New York eHealth Collaborative
Policy and Governance Structure

January 2012
Table of Contents

Executive Summary 2-4
Introduction 5-6
Achieving Statewide Interoperability Goals 7-8
SHIN-NY Governance Model 9-14
Establishment of Qualified Health IT Entities (QEs) 15-18
SHIN-NY Stakeholder/Constituent Representation/Input 18-19
SHIN-NY Provision of Core Services 20-24
SHIN-NY Vendor Participation 24-25
Guidelines on Transparency of NYeC Activities 26-27
Guidelines for Funding of the SHIN-NY, including NYeC and QEs 28
Appendix A: Definitions 29-30
Appendix B: Commitment to Fair Information Sharing Principles 31-33
Appendix C: SHIN-NY Policy Committee 34
Appendix D: SHIN-NY Operations Committee 35
EXECUTIVE SUMMARY

New York State, in conjunction with federal initiatives, has made an intensive effort to advance the use of health information technology (HIT) to improve the effectiveness and efficiency of healthcare. Central to that objective is the decision to develop a Statewide Health Information Network of New York (SHIN-NY) to connect the many different stakeholders around the state and facilitate the communication of vital health information. The New York eHealth Collaborative (NYeC) has been charged with development and operation of the State Health Information Network of New York (SHIN-NY). In that capacity, NYeC will coordinate efforts among and between key stakeholders including but not limited to, the New York State Department of Health (NYS DOH), Qualified Health IT Entities (QEs), providers, and the public. This Policy and Governance Paper outlines the structure, goals, objectives and approaches expected of significant stakeholders in this collaborative process and sets broad guidelines for a plan for the development and deployment of SHIN-NY.

Governance Model

The SHIN-NY governance model provides the structure necessary to ensure accountability and trust in the implementation of the SHIN-NY. The Commitment to Fair Information Sharing Principles (see Appendix B) outline practices that will ensure a robust HIE and trust framework among patients, health care providers, and other health care organizations participating in the SHIN-NY. A Memorandum of Understanding will be established by mid-2012 to transition the operations and oversight of the SHIN-NY as a collaboration between NYS DOH and NYeC through the establishment of a series of policy committees and work groups. Qualified Health IT Entities (QEs) have two options to utilize a set of SHIN-NY core services established by NYeC either through a “connect” or a “service” agreement relationship. Qualified Entities have input into SHIN-NY service development and implementation via a SHIN-NY Operations Committee that will provide ongoing guidance on the SHIN-NY services roadmap and release plan.

Statewide Interoperability Goals

The New York State HIE Operational Plan outlines three core goals to achieve interoperability: 1) Strengthening the role of New York State in the governance of NYeC; 2) Coordinating and aligning New York State Medicaid, Public Health and other state HIE initiatives with the SHIN-NY; and, 3) Implementing a screening process for designation of Qualified Health IT Entities (QEs).

To help achieve these goals, the New York State Commissioner of Health now serves as a member of the NYeC Board of Directors. The New York State Health IT Coordinator and the New York State Medicaid Director serve on the Board in advisory roles. This involvement will allow the state to continue supporting the development of the SHIN-NY and offer appropriate regulatory guidance based on new statutory authority granted to the Commissioner.

NYeC will further its relationship with the State Medicaid Program to create clinical benefits and increase quality of care and cost efficiency for more than 4 million New Yorkers. Working closely with the State, NYeC will link both policy mandates and technical capabilities to leverage existing Medicaid data and infrastructure with the SHIN-NY. This includes but is not limited to the implementation of identity management and authentication, provider directories, Medicaid data sharing, public health reporting and Medicaid Redesign Team activities.
Qualified Entities are an essential part of the approach NYeC has developed to provide access to the SHIN-NY, ensuring broad demographic coverage and facilitating proper and open accessibility of information, inclusively for providers and patients. QEs will be a principal mechanism for the provision of Value-Added services and policy implemented in conjunction with NYeC. As such, NYeC has established criteria for the required structure and capabilities of potential QEs that includes information regarding the prospective QEs' resources, objectives and funding. A QE Committee will review potential QE applications and designation will be made following the review process. This Committee will be co-chaired by NYS DOH and a NYeC Board member. A SHIN-NY Operations Audit and Accreditation Group will establish audit and accreditation procedures and have responsibility for ongoing QE evaluation and support related to marketing, outreach, and technical efforts.

