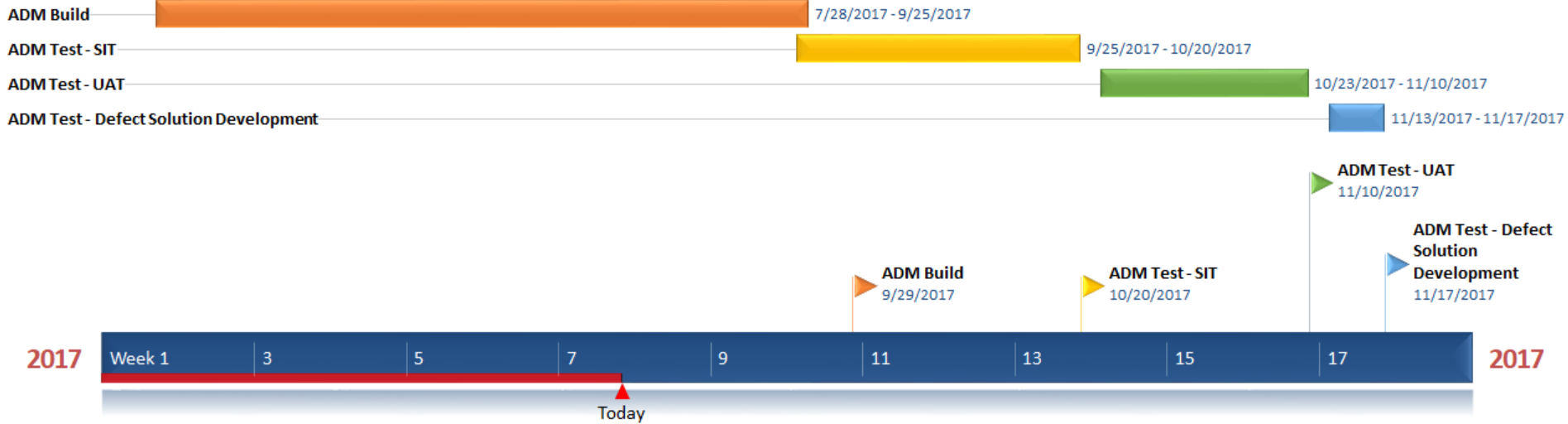
Enterprise Provider Timeline



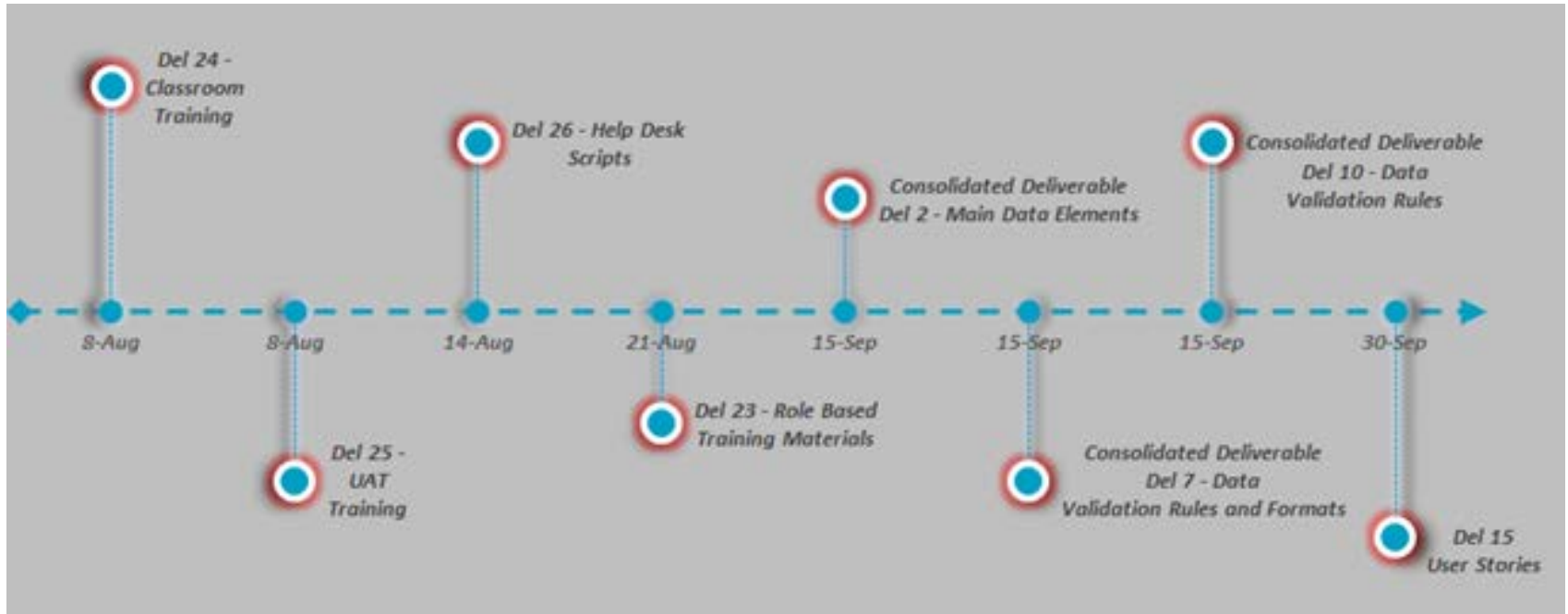
Claim Timeline



SPARCS / Vital Statistics



Deliverables – 3rd Quarter 2017



APD Portal Home Page

NEW YORK STATE Department of Health All Payer Database

Welcome, Preetham Sign Out

1 Home APD Reports Training Documentation Metadata About Help Desk

2 APD Reports 3 Views 4 View Announcements

SPARCS
Vital Statistics
Favorites
My Reports
Search

Summarized Adherence % by Condition

Condition	Adherence %
ASTHMA	~95%
CANCER	~95%
CHF	~75%

Low Birth Weight Deliveries

Month	Deliveries
NOV	15
DEC	10
JAN	5
FEB	10
MAR	10
APR	15
MAY	7
JUN	3
JUL	1
AUG	15
SEP	10
OCT	15

09/12/2017
A new file for Business and Technical Specification Documents have been loaded to the NY APD Portal for testing. The file contains both SPARCS and Vital Statistics.
Please click to see the previous NY APD announcement History.

5 What is in the NY APD

Data Source	Subject Area	Load Date	Date Range
HFIS	Provider - Facilities	12/13/16	1/01/00 - 9/23/16
OHIP Data Mart	SPARCS	12/18/16	1/01/14 - 3/31/16
NYS-DOH	Vital Statistics	2/01/17	1/01/14 - 12/31/16

(1) Tabs:

- Home, APD Reports (drop down includes easy access to SPARCS, Vital Statistics, Favorites, My Reports, Search)
- Training - includes links to training documentation along with calendar
- Documentation - includes applicable documentation to the APD
- Metadata - accessible link to metadata
- About - content explaining the NY APD
- Help Desk - link to Help Desk support information

(2) **APD Reports:** Quick and easy access to the associated Reports for SPARCS, Vital Statistics, Favorites, My Reports, and Search.

(3) **Views:** This feature will be available for future release. Views will consist of dashboards.

(4) **View announcements:** Most recent announcements will display and previous announcements will be accessible through the link.

(5) **What is in the NY APD:** The Data source along with Subject area, Load Date and Date Range. This will be updated as new files are received.

APD Portal Search Page

The screenshot displays the APD Portal Search Page. At the top, there is a navigation bar with the New York State Department of Health logo, the text 'All Payer Database', and a user profile for 'Welcome, Kristine' with a 'Sign Out' link. Below this is a main navigation menu with links for 'Home', 'APD Reports', 'Training', 'Documentation', 'Metadata', 'About', and 'Help Desk'. A secondary navigation bar highlights 'APD Search' and 'APD Standard Reports', with a 'Click to Add Favorites' button.

The search interface includes a search box labeled 'Search APD Reports' (1), a 'Clear' button (3), and a 'Tag Words' section (4) with various filters such as 'AHRQ', 'AmbulatorySurgery', 'AverageCharges', 'AverageChargesPerDay', 'AverageChargesPerDischarge', 'AverageChargesPerVisit', 'AverageLengthOfStay', 'BarAndLineChart', 'BarChart', 'CaseMix', 'Cases', 'ChartAndTable', 'DRG', 'Death', 'DeathsPer100000', 'Discharge', 'DischargesPer100000', and 'EmergencyDepartment'. On the right, there are three main report categories: 'SPARCS' (with sub-categories 'AMBULATORY SURGERY', 'EMERGENCY DEPARTMENT', and 'INPATIENT'), 'OUTPATIENT', and 'VITAL STATISTICS'. Each category lists specific reports with a star icon for favorites.

- (1) Dynamically search for a title of a workbook.
- (2) Check the applicable box for the category (SPARCS or Vital Statistics), only applicable tag words and workbooks will display.
- (3) Clear button will remove any search words, categories, and tag words.
- (4) Tag words can be clicked and it will dynamically display the applicable workbook.
- (5) The Star next to the workbook can be clicked and it will add the workbook to a list of favorites for the user.

Inpatient Targeted Disease Conditions Workbook | Tableau

Overview - Inpatient - Targeted Disease Conditions










About the Report

This report evaluates Inpatient (IP) hospital services by targeted conditions (Cardiac AMI and Stroke) and opioids.

The users can evaluate and compare targeted condition specific IP utilization and charge information by selecting from the metrics, selection filters, and stratification variables described below. The report contains multiple views that can be used to evaluate utilization from multiple perspectives.

A detailed description of the metrics, selection filters, and stratification variables included in this report is also available in the documentation section of the APD home page.



General Information <i>Click icon to see more</i>	View Information <i>Click icon to see more</i>
About the Report  	Targeted Conditions Trend 
Metrics 	Targeted Conditions by County 
Selection Filters 	Opioid Trend 
Stratification Variables 	Opioid by County 



Data Sources and References

New York State SPARCS database is the primary data source. Further information regarding the SPARCS database can be found by clicking the following link- <https://health.ny.gov/statistics/sparcs>

Clicking the respective icon will provide relevant information about the contents of the report and specific view.

Targeted Conditions Trend

- This view provides a line graph and table of IP utilization by targeted condition.
- Users can look at total statewide discharges by targeted condition or use the selection filters on the right to look at selected subpopulations.
- Users can select a time period on the line chart and then use the stratification drop down filter to stratify the metric for the selected time period.
- Results will appear in a bar graph at the bottom of the view for the selected time period.



