

The New York eHealth Collaborative: A Public-Private Partnership to Advance Interoperable Health IT Adoption and Use

**Carol Raphael, Board Chair
Rachel Block, Executive Director**

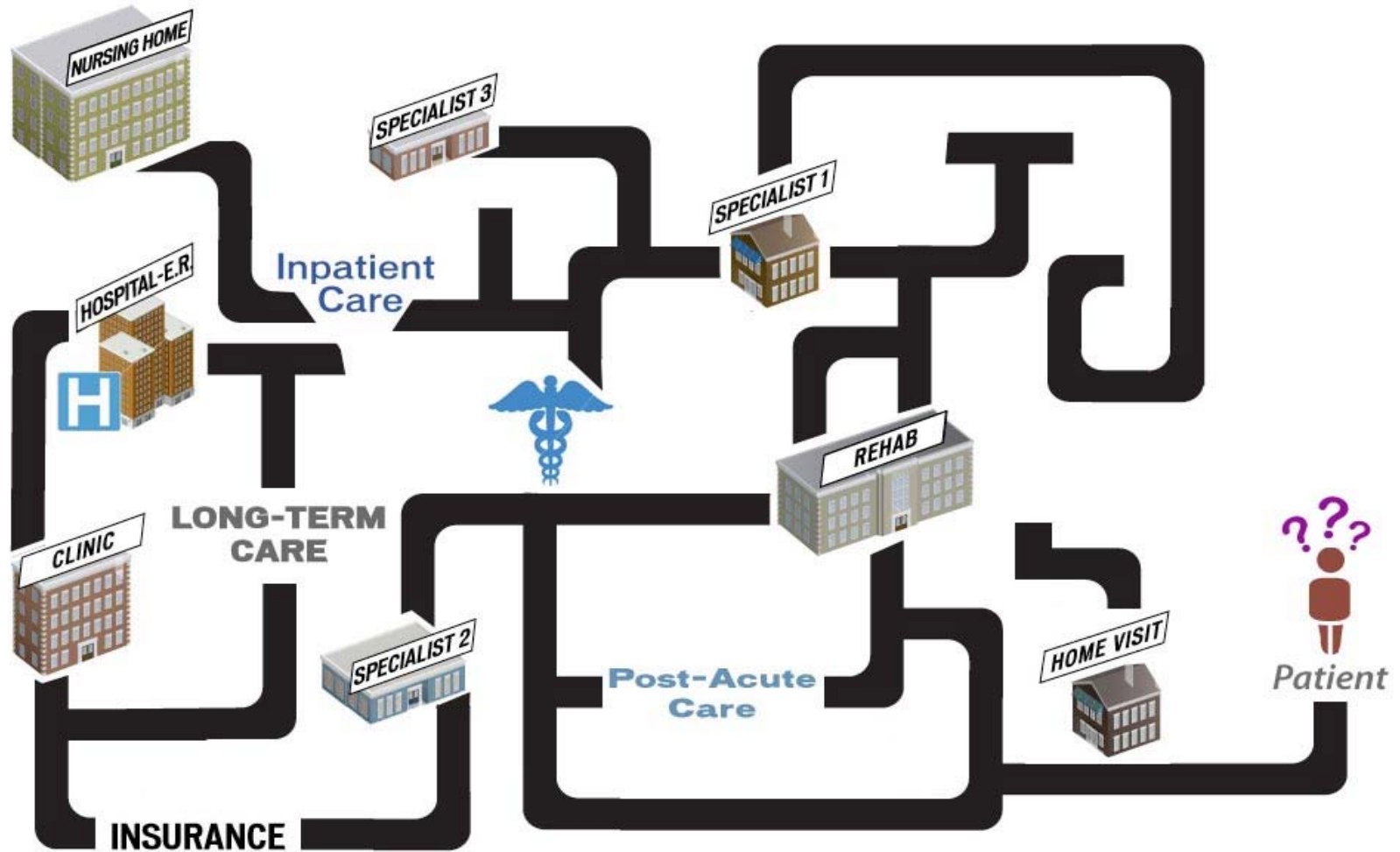
NYS DOH HEAL V Kick Off Meeting
May 12, 2008