**Stakeholder/Constituent Representation/Input**

NYeC will continue to place high value on public input to inform its ongoing efforts. The public, in this context, encompasses state and local health officials, consumers, providers and payers, all of whom will be encouraged to communicate during regular NYeC forums and public comment periods. The goal is to address issues and concerns of core stakeholder constituencies to provide more useful and targeted input into the SHIN-NY development and governance process.

**Core Services**

In order to provide the technical infrastructure for the development and deployment of the SHIN-NY, a set of Core Services that QEs and their participants will use to exchange health information across organizational boundaries will be established and implemented. This approach takes into account existing networks and leverages the investments New York State has already made by setting a common foundation for using the SHIN-NY. The Core Services will create an environment for QEs and their participants to identify each other, identify patient information and share that information in a secure environment. The Core Services aim to support and facilitate effective coordination of care across clinicians, patients and caregivers; to submit information for quality and public health purposes; and to support tools to enhance delivery of care. This Governance and Policy paper enumerates the four Core Service requirements necessary to support these goals:

- **Core Service Priority Functions**: Three (3) priority clinical functions have been identified to be supported by the SHIN-NY including: effective coordination of care across clinicians, patients and caregivers; public health reporting; and tools that enhance delivery of care.

- **Core Service Types**: The policy document lists a set of Core Services that have been initially agreed upon by various stakeholders. Other services are expected to be advanced in the future.

- **SHIN-NY Service Utilization by QEs**: QEs can either participate in the SHIN-NY through their own infrastructure or through services provided by NYeC.
SHIN-NY Service Procurement Process: NYeC will consider all alternatives for deploying and operating Core Services, including HEAL-funded projects or other appropriate technology vendors.

Vendor Participation

HIT vendors who provide software and/or services related to the development of the SHIN-NY will be required to adhere to NY Statewide Policy Guidance (SPG) as outlined in service contract agreements developed by NYeC and that will include requirements for vendor software interoperability testing. Vendors will be encouraged to participate in the Statewide Collaboration Process (SCP).

Transparency of NYeC Activities

Transparency, as well as public participation, is an essential part of NYeC’s mission. Openness and stakeholder collaboration help ensure accountability on the part of all participating entities that in turn supports ongoing SHIN-NY development and full HIE across the State. In order to ensure transparency throughout the process, NYeC will invite members of the public to Board and other meetings, either in person or via teleconference as appropriate. Moreover, to expand communications efforts beyond those who directly participate, NYeC will publish meeting minutes, hold public briefing sessions, including public comment periods when appropriate, and provide periodic progress reports on the state of HIE in NY State for public consumption.

Funding of SHIN-NY

Although much of the funding for the SHIN-NY will come from public funds, it is critical to create other funding sources to support its operations on an ongoing basis. To do so, the cost of Core Services will be spread among the users of the SHIN-NY, much like a public utility. Value-Added services, however, will be priced based upon market value and set by the entity offering them. Sustainability planning will be ongoing and mechanisms for supporting providers who serve low-income populations and may have difficulty affording participation in the SHIN-NY will be established in partnership with government and private funding sources. The stage 1 sustainability plan for SHIN-NY, NYeC and the QEs will be completed by the end of Q1 of 2012.
INTRODUCTION

In 2006, the New York State Department of Health (NYS DOH), in concert with healthcare leaders in New York State, became one of the first states to establish a public/private partnership to develop and operate a statewide health information network (the “SHIN-NY”). This decision was made in order to ensure a transparent, collaborative, multi-stakeholder process for developing the policies, standards, protocols and technical approaches necessary for the operation of the SHIN-NY.