Opioid Trend

- This view provides a line graph and table of opioid related IP utilization.
- Users can look at total statewide discharges by opioid category or use the selection filters on the right to look at selected subpopulations.
- Users can select a time period on the line chart and then use the stratification drop down filter to stratify the metric for the selected time period.
- Results will appear in a bar graph at the bottom of the view for the selected time period.



Selection Filters

The selection filter drop down boxes can be used to limit the data displayed in the charts and graphs for the selected population. The selection filters that are available are:

- Metric and Date: Total vs Multi Lines, Metrics, Time Period (Year, Quarter, Month), Specific Date(s)
- Patient Characteristics: Gender, Age Group, Race, Ethnicity, Primary Payer, Dual Eligibility, Patient County
- Event Characteristics: Emergency Admit Status, Patient Disposition, Admit Source, Targeted Condition
- Facility Characteristics: Teaching Facility, HSA, Facility County, Facility



Inpatient Targeted Disease Conditions Workbook | Target Condition Trend

View Information click here to view more

- Targeted Conditions Trend
- Targeted Conditions by County
- Oploid Trend
- Oploid by County

Targeted Conditions Trend

Use the selection filters on the right to select date, displayed metric, and subpopulations. In the line graph, click on a point to see results stratified by the selected stratification variable. The table will always display results by year. If the selections contain 10 or fewer discharges, no bar will appear in the graph, no point will appear in the trend graph, and the cell will be blank in the table. The Reset filter icon on the right will reset any characteristics back to "All". The Reset filter does not apply to the Metric and Date selection filters. The Revert icon at the bottom of the page will reset the graphs to the original view.

Total Discharges for Cardiac AMI and Stroke by Month

■ Cardiac (AMI) ■ Stroke

	2014	2015	2016
Cardiac (AMI)	33,252	32,559	8,357
Stroke	32,098	33,267	8,102

Use the stratification filter below to see results for the time period and targeted condition that are highlighted in the above graph. The selection filters on the right apply to the below graph. In the stratified bar graph, hover over the Total Discharges title to see a sort icon to the right. Click on the sort icon to sort alphabetically, by descending Total Discharges or by ascending Total Discharges.

Select Variable to Stratify By
Age Group

Total Discharges Stratified by Age Group

Age Group	Total Discharges
45-64	1,025
65-74	695
75-84	593
85+	450
20-44	138

Selection Filters

Reset Filters

Metric and Date

Select Metric
Total Discharges

Select Time Period
Month

Select Specific Date
All

Patient Characteristics

Select Gender
All

Select Age Group
All

Select Race
All

Select Ethnicity
All

Select Primary Payer
All

Select Dual Eligibility
All

Select Patient County
All

Event Characteristics

Select Emergency Admit Status
All

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Department of Health

Inpatient Targeted Disease Conditions Workbook | Target Condition by County

View Information click here to view more

- Targeted Conditions Trend
- Targeted Conditions by County
- Opioid Trend
- Opioid by County

Targeted Conditions By County

Use the selection filters on the right to select date and displayed metric. Click on a cell in the table to see the map with the selection filters applied. If the selections contain 10 or fewer discharges, no Total Discharges will appear in the tooltip and the cell will be blank in the table. The Reset filter icon on the right will reset any characteristics back to "All". The Reset filter does not apply to the Metric and Date selection filters. The Revert icon at the bottom of the page will reset the graphs to the original view.

Total Discharges by Month and Targeted Condition

	Cardiac (AMI)	Stroke
2014-01	3,039	2,762
2014-02	2,617	2,450
2014-03	2,739	2,625
2014-04	2,871	2,749
2014-05	2,815	2,781
2014-06	2,705	2,669
2014-07	2,820	2,838
2014-08	2,611	2,686
2014-09	2,707	2,655
2014-10	2,842	2,668
2014-11	2,631	2,613
2014-12	2,855	2,600
2015-01	2,896	2,804
2015-02	2,872	

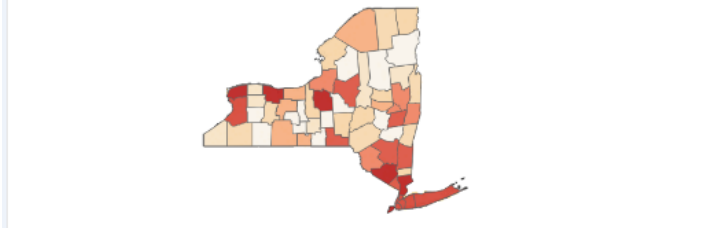
Map Selections

Use the selection filters below to customize labels and color-coded percentiles to see results by patient county for the time period and targeted condition that is highlighted in the above table. The selection filters on the right apply to the below map. The counties on the map refer to patient location. Hover over a county to get the full description of the metric results. The color-coded percentiles show how a county relates to the state as a whole. A low percentile indicates that the county has a low metric compared to the rest of the state. Counties with zero records are included in the percentile calculations. This will cause some lower values in the legend to not populate as these counties will turn gray due to insufficient data. If there is no data for the filters selected, the map will not populate.