Background: Challenges in Health Care System

1. Fragmented – patients with multiple conditions must see multiple providers, at multiple sites.
 - Often, little communication and collaboration among providers.
 - Transitions between settings are vulnerable points.
2. Care tends to be narrow in focus.
 - Single disease, discrete procedure
 - Treatment, not prevention
 - Time-limited
3. Financial incentives are misaligned.
 - Compensation rewards complicated procedures over primary, routine, preventive care.
 - In FFS, reimbursement is volume-driven.
 - Cost-shifting.
4. Growth in Costs and Outcomes not always Commensurate with expenditures.
 - Increased prevalence of chronic conditions

The Consequence?



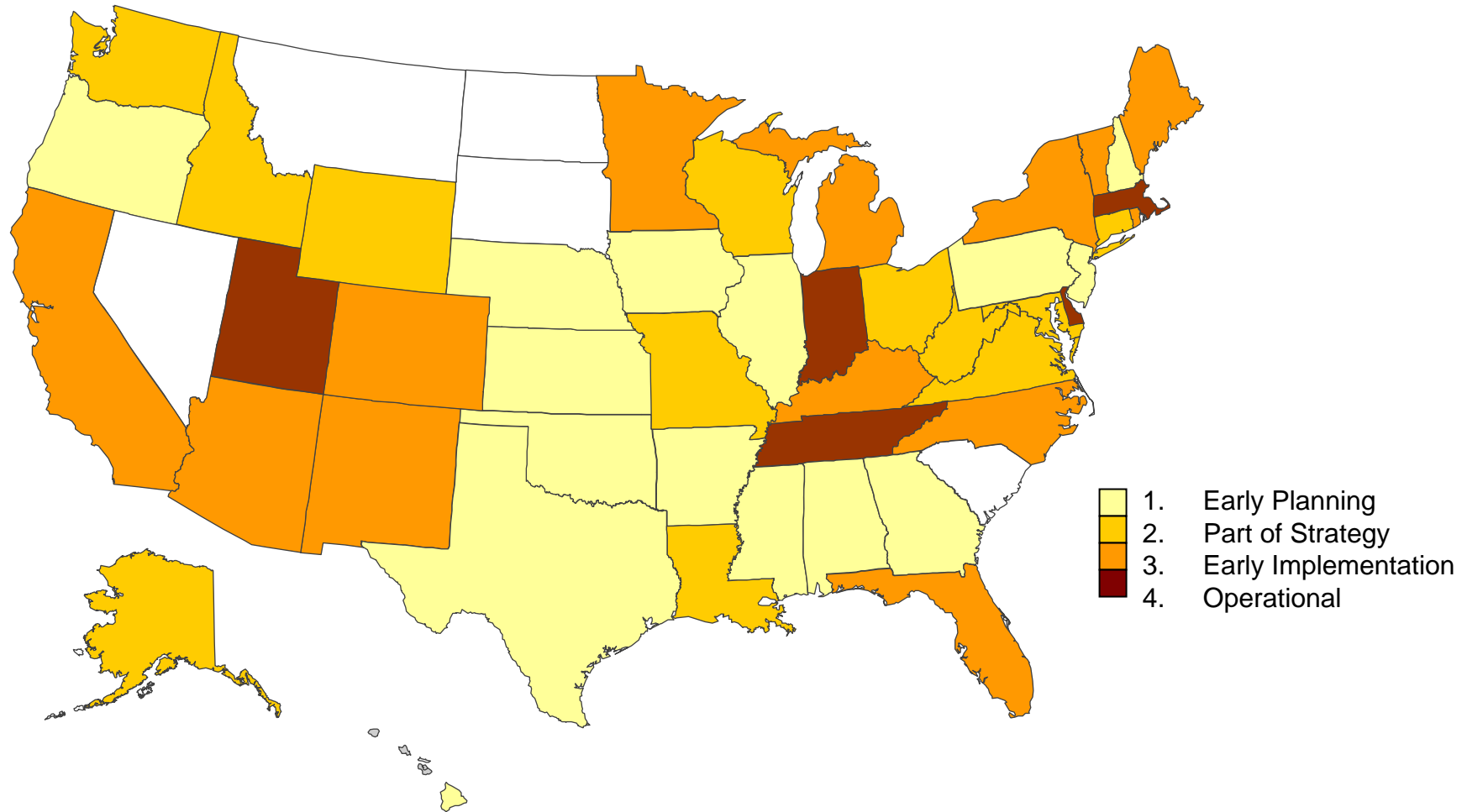
Reinventing the system

1. Service unit should be redefined as a longer term care cycle that is centered around the patient.
2. There should be clear accountability for outcomes and coordinating care.
3. Outcomes should be measured and publicly disclosed.
4. Care teams should include patients and their families fostering self management.
5. Payments should reward collaborative and integrated evidence based preventive and chronic care.

Technology has the potential to help us achieve this reinvention.

- Can function as a **virtual integrator** by encouraging collaboration and facilitating **information-sharing** across disciplines, providers, settings.
- Can assist care providers with **decision-making** at the point of care and promote **standardization of care**.
- Can improve **engagement and communication with patients** on non-urgent yet critical issues, and encourage **self-management**.
- Can assist with **reducing** errors and **improving** safety and quality.

State-Level Health Information Exchanges – An Evolving Landscape



According to a recent Commonwealth Fund report:

- All states place a high priority on e-health, and nearly 70% of states report “very significant” e-health activities.
- State governors’ highest e-health priorities in the next two years are fostering development of electronic health information exchanges and ensuring interconnectivity among health care providers.
- Patient privacy and security of data are among the greatest concerns.
- Almost half of responding states mentioned the challenge of obtaining the trust, buy-in and participation of health care providers and other stakeholders that are vital to successful adoption.

Trends Across States

- State-level HIE governance role is primary.
 - Ensure that HIE develops as a public good (beyond silos, corporate interests)