The New York eHealth Collaborative, Inc. (NYeC) is a New York State not-for-profit corporation that is charged with the development and operation of the SHIN-NY. NYS DOH, together with other health care stakeholders, participates in the governance of NYeC, and provides funding to NYeC through phases 10 and 17 of the HEAL-NY program. NYeC serves as the state-designated entity that provides federal funding to support statewide health information exchange (HIE) activities under the federal Health Information Exchange Cooperative Agreement program. It also functions as the Regional Extension Center (REC) for New York State (excluding New York City) under the federal REC Cooperative Agreement program that provides federal funding for RECs to assist health care providers in adopting and using electronic health records (EHRs).

More than $300 million in federal and state funds have been allocated to accelerate HIE and the adoption and use of health information technology (HIT) in New York over the next three years. The State is in the process of significantly realigning incentives in the Medicaid program to promote improvements in the quality and efficiency of health services.

The HEAL 10 program supports projects throughout New York State designed to improve the coordination and management of patient care through implementation of a Patient Centered Medical Home (PCMH) model in conjunction with interoperable EHRs that are linked through the SHIN-NY. The HEAL 17 program builds and expands on the foundation of HIT implementation in support of the PCMH with particular focus on increasing participation by mental health, long term care, and home health care providers.

Both the state and federal landscapes are evolving rapidly with ongoing health care reform activities driving the process. Both the state and federal governments are developing guidelines for accountable care organizations (ACOs) that will have a significant HIT component. New York State has enacted legislation providing for the establishment of an all payer database. New York State’s Medicaid Redesign Team is implementing changes, including a shift of patients from fee-for-service to Medicaid managed care that will impact access to Medicaid claims data. And finally, designation and implementation of Phase 1 Medicaid Health Homes initiative in NY State that are designed to manage service transitions across complex care coordination models.

NYeC’s success will depend on its use of Federal and State grant dollars to create a sustainable HIE infrastructure that supports widespread and systematic initiatives to improve health care quality and reduce health care costs. Planned spending over the next two years to accomplish NYeC and NY State HIT/HIE goals include:
<table>
<thead>
<tr>
<th>Program</th>
<th>Funding</th>
<th>Planned Categories for Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAL 10 (NYSNYS DOH)</td>
<td>$ 3.4M</td>
<td>Adoption</td>
</tr>
<tr>
<td></td>
<td>$ 3.5M</td>
<td>Education &amp; Communication</td>
</tr>
<tr>
<td></td>
<td>$ 5.3M</td>
<td>Statewide Collaboration Process (SCP)</td>
</tr>
<tr>
<td>TOTAL: $35M</td>
<td>$22.8M</td>
<td>Statewide Health Information Network of New York (SHIN-NY)</td>
</tr>
<tr>
<td>State HIE (ONC)</td>
<td>$ 1M</td>
<td>Planning</td>
</tr>
<tr>
<td>TOTAL: $25M</td>
<td>$ 24M</td>
<td>Infrastructure Development</td>
</tr>
<tr>
<td>Regional Extension Center (ONC)</td>
<td>$ 25M</td>
<td>Adoption of EHR primary care physicians</td>
</tr>
<tr>
<td>TOTAL: $25M</td>
<td>$ 25M</td>
<td></td>
</tr>
<tr>
<td>HEAL 17 (NYSNYS DOH)</td>
<td>$ 1M</td>
<td>SCP</td>
</tr>
<tr>
<td></td>
<td>$ 9.4M</td>
<td>SHIN-NY</td>
</tr>
<tr>
<td>TOTAL: $11.4M</td>
<td>$ 1M</td>
<td>RHIO/QE Accreditation</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$96.4M</td>
<td></td>
</tr>
</tbody>
</table>

The alignment of State and Federal efforts to achieve statewide interoperability provides an opportunity to strengthen the current partnership and governance structure to ensure the appropriate infrastructure to support the continued success of New York’s HIE and HIT activities. Current Federal and State deliverables require an aggressive timeline and a commitment on the part of stakeholders to continue to support and actively participate in a process that will translate into success and HIT transformation in NY State.
ACHIEVING STATEWIDE INTEROPERABILITY GOALS

Successfully achieving the interoperability goals established in the New York State HIE Operational Plan (10-2010) includes the following objectives:

1. **Strengthen the role of New York State in the governance of NYeC, the public-private partnership entity which is the fulcrum for investment of State and Federal funds.**

2. **Coordinate the New York State Medicaid, Public Health and other State HIE initiatives with the SHIN-NY.**

3. **Integrate the technical deployment of Public Health HIE between the State, NYeC, and the QEs to ensure consistency in approach across the SHIN-NY.**

4. **Implement a streamlined process for the designation of Qualified Entities (QEs) which will have the responsibility for providing access, support and services related to the SHIN-NY. Establish a framework for oversight of QEs, and assist QEs in developing Value-Added Services and obtaining broad support for their services.**

**1. Strengthen the role of New York State in the governance of NYeC, the public-private partnership entity which is the fulcrum for investment of State and Federal funds.**

**Approach:** New York State’s role in the development of the SHIN-NY has been implemented primarily through the HEAL NY contracts that NYS DOH has entered into with NYeC, and through participation of State officials in the SCP. To strengthen the public/private partnership in preparation for the deployment and operation of the SHIN-NY, a more formal process for State involvement in NYeC governance has been established. This process calls for addition of the New York State Commissioner of Health to the NYeC Board of Directors. The New York State Health IT Coordinator and the New York State Medicaid Director will serve in an advisory capacity to the NYeC Board. To ensure appropriate levels of participation by these State officials, the NYeC Board of Directors conflict of interest provisions will be reviewed and updated to ensure that appropriate procedures are in place that includes recusing procedures for individuals who may have conflicts of interest related to any activities affecting their oversight of NYeC. In addition, NYeC will work with NYS DOH to develop regulations that define the roles and responsibilities of NYeC and QEs in developing, managing, and funding the SHIN-NY. This process is supported by legislation enacted in 2010 providing that:

>The commissioner shall make such rules and regulations as may be necessary to implement federal policies and disburse funds as required by the American Recovery and Reinvestment Act of 2009 and to promote the development of a statewide health information network of New York (SHIN-NY) to enable widespread interoperability among disparate health information systems, including electronic health records, personal health records and public health information systems, while protecting privacy and security. Such rules and regulations shall include, but not be limited to, requirements for organizations covered by 42 U.S.C. 17938 or any other organizations that exchange health information through the SHIN-NY.

Specifically, regulatory guidance that addresses the following should be considered:
• Transparency and reporting obligations of NYeC designed to ensure NYeC’s programs and initiatives are aligned with NYS’s public policy goals relating to use of health information to promote coordinated and efficient health care services.
• State defined process for designation of QEs, including criteria and obligations relating to Fair Information Policies (Appendix B) and NYeC’s role in that process.
• Requirements for QEs to participate in the SHIN-NY and comply with SPG.
• Incentives for payers and providers to participate in SHIN-NY. Incentive examples might include:
  - Access to Patient Clinical Data
  - HIE Support for Health Homes
  - Statewide Provider Directory
  - State Direct HISP
  - Facilitate QARR Reporting Requirements
  - Early notification of ER Admissions for effective intervention

Such regulations will both ensure the accountability of these entities to the public and will allow for the State to support the ongoing development and use of the SHIN-NY in order to achieve its general population health policy goals as well as its specific goals related to public health and Medicaid.

2. Coordinate the New York State Medicaid HIE, Regional Extension Center (REC), and data sharing requirements with the SHIN-NY.

Approach: Over four million residents of New York State are covered by Medicaid. The integration of the Medicaid program with the SHIN-NY is crucial to achieving the clinical benefits and increased efficiency and cost-effectiveness that HIE promotes. Further, in order for the State Medicaid Programs to receive federal funding for a portion of the cost of administering the EHR incentive program that provides incentive payments to eligible professionals and hospitals to adopt and meaningfully use EHRs, they are required to develop a State Medicaid HIT Plan (SMHP). In addition, New York State has established a Medicaid Redesign Team, consisting of representatives from a number of the state’s health care stakeholders that is tasked with finding ways to reduce costs and increase quality and efficiency in the Medicaid program. Federal and state policy and funding requirements dictate the need for close program and technical coordination between the State Medicaid Program and NYeC as well as ensuring alignment with Medicaid Redesign Team activities as appropriate. Programs that benefit from close coordination include the implementation of identity management and authentication, provider directories, the REC, Medicaid data sharing, and public health reporting.