Select metric value to display
Don't Display Value

Select Interval
Deciles

Total Discharges for Cardiac (AMI) by Patient County



Color intervals based on metric



Selection Filters

Reset Filters

Metric and Date

Select Metric
Total Discharges

Select Time Period
Month

Select Specific Date
All

Patient Characteristics

Select Gender
All

Select Age Group
All

Select Race
All

Select Ethnicity
All

Select Primary Payer
All

Select Dual Eligibility
All

Select Patient County
All

Event Characteristics

Select Emergency Admit Status
All

Select Patient Disposition
All

Select Admit Source
All

Facility Characteristics

Select Teaching Facility
All

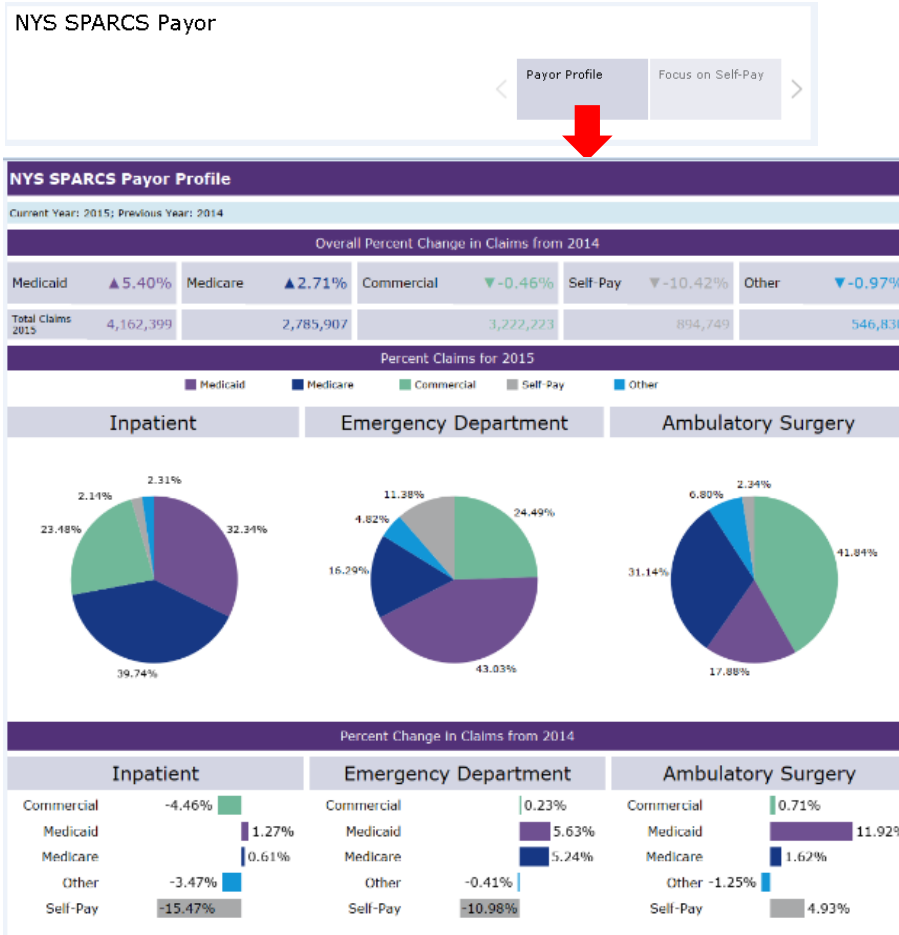
Select HSA
All

Select Facility County
All

Select Facility
All



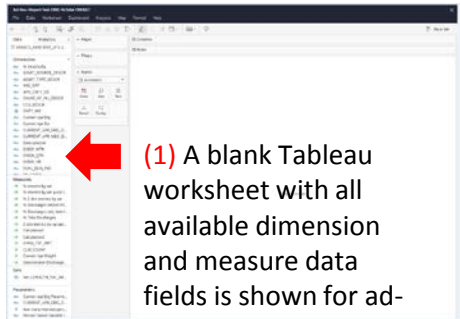
Story
Telling
Example -
Payor
Profile



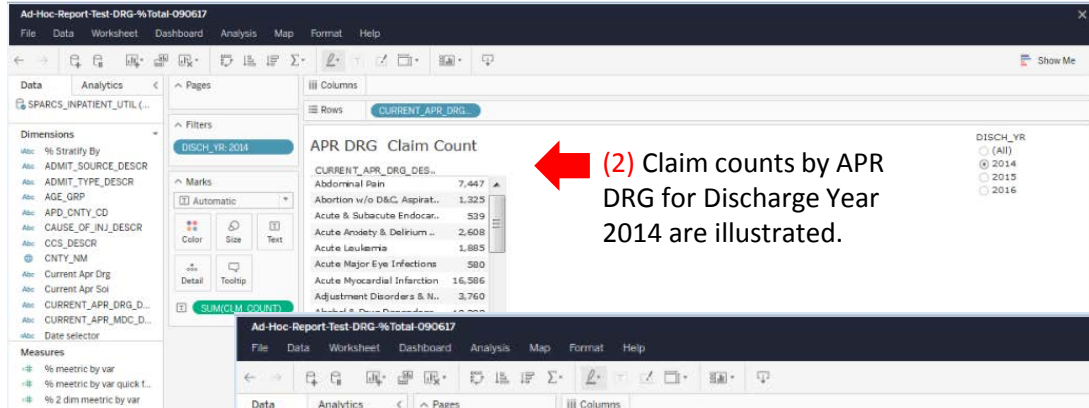
Story
Telling
Example –
Self-Pay



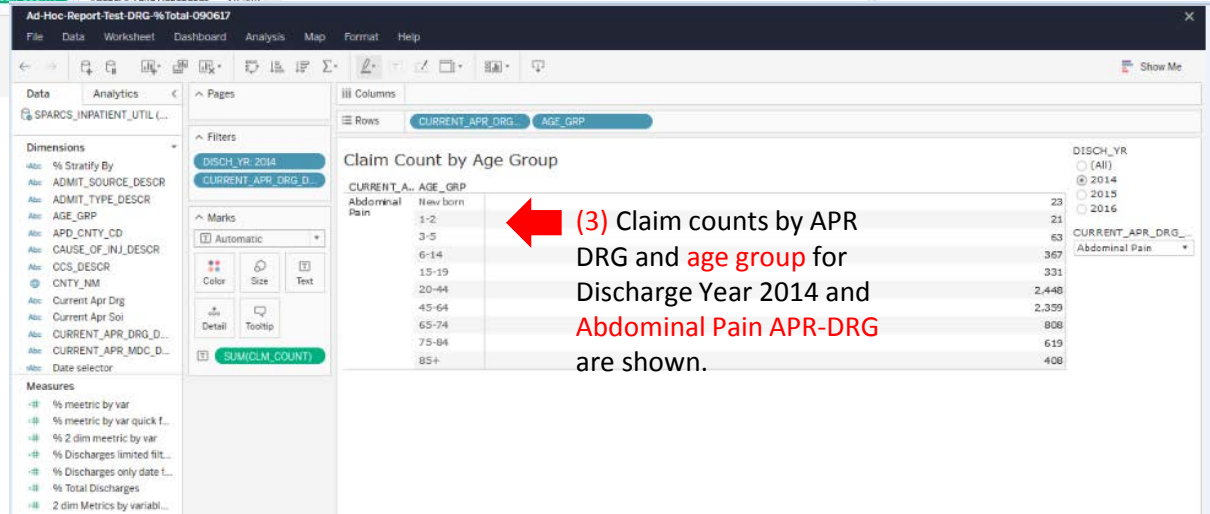
Ad-Hoc View Connected to a ADM Table – Examples



(1) A blank Tableau worksheet with all available dimension and measure data fields is shown for ad-hoc query and reporting.



(2) Claim counts by APR DRG for Discharge Year 2014 are illustrated.



(3) Claim counts by APR DRG and age group for Discharge Year 2014 and Abdominal Pain APR-DRG are shown.

SPARCS Technical Alignment

SPARCS Technical Alignment with APD

- SPARCS has been in existence for over 35 years, and is one of the most widely used datasets in the Department of Health and a commonly requested dataset from external researchers
- Health care facilities submit data directly to SPARCS through the HCS and the data is currently stored on the DOH Mainframe
- SPARCS is being technically aligned and modernized through the development and operations of the NYS All Payer Database
- Optum Government Solutions will modernize the intake, translation and storage of SPARCS data through development of a new processing system

Why Change SPARCS Submission?

The current method of SPARCS data submission from facilities to the Department is:

- Inconsistent with claim submission to payers.
- Inefficient, inflexible and difficult to modify.
- Built on outdated technology.
- Not collecting all relevant content available in the transaction.
- At times, delayed processing and response to submitted files.
- Key Information Technology Services (ITS) staff retiring soon.

Project Overview

NYSDOH has partnered with Optum Government Solutions, Inc. (Optum) for the new processing system. Solution components include:

- 24X7 Submission and Processing Window
- Edits that more closely align with industry norms for claim submission editing
- Facilities will now receive back error reports and files that are:
 - Standardized nationally
 - More clear and concise than what is produced now.

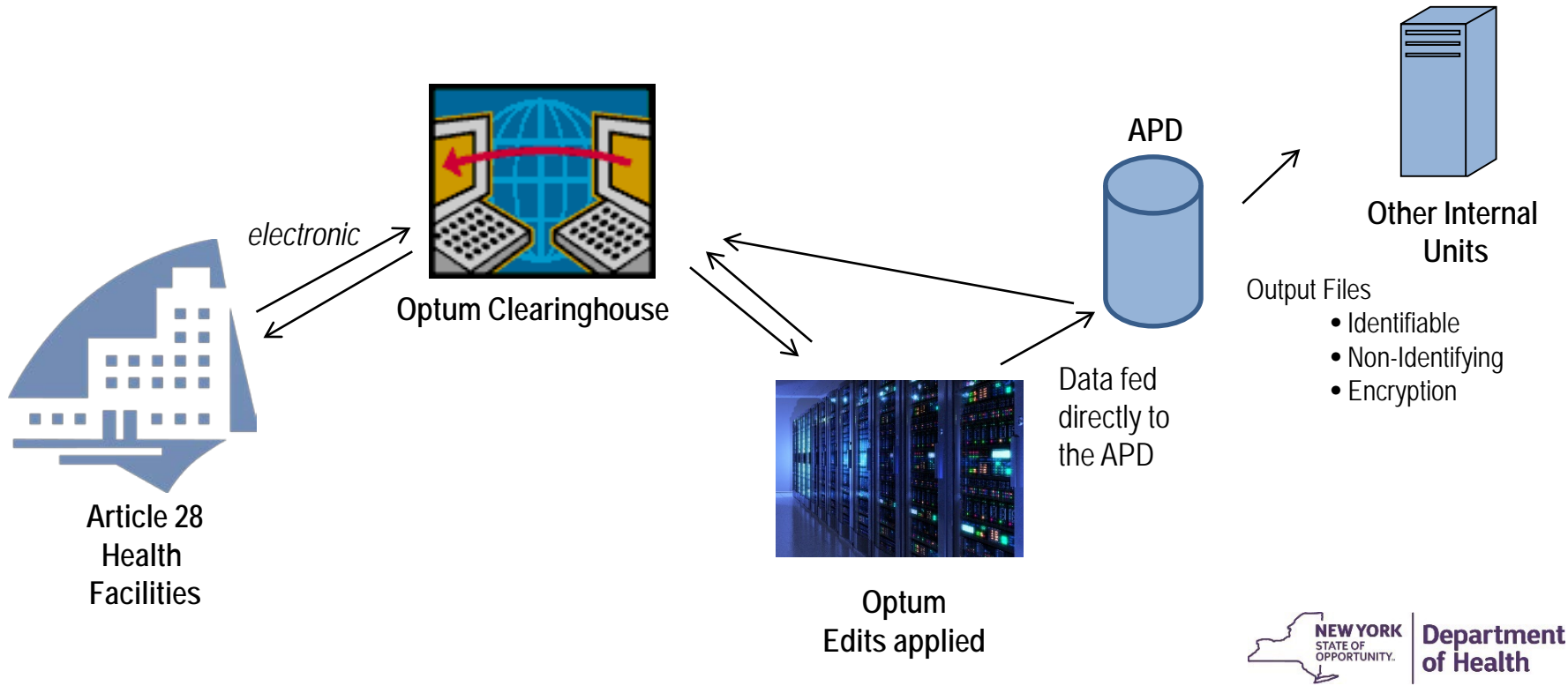
Project Overview (cont.)

- Current SPARCS Input Specification is:
 - Often confusing because it contains instructions for multiple versions that have been retired (UB04 and 4050 837R).
 - Not always consistent with the X12 Implementation Guide (IG) standard.
 - Being retired and the X12 IG will now be the primary specification source. NY specific instruction will be detailed in a companion guide, which augments the X12 IG.

Project Overview (cont.)

- Files can include both inpatient and outpatient transactions. Individual claims will be classified as inpatient/outpatient using the Facility Type Code.
- Many NYS specific requirements have been eliminated. For example:
 - Edit requiring Admission Date to equal Statement From Date
 - Edit prohibiting zero charge amounts
 - Limitation of facility type codes

SPARCS New File Upload Process



New File Upload Process

- Facilities will be logging into a Optum's clearinghouse portal.
- The look and feel will be similar to the Health Commerce System (HCS)
- Facilities will have the option to automate uploads (not available with HCS)
- Files sent real time
- System checks for duplicate file
- System will have the ability to handle larger files
- Facilities have the option of receiving error reports as files or hard copies
- All files upload with have status information attached to them

Help Desk Support

- Facilities will no longer contact NYSDOH initially about file processing issues. Instead the Optum Help Desk will be the first point of contact. NYSDOH will monitor the Help Desk and assist where necessary.
- Allows state staff to perform other duties within the bureau
- The Optum Support Desk is staffed 8:00 am – 7:00 pm ET, Monday through Friday

Help Desk Support Process

- Each support issue will be assigned a help desk ticket that will be tracked updated and reported until the issue is resolved and resolution is communicated to the submitter.
- Each ticket is assigned to a technician who is accountable to resolve the issue.
- If the issue involves extensive research and/or IT development, the Technician will contact the submitter and provide continual updates until the issue is resolved.
- At the start of each business day, an internal operational meeting is conducted by the clearinghouse team to review the status of all outstanding issues.

Timeline and Implementation

Key Milestones*

Sep 13th	DOH holds Stakeholder Forum in Albany
Sep 25 th	Security provisioning file created by DOH and sent to Optum
Nov 6 th	Optum Clearinghouse begins user provisioning process
Dec 1 st	Facility training webinars begin
Dec 31 st	Health Commerce System (HCS) submission process decommissioned
Jan 23 rd	Facility transaction testing begins
Mar 24 th	New system in production

*Milestone dates are representative of current plan and are subject to change.



**Department
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Timeline and Implementation

Security provisioning

Now thru Sep 25 th	Users to review user profile and provide updates to DOH where appropriate
Now thru Sep 25 th	DOH proactively contacting facilities regarding returned email traffic
Sep 25 th thru Nov 6 th	DOH and Optum transition DOH user info to the Optum clearinghouse
Nov 6 th thru Dec 1 st	Users will receive email from Optum clearinghouse with instructions for user ID and Password creation. Users should confirm email will not be treated as spam.