 - Serves all statewide stakeholders and data needs
 - Reduces technology investments and other costs for all participants
- State level HIE governance entity is a public-private partnership entity.
 - Sits *between* state government and the health sector and industry
 - Involves state government, but independent of state government

Trends Across States

- Addresses public and private sector interests, blends investments
- Mechanism for coordination of HIE policies and practices
- State governments play important roles.
 - Designating authority to a state level HIE governance entity
 - Providing resources: start up and ongoing
 - Leveraging public programs, policy levers to create incentives for HIE
- Statewide technical approaches can vary and will likely evolve.
 - Size, market characteristics, resources,
 - Stages of development

Why and how was NYeC established?

- Likely that States will *lead* efforts to promote adoption of interoperable health IT.
- An independent public-private partnership could help to achieve this goal.
- NYeC was established to ...
 - Leverage NY State's substantial investment in health IT.
 - Stimulate and accelerate coordinated statewide adoption of interoperable health IT.
 - Create a neutral, state-level forum for public and private stakeholders to harness expertise and knowledge, raise and resolve issues or concerns; and overcome barriers to adoption of health IT.
 - Effectively use technology to propel fundamental changes to the way health care is delivered in NY.
- NYeC was incorporated in Dec. 2006; formally designated a public-private partnership by NYSDOH in Aug. 2007; obtained 501c3 designation in Mar. 2008.
- Strong policy and funding support from NYSDOH.

Broad Goals of NYeC

NYeC will galvanize health care systems improvement by promoting broad use of interoperable health IT through a comprehensive state policy agenda that:

1. Stimulates coordinated and collaborative efforts among health care stakeholders to identify and overcome barriers to widespread health IT adoption and use health IT to enhance evidence-based practice by clinicians and consumer engagement in health maintenance.
2. Advances health care performance measurement, public reporting and improvement in patient outcomes.
3. Improves public health through effective prevention and management of chronic disease, as well as stronger public health surveillance and emergency response capabilities.
4. Ensures accountability by measuring and evaluating health IT's impact on health care systems, payers, providers, and consumers.