Therefore, NYeC and New York State (i) will prioritize coordination of implementation and evaluation of any statewide HIE initiative, inclusive of NYeC directed HIE initiatives, NYS Medicaid HIE initiatives, NYS 90/10 funded HIE initiatives, the Primary Care Information Project, and the REC activities; (ii) will determine how an all-payer database relates to the SHIN-NY; (iii) will ensure the ability of participants in the SHIN-NY to access Medicaid data and will work together to coordinate standards, guidelines, and technical integration to achieve this; (iv) will leverage the SHIN-NY as a central component of the State’s Medicaid information systems platforms (i.e. MMIS, Data Warehousing, HIE) and provide financial support accordingly; and (v) will seek to ensure that the development and operation of the SHIN-NY is aligned, as appropriate, with applicable Medicaid Redesign Team activities.
3. Integrate the technical deployment of Public Health HIE between the State, NYeC, and the QEs to ensure consistency in approach across the SHIN-NY.

**Approach:** NYS DOH has the responsibility to lead implementation efforts related to the public health reporting capabilities of the SHIN-NY and its participants. To date, it has accomplished this by providing grant support to designated regional health information organizations (RHIOs) for the development of a Universal Public Health Node (UPHN) which will link State health information systems with the SHIN-NY. Going forward, a major objective of NYS DOH is to leverage its growing UPHN capabilities to support more robust, bi-directional exchange, including assisting providers in meeting their meaningful use public health reporting obligations and developing a full suite of services to support State communication with providers about critical public health issues. In support of NYS DOH’s goals, NYeC will work collaboratively with NYS DOH to define a New York State and NYeC “Public Health Technical Specification” which establishes a uniform technical basis for public health reporting and outlines the roles of NYS DOH, NYeC and the QEs in that process.

4. Implement a streamlined process for the designation of Qualified Entities (QEs) which will have the responsibility for providing access, support and services related to the SHIN-NY. Establish a framework for oversight of QEs, and assist QEs in developing Value-Added Services and obtaining broad support for their services.

SEE ESTABLISHMENT OF QUALIFIED HEALTH IT ENTITIES (QEs) SECTION p. 15

**SHIN-NY GOVERNANCE MODEL**

The SHIN-NY Governance model is designed to ensure accountability for achievement of interoperability at every level of provision (provider, Qualified Health IT Entities, NYeC) and to establish trust in the integrity of the SHIN-NY integral to its comprehensive adoption.

The following outlines the organizational relationships and structures that will be utilized to support the SHIN-NY governance model and includes:

1. Regulatory and organizational relationships;
2. Roles and Responsibilities
3. Policy Making Process;
4. SHIN-NY Governance Decision Making Process including the role of Service QEs and the role of Connect QEs;
5. QE designation and certification;
6. Operational coordination between NYeC and QEs;
7. Representation and input from constituents: public health, consumers, payers, providers.

*The diagram below illustrates the collaborative SHIN-NY Governance model.*
1. Regulatory and Organizational Relationships: Provides the basis for NYS DOH oversight of NYeC to support the continued development and adoption of the SHIN-NY, including the designation and on-going monitoring of QEs.

Approach: The HEAL grants currently govern the relationship between NYS DOH and NYeC. For 2012 and forward, a Memorandum of Understanding that is consistent with the evolving regulatory structure for the SHIN-NY over the next 18 months (through 2012) per the statutory authority recently given to the Commissioner, will specify the respective obligations and responsibilities under which NYeC and NYS DOH will oversee and implement the SHIN-NY, conform to federal and state laws and policies governing Health Information Technology and Health Information Exchange, and will include performance measures related to SHIN NY and HIE adoption and use.