SPARCS Stakeholders Forum

- Held on September 13th 2017 on the ESP concourse
- Over 335 people attended representing 187 facilities and vendors
- Presented detailed edit and file format changes
- Presented facilities with examples of new submission portal through Optum and new error reports
- Held three webinars prior to this meeting on upcoming changes
- Webinar and meeting materials are available on the SPARCS homepage on the DOH public website: <https://www.health.ny.gov/statistics/sparcs/submission/>

Consumer Tools and Transparency

Where we are: September 2017

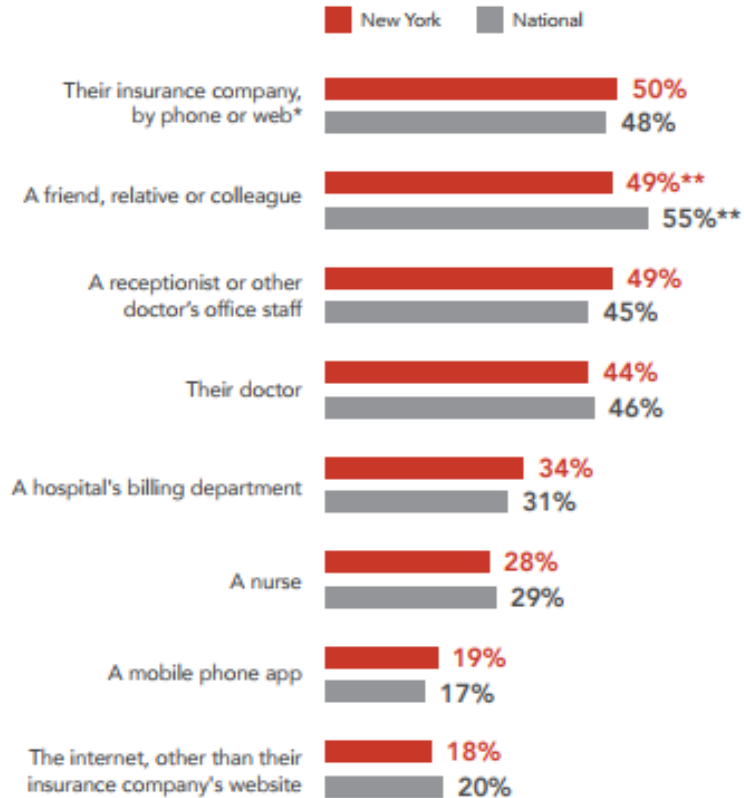
- **65%** of New York State residents say there is not enough information about how much medical services cost.
- **80%** of New York State residents think it is important for their state government to provide people with information that allows them to compare prices before getting care.
- **53%** of insured New Yorkers with deductibles have tried to find price information before getting care. In contrast, **45%** of insured residents without deductibles have done so.
- **20%** of New York State residents have tried to compare prices across multiple providers before getting care.

Where we are: September 2017

- **38%** of New York State residents who only have Medicare have tried to find price information before getting care
- **53%** of New York State residents with insurance only through their employers have tried to find price information
- **44%** of New York State residents whose insurance is not employer based have done so.
- **56%** of New York State residents who have not tried to find price information before getting care indicate they would like to know the prices of medical services in advance. However, **53%** of those who have not tried to find price information indicate they are not sure how to do so.

New York State residents turn to the following sources for price information:

Figure 5. Percent who say they have tried to find price information before getting care, from the following sources:



Base: Have tried to find out prices for medical care in advance at least once: National, n = 1,019; New York State, n = 382.

*Base: Have tried to find out prices for medical care in advance at least once and currently or ever insured: National, n = 997; New York State, n = 376.

While most group estimates are not statistically different, ** indicates those that are statistically different at the $p < .05$ level.

- New York State residents who have not ever tried to find price information before getting care say they would be likely to use sources similar to those used by people who have tried to find price information.



Where we are: September 2017

- **59%** of New York State residents who have tried to compare multiple providers' prices before getting care report saving money, while only **22%** of those who have tried to check one provider's price report saving money.

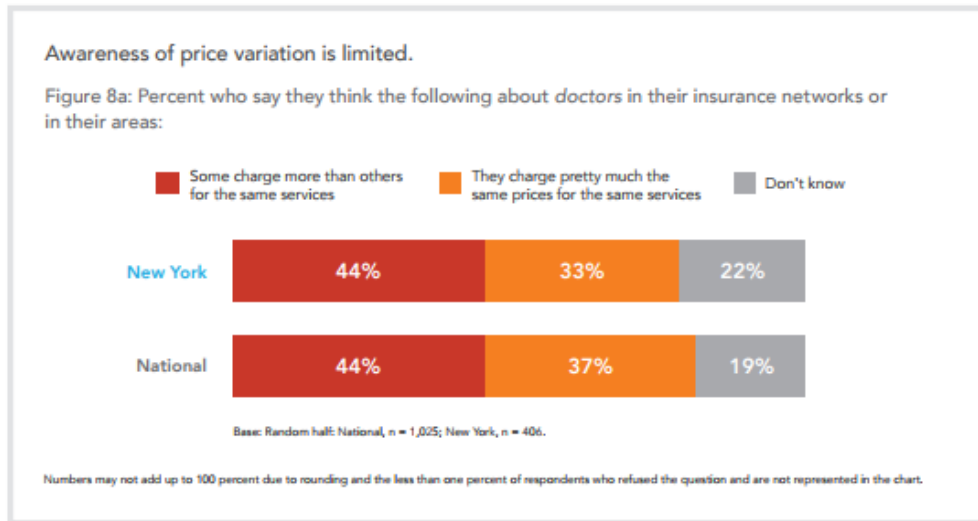


Table 1. Ratings of Online Cost and Quality Tools offered by NY Health Insurance Plans

Ratings > Health insurance cost and quality tools

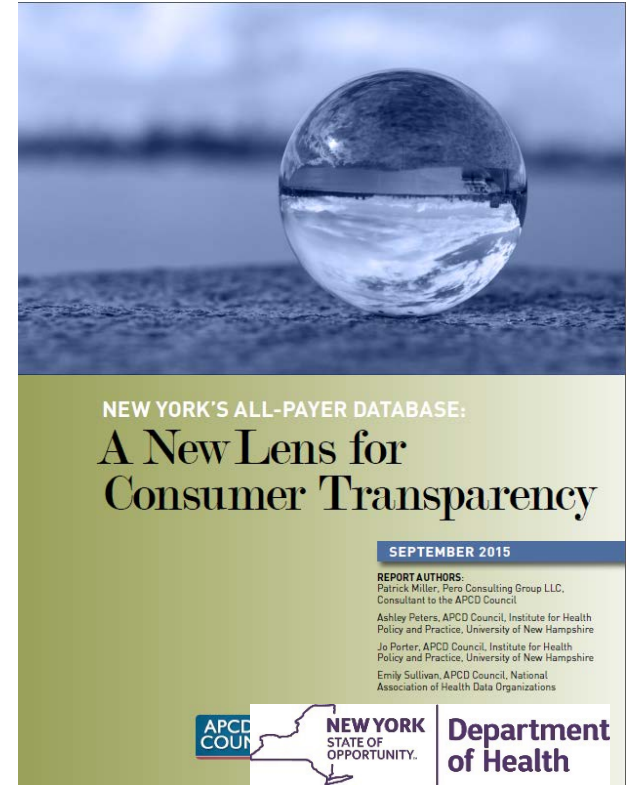


Plan Name	Overall Score	Features							
		Ease of Use	Functionality	Content	Scope & Reliability	Price Estimates	Drug Cost Information	Shows Patient Outcomes	Shows Value (Cost & Quality)
HEALTH INSURANCE COMPANIES									
Cigna	84	↑↑	↑	↑↑	↑↑	↑↑	↑↑	↑↑	↑↑
UnitedHealthcare	82	↑↑	↑	↑↑	↑↑	↑↑	↑↑	↑	↓
Aetna	77	↓	↑	↑↑	↑↑	↑↑	↑↑	↑	↓
BlueShield Northeastern NY/ BlueCross BlueShield Western NY	77	↑	↑	↑↑	↑↑	↑↑	↓↓	↑	↓
MVP Health Care	75	↑	↑	↑	↑↑	↑↑	↓↓	↑↑	↑
Excellus	74	↑	↑	↑↑	↑↑	↑↑	↑↑	↑	↓
Anthem/Empire Blue Cross Blue Shield	73	↑	↑	↑	↑↑	↑↑	↑↑	↓↓	↓
Humana	69	↑	↓	↑	↑	↑↑	↑↑	↓↓	↓
Oscar	69	↑↑	↓	↑	↑	↑↑	↑↑	↓↓	↓
Fidelis Care	40	↓	↓	↓	↓	↓	↓↓	↓↓	↓↓
Independent Health	38	↓	↓	↓	↓↓	↓	↑	↓↓	↓↓

Additional New York Specific Research

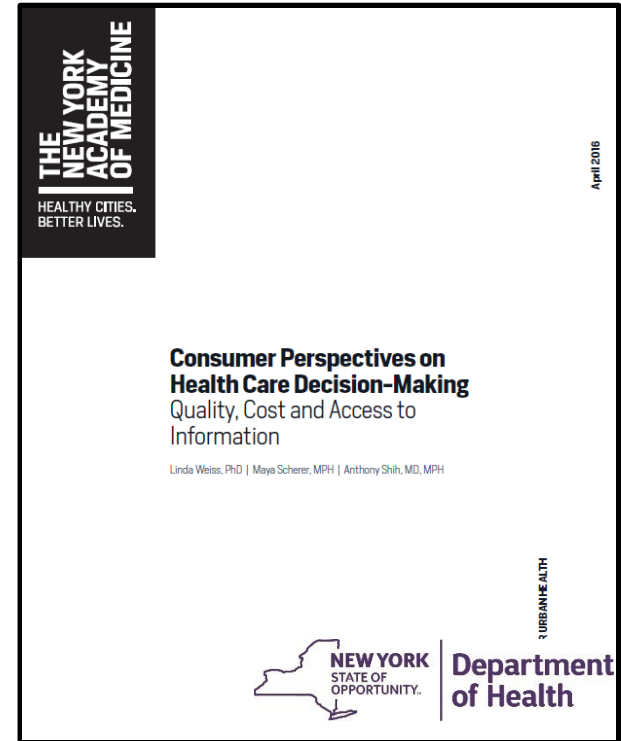
The NYS APD and Consumer Transparency

- 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>



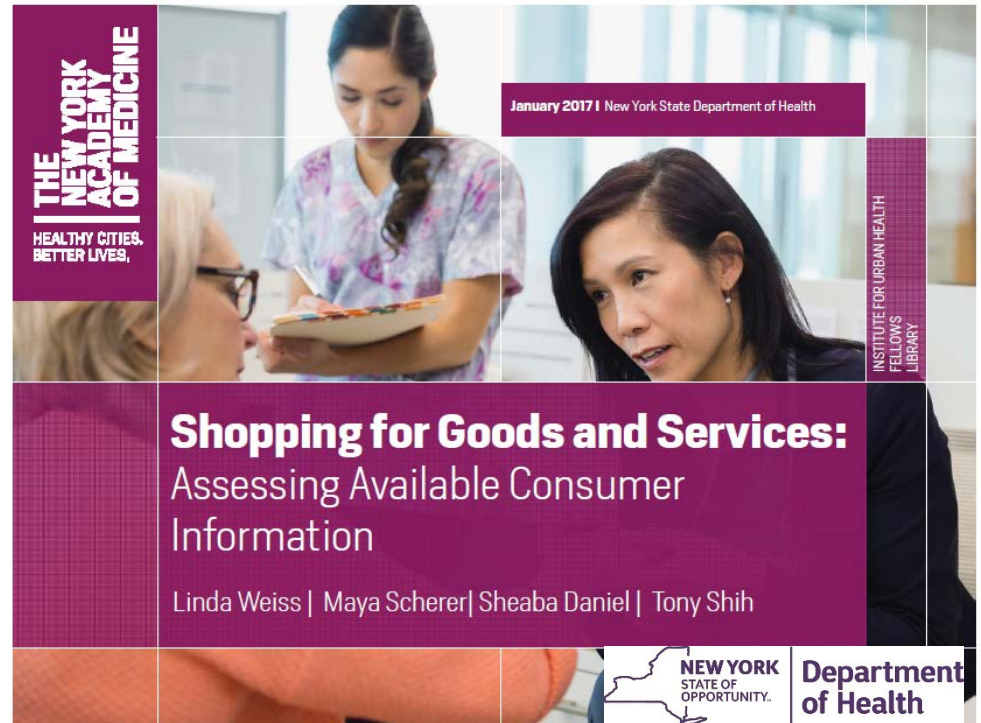
Phase 1: Consumer Focus Groups

- 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: Environmental Scan

- **Study aim:** Selective overview of cost and quality information available for ‘shoppable services’ to individuals who may need to make decisions regarding health care goods and services