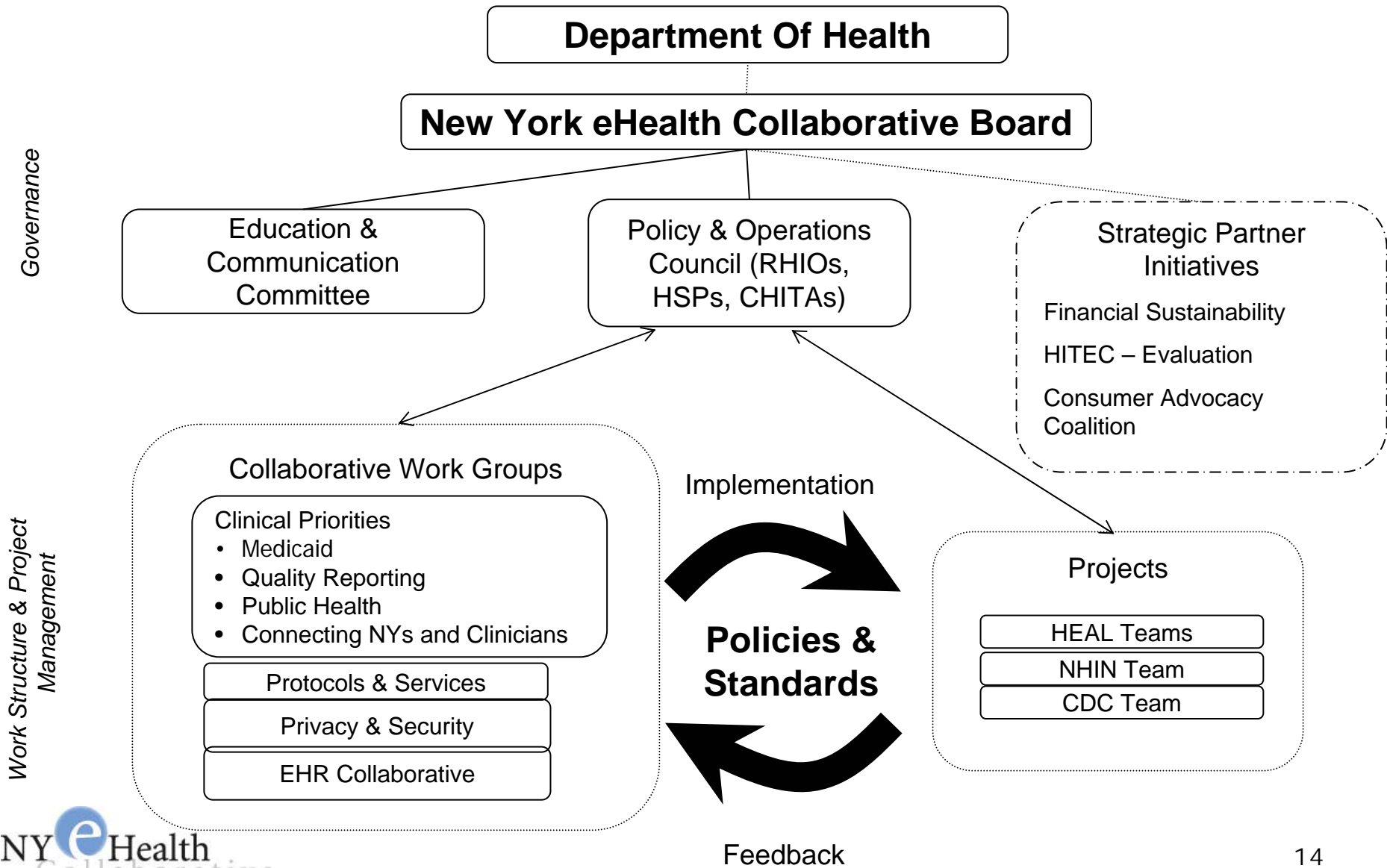
Steps and Deliverables

1. Establish a framework and principles for the adoption of interoperable health IT.
2. Create consistent, standardized policies that are implementable and flexible.
3. Create a foundation for adoption of health IT that encompasses:
 - Reaching agreement on privacy and security guidelines and policies.
 - Educating and engaging patients, families, legislators and other stakeholders and decision-makers in the health care system
 - Specifying technology infrastructure standards
 - Developing options for business models and on-going financing options
 - Addressing legal and regulatory requirements