SELECTION OF 33 GOODS AND SERVICES

- Literature review: **Nearly 100 articles** from PubMed, Google Scholar, Grey literature
 - Search terms: 'health care transparency,' 'shoppable services,' and 'transparency tool'
- List includes:
 - Goods and services considered 'shoppable'
 - **Those that can be planned in advance and for which there is both sufficient information and competition upon which to base a decision**
 - Goods and services people **actually** shop for
 - Others: Services related to health reform, consumer preferences, "gc" (e.g., prescription medications, durable medical equipment)



TOP "30"

SCREENING AND DIAGNOSTIC SERVICES	
1.	<i>Bone Density Scan</i>
2.	<i>Routine Screening Colonoscopy</i>
3.	<i>CT Scan</i>
4.	<i>Routine Screening Mammogram</i>
5.	<i>MRI</i>
6.	<i>Sleep Study</i>
7.	<i>Ultrasound</i>
8.	<i>Routine Upper Gastrointestinal Endoscopy</i>
9.	<i>X-Ray</i>
VISION	
10.	<i>Cataract Surgery</i>
ORTHOPEDICS	
11.	<i>Hip Replacement</i>
12.	<i>Knee Arthroscopy</i>
13.	<i>Knee Replacement</i>
OTHER SURGERY	
14.	<i>Cardiac Bypass Surgery</i>
15.	<i>Gallbladder Removal, Laparoscopic</i>
16.	<i>Hernia Repair</i>
17.	<i>Tonsillectomy and Adenoidectomy</i>
18.	<i>Vasectomy</i>

OFFICE VISITS, SPECIALTY CARE, AND EMERGENCY SERVICES	
19.	<i>Routine Dental Check-up</i>
20.	<i>Dermatology Screening Visit</i>
21.	<i>Emergency Department Visit</i>
22.	<i>Obstetrics (pregnancy and childbirth)</i>
23.	<i>Mental Health</i>
24.	<i>Physical Therapy</i>
25.	<i>Smoking Cessation Counseling and Medication</i>
26.	<i>Primary Care</i>
CHRONIC DISEASE MANAGEMENT	
27.	<i>Asthma management</i>
28.	<i>Diabetes management</i>
29.	<i>Hypertension management</i>
MISCELLANEOUS	
30.	<i>Laboratory Services</i>
31.	<i>Durable Medical Equipment</i>
32.	<i>Prescription Medications</i>
33.	<i>Flu Shot</i>



Phase 2: Consumer Interviews

Study Aim: To understand how New Yorkers choose providers for ‘shoppable procedures’, including:

- Information consumers use to evaluate the quality of providers
- Where they look for cost and quality information
- Perspectives on standard cost and quality indicators likely to be available through the APD
- Consumer recommendations for making data available

Selected Goods and Services for Interviews	
SCREENING AND DIAGNOSTIC SERVICES	
	<i>Screening Colonoscopy</i>
	<i>MRI</i>
	<i>Sleep Study</i>
VISION	
	<i>Cataract Surgery</i>
ORTHOPEDICS	
	<i>Hip Replacement</i>
	<i>Knee Arthroscopy</i>
	<i>Knee Replacement</i>
OTHER SURGERY	
	<i>Cardiac Artery Bypass Graft (CABG)</i>
OFFICE VISITS, SPECIALTY CARE, AND EMERGENCY SERVICES	
	<i>Routine Dental Check-up</i>
	<i>Obstetrics (pregnancy and childbirth)</i>
	<i>Mental Health</i>
	<i>Physical Therapy</i>
	<i>Urgent Care</i>
CHRONIC DISEASES	
	<i>Diabetes Management</i>

Phase 2: Consumer Interviews

Eligibility:

- Live in New York State
- Age 18+
- Have received one of the selected services in the past year
- Have searched for quality data prior to seeking care
- Recruited through Facebook ads and Craigslist
- ~ 600 responses to screening questionnaire from all over the state)

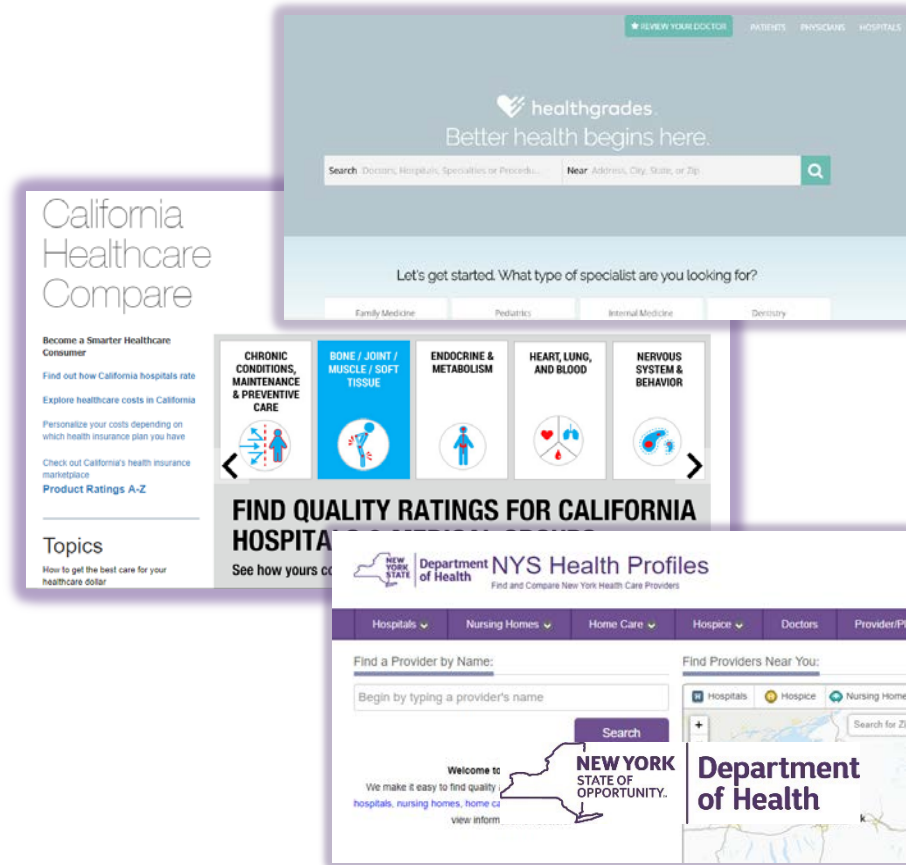
Total # of interviews: 35

- Interviews completed to date: 11
- Looking to complete by this Fall

Phase 2: Consumer Focus Groups




Study Aim: Testing of Messages, Products, & Information Display

- Will conduct 6 focus groups, 8 participants each
- Look at models of different digital tools & messaging
- Focus on 'shoppable' products from Phase 1 & 2
- Focus on functionality, utility, comprehension, and potential different approaches to presenting health care costs and quality
- Starting late Fall/Early Winter



Moving the needle...



Improvement Area	Strategies	Goals
Support New Yorkers Finding Tools	<ul style="list-style-type: none"> • Create an online tool that helps NYers find resources • Create public health messaging campaigns • Work with other organizations to promote finding tools • Work with primary care doctors & facilities to promote price shopping & awareness 	 Increase the % of New York State Residents that have used an online tool
Providing Good, Reliable Data	<ul style="list-style-type: none"> • Help NYers find insurer price calculators • Publish better price & quality information 	 Increase the % of New York State Residents that are aware that prices & quality vary
Improve Awareness & Comprehension of Price and Quality Variability	<ul style="list-style-type: none"> • Create public health messaging campaigns • Create value-driven visualizations or infographics • Work with primary care doctors & facilities to promote price shopping & awareness • Create “games” or “apps” that illustrate the ways price and quality vary 	 Increase the % of New York State Residents that regularly compare ‘shoppable’ products and choose the right provider for them

Discussion

- What does success look like?
- What are other strategies?
- What are other goals?
- What are some challenges?
- What are some opportunities?

Thank you.

Questions?

SHIN-NY Update



NEW YORK eHEALTH
COLLABORATIVE

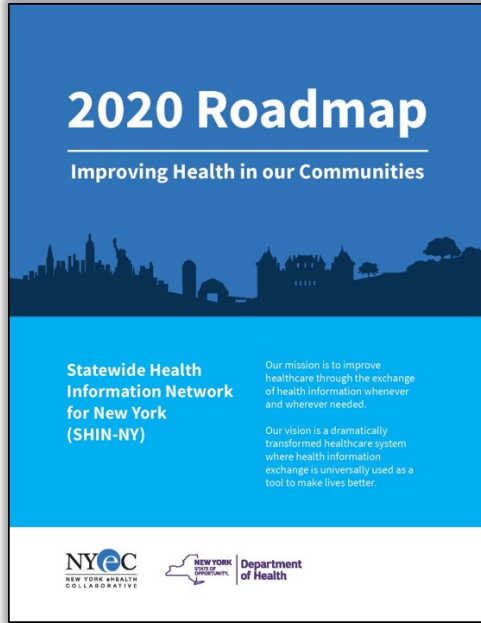


2020 SHIN-NY Roadmap

Val Grey
Executive Director
September 19, 2017

Key SHIN-NY Strategies: Informed by Stakeholders

Using performance-based contracting, policy changes, and advocacy:



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

Strategy 1: Ensuring Strong HIE Foundation

Using performance-based contracting, policy changes, and advocacy:

Connections, Contribution, Completeness and Quality

- 100% of hospitals participating and contributing full data (CCDA) by 2020
- 70% of all other providers participating and contributing full data (CCDA)* by 2020
- New TBD measurement for data quality

Security

- QEs and NYeC HITRUST certification by end of 2018

Reliability, Sharing, and Customer Satisfaction

- New TBD measurement for SHIN-NY enterprise-wide availability
- Customer satisfaction survey
- 95% of patients consent*

* Target will be adjusted if NYS does not move to “Opt-Out” system

Strategy 2: Supporting Value-Based Care

Using performance-based contracting, policy changes, and advocacy:

Enhanced Functionality (up to 3)

- Single sign-on for Health Commerce System (I-STOP, others)
- Smarter, actionable alerts
- MACRA/MIPS compliance
- Care plan exchange
- Additional EHR integration
- Patient-centered data home
- Others

Additional Data and Services (up to 3)

- Medication fills
- Quality measurement reporting
- Standardized data formats
- Medical claims (via APD)
- eMOLST
- EDRS
- Registries
- Housing/hunger/other SDOH indicators

Policy Changes

- No written consent for alerts when treating relationship
- Incorporation of SHIN-NY consent with other forms
- Exploration of opt-out
- Data governance
- Others

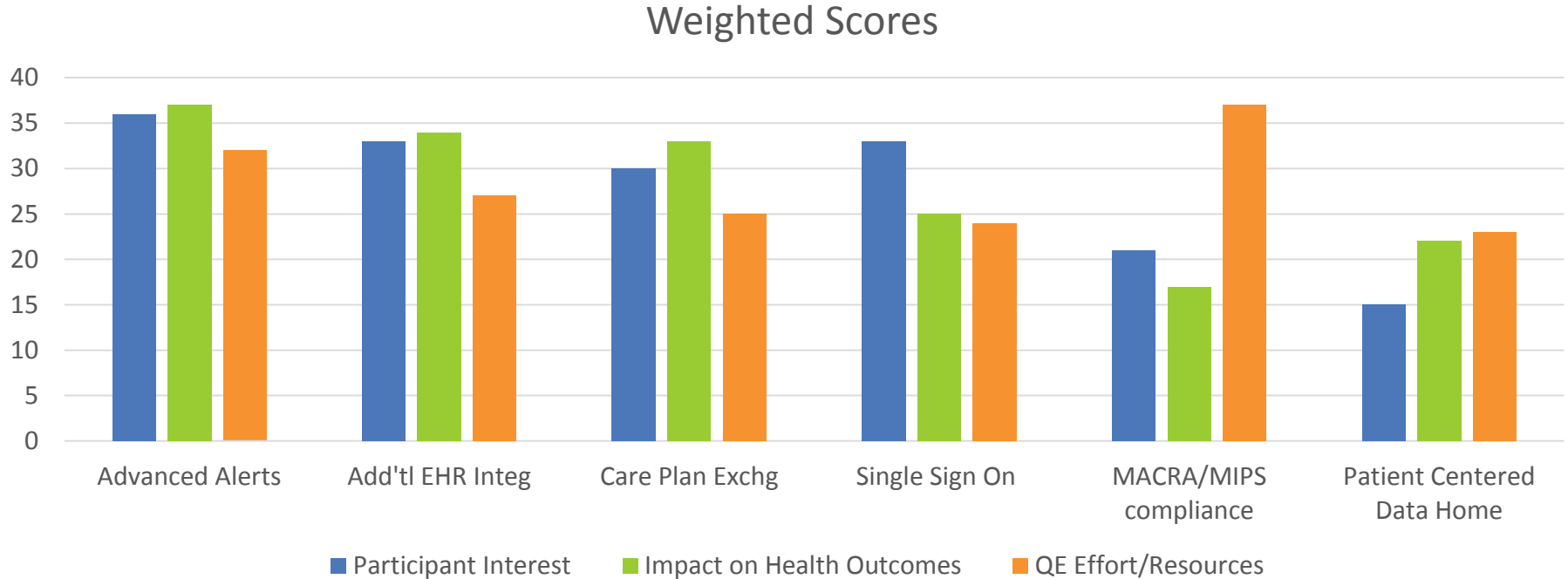
Prioritizing Value Based Care Support

Looking for your Input!

- We Surveyed the QEs
- For each category (Enhanced Functionality & Additional Data and Services):
 - SHIN-NY Participant Interest (would the initiative increase SHIN-NY usage)
 - Impact on Health Outcomes (most value to patients, providers, and health plans)
 - QE Resources (time, complexity, and cost)
- Results on the following 2 slides:
 - What do you think?
 - Agree Disagree Different Point of View?
 - Other areas we should consider?
- We will be sending you the survey on 9/20 and asking for your written respond by 10/4
- We will also be surveying other providers and plans

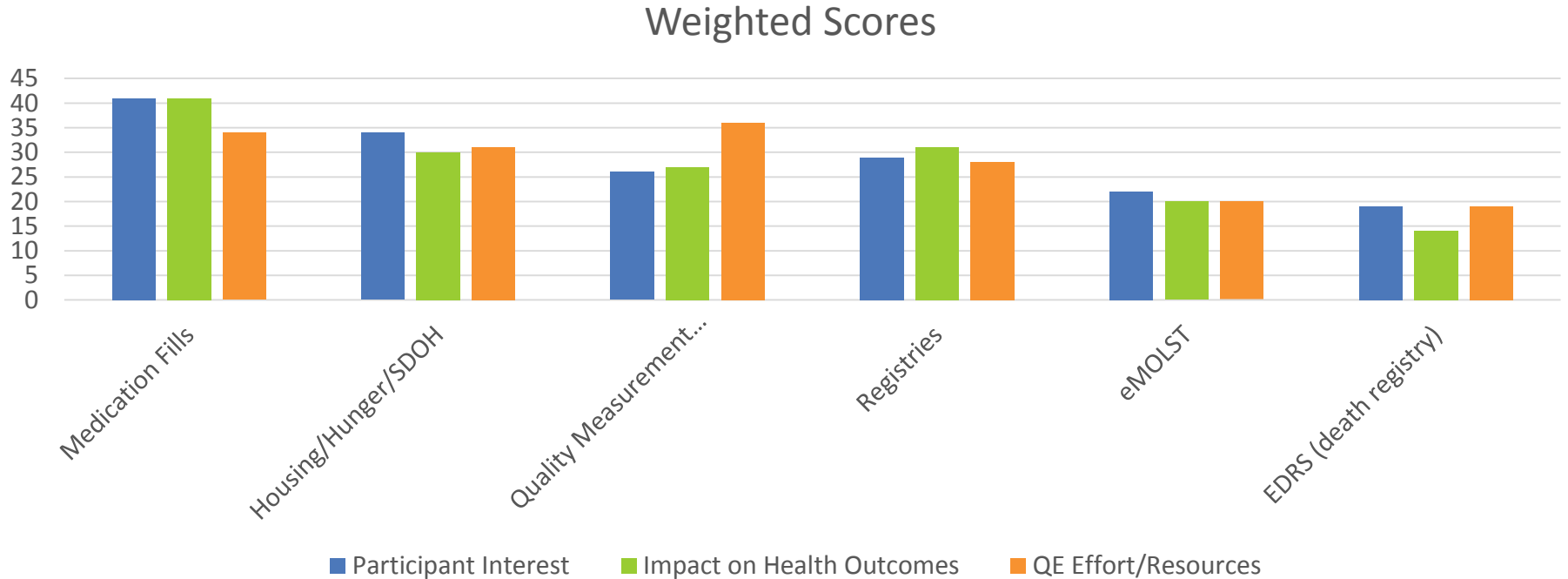
QE Prioritization Survey Draft Results

Enhanced Functionality



QE Prioritization Survey Draft Results

Additional Data and Services



Strategy 3: Enabling Interoperability and Innovations

Using performance-based contracting to promote market-based solutions:

Interoperability and Innovations

- Patient engagement tools
- Value-based care tools/services
- HL7 FHIR pilot/discrete data
- Blockchain
- Artificial intelligence
- Machine learning
- Natural language processing
- Others

Strategy 4: Promoting SHIN-NY Efficiency and Affordability

Using performance-based contracting to promote market-based solutions:

Core Infrastructure Payments to Encourage

- Group purchasing
- QE specialization
- Standardization
- Shared services
- Potential QE mergers

Policy Changes

- New “wire once” / “pay once” policy

Strategy 5: Advocating Collectively

Working together using all available resources:

Value, Funding and Policy

- Academic studies
- Consistent messaging
- Consumer education
- New advisory groups
- Strong advocacy with Executive and Legislature
 - ✓ Funding levels
 - ✓ Proposed statutory changes
 - ✓ Support for provider assistance programs
 - ✓ Others

EHR Vendors

- Adherence to CCD/C-CDA
- Lack of certified EHRs
- Prioritization of QE participants
- Responsiveness to development of gateways
- Inconsistent pricing and charging for HIE connections

Interoperability and Standards

- Participate and influence federal discussions
- Collaborate with other states and regional HIEs
- Promote standards statewide

Performance Based Contracts

Basic Core Payments (BC)

Payment for:

- Patient identity management, HIE platform, security, EHR connectivity, data availability (standardized), consent management

Performance Payments (PP)

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

Innovation & Interoperability Competitive Pool (II)

Investments in process or technology innovations via competitive applications:

- Must align with statewide goals
- Work and results shared statewide
- Only high-performing QEs eligible
- QE partnerships encouraged
- Local match required



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Health IT Integrated Quality Measurement

Current State Assessment

Objectives

- Understand stakeholders' needs related to quality measurement
 - Focus on where clinical data is needed to supplement or replace other data sources used to generate measures
 - Document specific needs including:
 - What needs to be measured
 - The purpose for the measurement (e.g. payment, performance monitoring)
 - What requirements apply, e.g. which specifications need to be used
- Understand the current state of QE activities related to quality measurement
- Understand the availability of reliable, accurate and complete clinical data in the SHIN-NY
- Identify policy barriers or enablers, e.g. privacy laws
- Identify and evaluate technical options for data exchange

Current State Assessment Activities

Initiatives	Research/ Evaluation	Interviews	Surveys
VBP	<ul style="list-style-type: none"> Quality Measure Crosswalk Literature review on current state and plans for quality measurement for each initiatives 	<ul style="list-style-type: none"> OQPS and OHIP staff Health plans Planned: VBP Contractors/Providers 	<ul style="list-style-type: none"> VBP Pilot survey
APC			
DSRIP			
QE Activities		<ul style="list-style-type: none"> 8 QEs 	
Other States	<ul style="list-style-type: none"> Literature review on clinical and claims data integration in other states 	<ul style="list-style-type: none"> National HIEs: VT, Cincinnati, ME and OK 	
HEDIS	<ul style="list-style-type: none"> Literature review and analysis re: electronic clinical data for HEDIS measurement 	<ul style="list-style-type: none"> Met with health plans (Excellus and Healthfirst) to discuss supplemental data flows 	<ul style="list-style-type: none"> VBP Pilot survey