NYeC Board of Directors - 2008

- **Rod Adkins** – IBM
- **Maura Bluestone** – Affinity Health Plan
- **Troyen Brennan MD** – Aetna
- **Pamela Brier** – Maimonides Medical Center
- **Neil Calman MD** – Institute for Family Health
- **Andrew Doniger MD** – Monroe County Health Dept
- **Craig Duncan** – Northeast Health (retired)
- **Martin Hickey MD** – Excellus Health Plan
- **Arthur Levin** – Center for Medical Consumers
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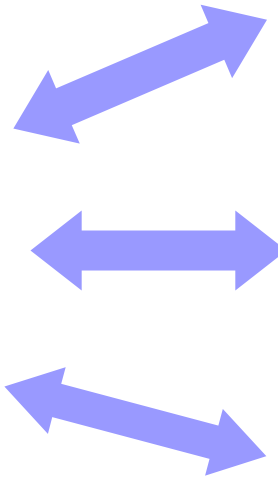
Statewide Public-Private Partnership & Collaboration Process – Governance & Policy Framework for New York’s Health IT Agenda



High-Level View of Roles and Interaction

DOH – NYeC
State Health IT Strategy
Governance & Regulatory Framework
Crosscutting Policy Issues

Clinical Priorities
-Use Case Clinical
Requirements and Policies



Privacy & Security
- Privacy & Security Policies

EHR Collaborative
- EHR Implementation Policies

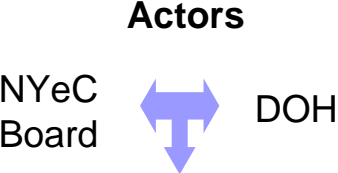
Protocols & Services
- Tech Policies and Standards

Sustainability & Incentives

Education & Communication

Policy Development Workflow

Stage 1: Identification of Policy Issue



Workgroups

Action Items

Identify Statewide Policy

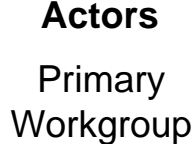


Identification of Workgroups



Stage 1 Deliverable: Description of Issue and Scope of Work

Stage 2: Policy Development



Secondary Workgroups

Action Items

Draft Policy Document



Public Comment Period



Stage 2 Deliverable: Policy Document v1

Stage 3: Policy Vetting



Policy & Operations Council

Action Items

Review and Edit Policy Document



Public Comment Period



Stage 3 Deliverable: Policy Document v2

Stage 4: Policy Confirmation



DOH

Action Items

Review Policy Document and Comments



Stage 4 Deliverable: Final Policy

Stage 5: Tech and Operations Guidance and Feedback



Implementation Projects

Action Items

Review of Implementation Issues Around Policy

Workgroup Structure

Composition

- Co-chairs
 - Selected by NYeC in consultation with workgroup
 - One public sector; two representing project stakeholders
- Staff
 - Workgroup coordinators and subject matter experts will be engaged by NYeC to facilitate workgroup process
- Members
 - Participation by HEAL 5 awardees in protocols/services and use case workgroups required by contracts
 - Open membership across public and private sectors
 - Liaisons or cross-workgroup staff/members to facilitate coordination on inter-dependent items

Workgroup Communications and Resources

Communications

- Workgroups keep minutes of each meeting
- Workgroups publish monthly reports with the following detail:
 - Progress on deliverables
 - Plans for the following month
 - Issues and risks
- Regular monthly meetings of workgroup co-chairs to discuss progress, ongoing issues
- Quarterly in-person meetings

Resources

- Workgroup coordinators and subject matter experts engaged by NYeC
- Basecamp project management tool
- Document repository
- Discussion forums
- Tele- and web-conference tools
- Other tools to be determined upon consultation with workgroups and assessment of needs