Current State Assessment

Key Findings

HIE Role

- Data Delivery – standardized data for use in other systems
- Proxy measures
- Actionable data

Barriers

- Data quality is a key barrier, especially unstructured data and local codes
- Prior investments
- Varying capabilities among stakeholders (e.g. data intake)

General

- Many ways to use HIT/HIE for quality measurement
- Prior and parallel initiatives with rich findings can inform the future state
- New HIE use cases are driving data quality improvement efforts
- Choice of measure specifications depends on purpose and data source
- HEDIS/QARR data is being leveraged by DOH for VBP/SIM

Current State Assessment

Key Findings

	Administrative/ Claims-Based	Hybrid	Proxy	eQOM
Numerator	Derived from Claims	Derived from Claims & Chart Review	Derived from EHR or CDR	Derived from EHR or CDR
Denominator	Derived from Claims	Derived from Claims	Derived from EHR or CDR	Derived from EHR or CDR
Additional Information	Supplemental data may be used to find numerator events & denominator exclusions	A sample of the population is targeted for chart review	Approximates spec using available electronic data May "loosen" the spec	Specification is used to build a query of the clinical data source
Uses/ Example	Health plan HEDIS reporting/APC/VBP	Health plan HEDIS reporting/APC/VBP	Frequent measures to drive pop health mgmt	Monitoring, Required Reporting

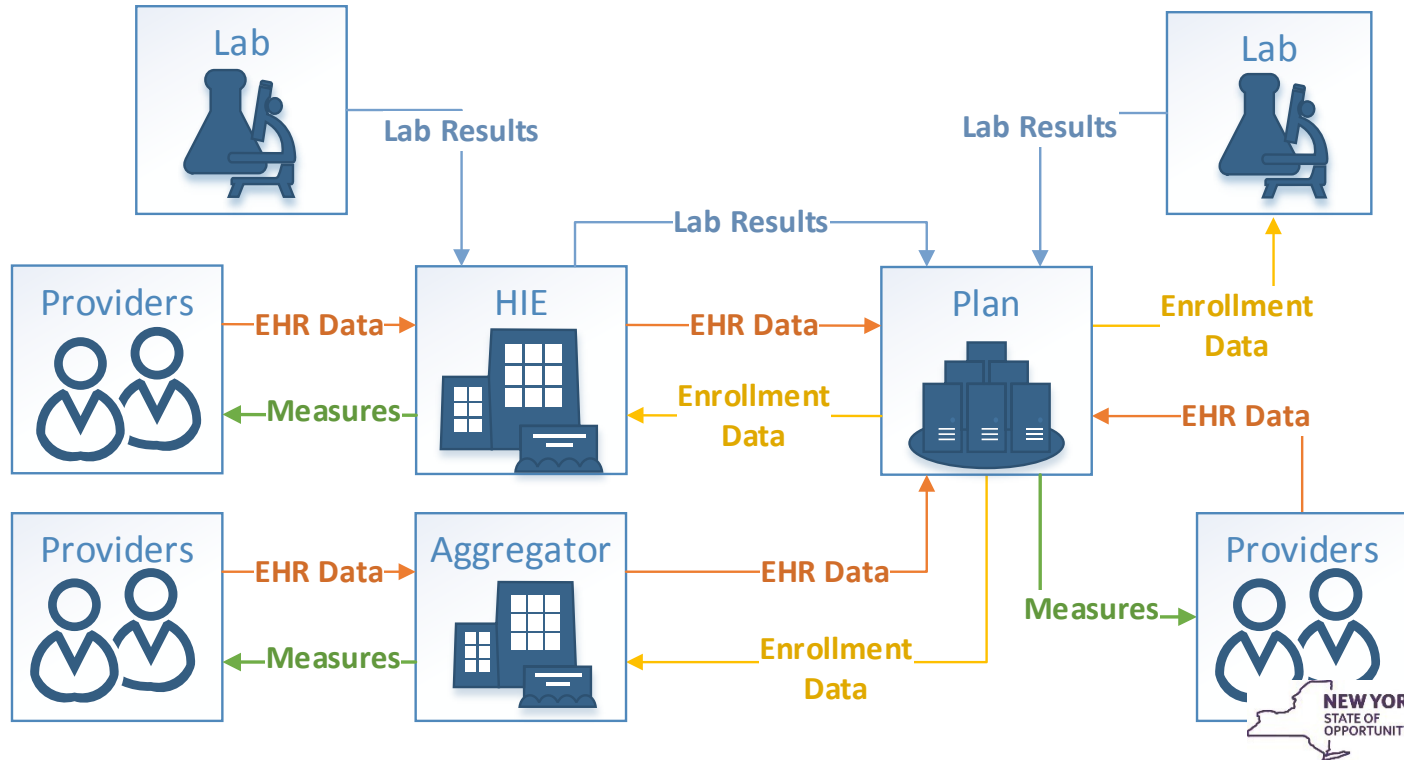
CLINICAL QUALITY MEASURES - METHODS

EHR – Electronic Health Record
 CDR – Clinical Data Repository



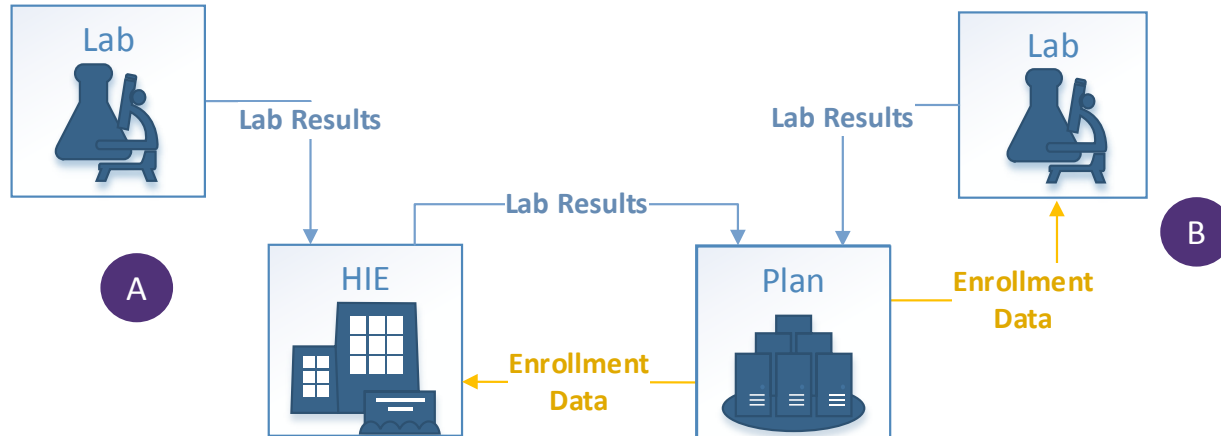
NYS Current State Assessment

Key Findings



NYS Current State Assessment

Key Findings



Current State – Lab Data Delivery

A. HIE as Intermediary

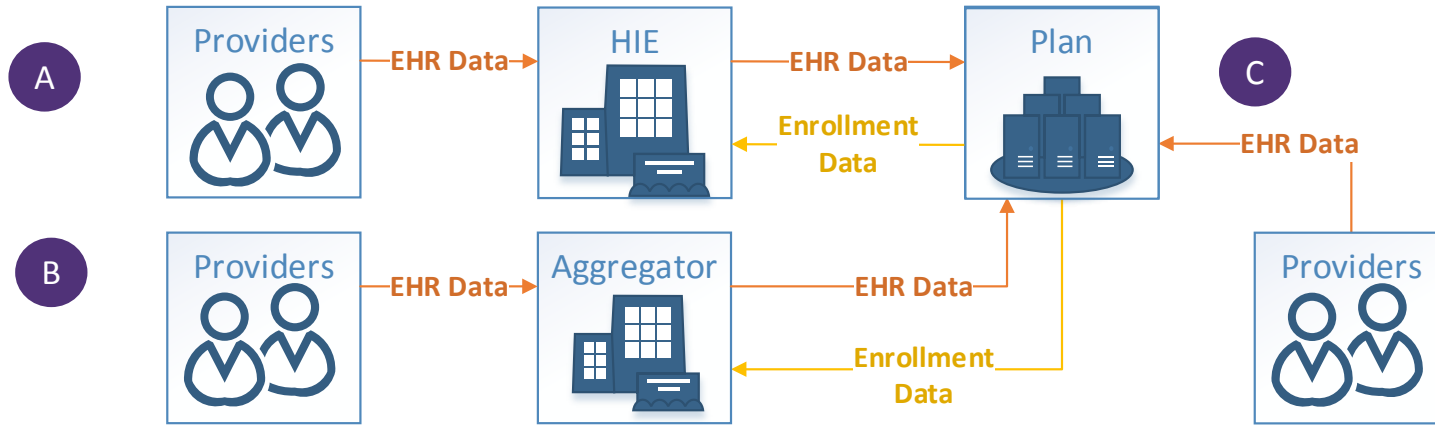
- HIE aggregates lab data
- Plan provides enrollment file to HIE
- HIE delivers batch file or individual lab results as alerts

B. Lab Connects to Plan

- Labs connect directly to plan
- Send data in a flat file

NYS Current State Assessment

Key Findings



Current State - EHR Data Delivery

A. HIE as Intermediary

- HIE aggregates patient data
- Plan provides enrollment file/list of members missing services to HIE
- HIE delivers batch file

B. Data Aggregator

- Aggregator sends data extract to plan

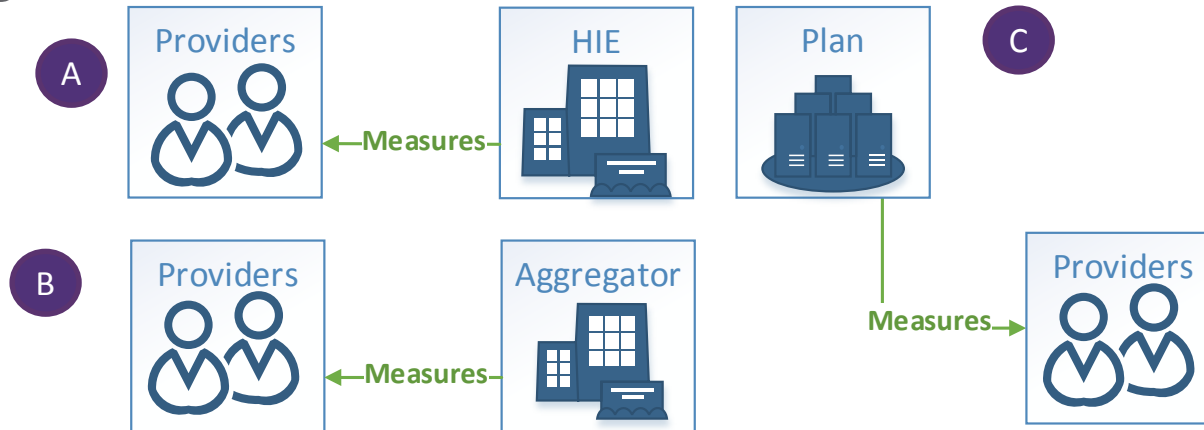
C. Provider EHR Extracts

- Providers submit data directly to plans



NYS Current State Assessment

Key Findings



Current State – Measure Delivery

A. HIE

- HIE calculates proxy measures for monitoring based on clinical data
- Specifications modified per data availability

B. Aggregator

- Data aggregator produces “HEDIS-like” measures

C. Plans

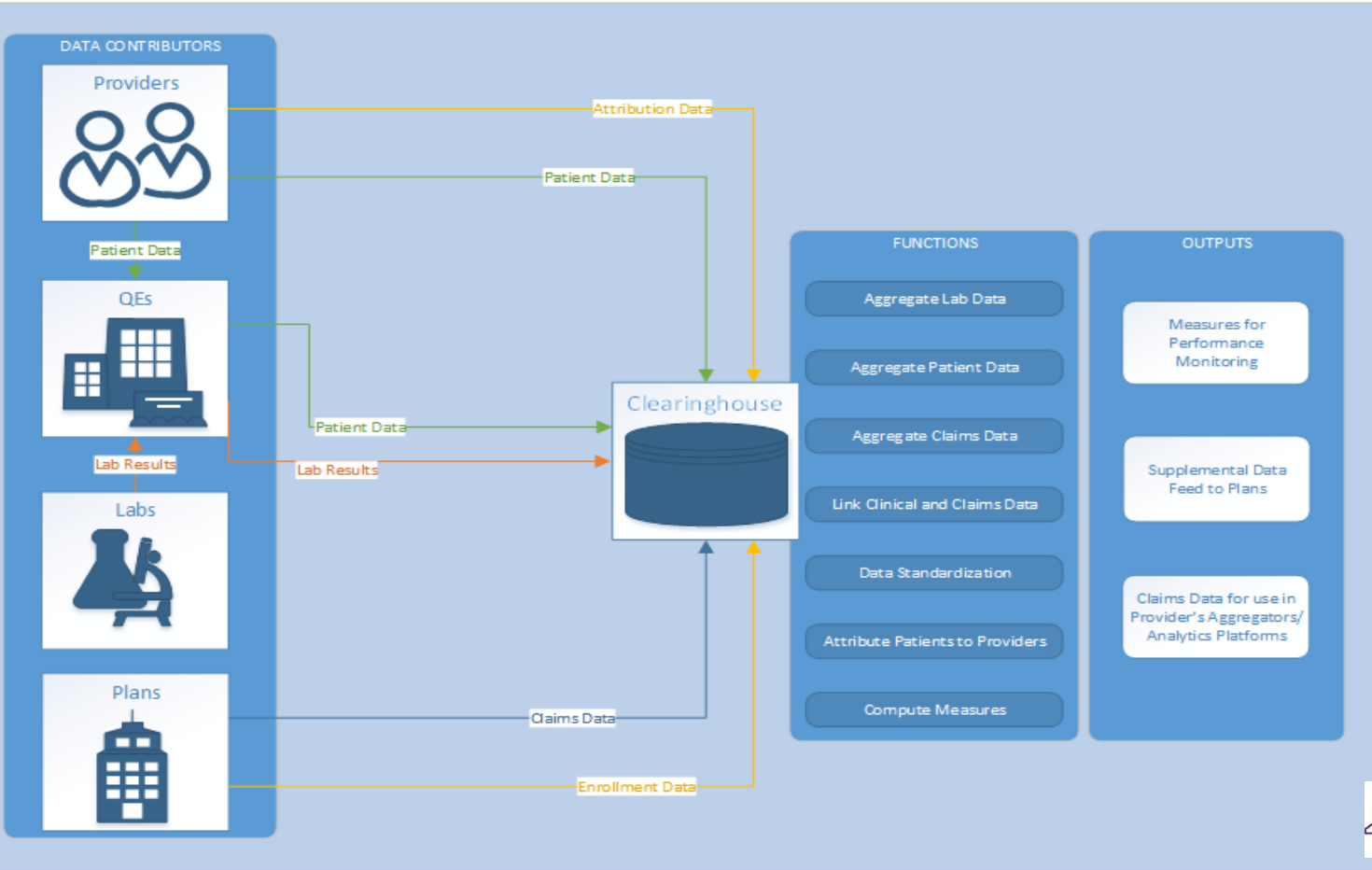
- Plans produce measures



NYS Current State Assessment

Key Findings

USER	BUSINESS NEED	PURPOSE	
PLANS	Single Source of Lab Data	<ul style="list-style-type: none"> • Supplement claims data for HEDIS • Reduce the number of chart 	<ul style="list-style-type: none"> reviews required • Enable more frequent measures Reduce the number of feeds
	Single Source of EHR Data		
PROVIDERS	Data on Services Performed by Other Providers	<ul style="list-style-type: none"> • Determine whether patients have received needed services 	<ul style="list-style-type: none"> • Feed a pop health platform
	Timely, Actionable Measures	<ul style="list-style-type: none"> • Monitor Performance and improve quality 	
OTHER REQUIREMENTS			
Data in a Standard Format and Vocabulary		<ul style="list-style-type: none"> • Build solutions for intake once • Access consistently coded data 	



HITRUST and Qualified Entity Security

Qualified Entity SHIN-NY Certification 2018

- Annual Attestation
- Calendar year certification cycle
- NYSDOH specified evidence, artifacts & live demonstrations will be required
- HITRUST V.9 Certification - Two year certification cycle (1st year Full and 2nd year Interim Assessment)
- Enhanced focus on *Cyber Security* and *IS Risk and Controls*

Why HITRUST?

- CMS recognizes HITRUST
 - Aligns with CMS Qualified Entity certification for Medicare
 - Access to Medicaid Confidential Data
- Emerging requirements from Payers and Hospitals
- Future funding opportunities



Introduction to HITRUST

- Normalized framework of security requirements for healthcare organizations, including specifics for HIE, that provide specific implementation requirements.
- HITRUST's HIE CSF and Assurance, informed by CMS requirements, establishes controls to manage the confidentiality, integrity and availability of PHI with HIEs and connecting organizations.
- HITRUST Common Security Framework (CSF) incorporates required security governance (organization, policies, etc.) and security control practices (people, process, technology)
- HITRUST Scope scales according to type, size and complexity of each organization based on organizational, system and/or regulatory risk factors.
- A single benchmark to facilitate internal and external measurements that incorporates applicable standards and regulations. See below.
- HITRUST will facilitate a consistent methodology for State Designated Entity and Qualified Entities to achieve HITRUST certification.

HITRUST is informed by:

ISO 27002/27799	PCI DSS 3.0	NRS 603A (State of Nev.)
Final Omnibus Rule	FTC Red Flags Rule	Texas Health & Safety Code
Stage 2 Meaningful Use	21 CFR Part 11	Title 1 Texas Admin. Code
NIST 800-53/66	Joint Commission	Infrastructure Cybersecurity v.1
CMS ARS	CORE Security Requirements	IRS Pub 1075
MARS-E	201 CMR 17.00 (State of Mass.)	CSA Cloud Controls Matrix v.1



Department
of Health

HITRUST CONTROL DOMAINS

CSF DOMAINS

1. Information Protection Program
2. Endpoint Protection
3. Portable Media Security
4. Mobile Device Security
5. Wireless Security
6. Configuration Management
7. Vulnerability Management
8. Network Protection
9. Transmission Protection
10. Password Management
11. Access Control
12. Audit Logging and Monitoring
13. Education, Training and Awareness
14. Third-Party Assurance
15. Incident Management
16. Business Continuity & Disaster Recovery
17. Risk Management
18. Physical & Environmental Security
19. Data Protection & Privacy

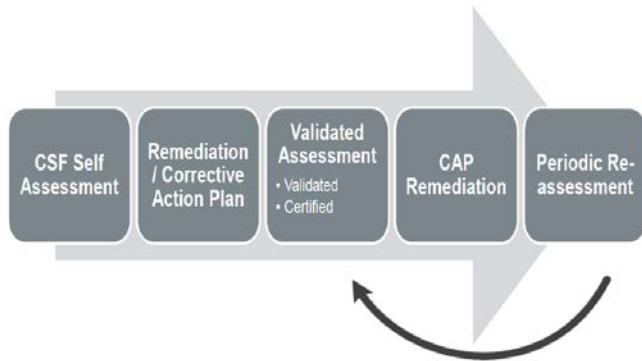
- ✓ Compares to SSP Workbook Control Families
- ✓ Prior certification/security work can be leveraged in support of HITRUST Certification

Source: HITRUST CSF



The Path and Players to HITRUST Certification

THE ROAD TO CSF ASSURANCE



CSF Assessors

CSF Assessors are organizations that have been approved by HITRUST for performing assessment and services associated with the [CSF Assurance Program](#) and the [HITRUST CSF](#).

HITRUST ASSESSMENT SCOPE

- Scope dynamic to systems being certified.
- Scope creation critically important.
- Scope to include all systems that interact with PHI, PII, MCD.
- Self mapped scopes created by SDE and QEs will be compared on behalf of NYSDOH by HITRUST to ensure consistency and sufficient security coverage.
- Scopes are created in MyCSF which requires a subscription.



2018 Qualified Entity Certification Timeline

2017 Activities

- Aug - Sep 2017 – Retain Certified HITRUST Assessor
- Sep 2017 – HITRUST scoped by SDE & QEs
- Oct 2017 – HITRUST compares scopes
- Nov – Dec 2017 – HITRUST CSF Self Assessment scored

2018 Activities

- Jan - Mar 2018 – Submit QE Certification Attestation and supporting evidence & artifacts to NYSDOH
- Jan – Dec 2018 - HITRUST Remediation and Validation Activities
- Apr – May 2018 - QE Certification Live demonstrations
- Jul 2018 – QE Certification Compliance Letters & Findings issued
- Aug 2018 –If applicable, QE Certification Remediation Plans due to NYSDOH
- Dec 2018- Proof of HITRUST certification submitted to NYSDOH



Discussion and Next Steps