_NYS DOH at its discretion may convene a review body, or contract with a third party, to audit NYeC’s adherence to the terms and measures specified in the MOU._
2. **Roles and Responsibilities**: provides a framework for the ongoing relationship and expectations of key stakeholder groups in the SHIN-NY governance structure.

a. **NY State Department of Health (NYS DOH)**

NYS DOH is charged with developing New York State’s HIT strategy with support from NYeC; coordinating New York State agency participation in the SHIN-NY; overseeing HEAL-NY HIT related contracts; working with NYeC in the development of policies and procedures for the SHIN-NY and establishing a regulatory framework for the SHIN-NY. NYS DOH responsibilities for these areas are carried out by the NYS DOH’s Office of Health Information Technology Transformation (OHITT). Particular OHITT responsibilities include oversight of NYeC related to use of public funds, participation as an Advisory Board member of the NYeC Board of Directors and in its governance, including partnership in the leadership of key Committees, and evaluation and monitoring of SHIN-NY adoption.

In addition, an internal NYS DOH governance structure will be implemented to provide a forum for strategic planning and advice regarding the development and operation of the Statewide Health Information Network for NY. This group, comprised principally of the SDOH Deputy Commissioners, with input from key program staff across all offices, will provide input to the Commissioner who represents the full range of Departmental interests as a member of the NYeC Board.

b. **New York eHealth Collaborative (NYeC)**

NYeC is responsible for managing and overseeing implementation and use of SHIN-NY in conjunction with QEs and - for purposes of public health reporting - NYS DOH. The SHIN-NY is comprised of policies, standards and technical services developed and operated in conjunction with the governance model outlined in this document.

NYeC will establish a SHIN-NY Governance structure to address the needs of QEs, NYS DOH, providers, patients, the public health community, and other stakeholders to ensure that the SHIN-NY services are aligned with multi-stakeholder goals and objectives, within the following context:

- NYeC, in collaboration with NYS DOH, QEs and other stakeholders, will manage the SHIN-NY HIE services in accordance with the SHIN-NY QE Governance structure.
- NYeC will partner with QEs to share best practices in raising awareness of HIE services and provide assistance to those QEs who request additional assistance in marketing efforts of the overall core capabilities of HIE and the value added services that each QE provides.
- NYeC, via the Statewide Collaboration Process (SCP), will drive standards development based on input and feedback from all stakeholders, QEs and Multi-State & National Interoperability programs. NYeC will serve as a gateway to the Nationwide Health Information Network (NwHIN) for the QE.
- NYeC will partner with QEs to share best practices related to enrollment and adoption, and provide assistance to those QEs who request assistance in these enrollment and adoption efforts. Regional Extension Centers (RECs) (NYeC and NYC REACH) will also play a role in implementing strategies to drive QE membership adoption.
NYeC will leverage its statewide and multistate relationship to increase economies of scale and work with Regional Extension Centers to identify areas of EHR product improvement that could enhance provider experience.

NYeC will leverage its statewide and multistate relationship to increase economies of scale and work with QEs to identify HIE specific software functionalities and capabilities that could enhance HIE services.

NYeC will partner with QEs and other stakeholders to develop standardized policies and procedures through the SCP to protect the privacy of patients and to facilitate interoperability and innovation.

c. **Qualified Health IT Entities (QEs)**

QEs are instrumental in the deployment, marketing, and operation of the SHIN-NY. In addition to use of SHIN-NY core HIE services, QEs will provide Value-Added Services essential to the Collaborative Care Model, manage state HIT policy implementation, and participate in statewide public health reporting. They will also participate in the statewide collaboration process (SCP) through SHIN-NY operations work groups and SHIN-NY policy and operations committees, and ensure compliance with the statewide policy guidance (SPG) with their participants and vendors. All QEs (Service and Connect) will be required to sign a contract with NYeC that outlines requirements for participation as a QE in the SHIN-NY.

d. **NYeC Board of Directors**: As the Board considers the requirements to oversee the operations of NYeC, it should undertake a formal assessment of its membership to ensure that the composition includes the diversity necessary to oversee NYeC’s new role. It should also ensure that processes are developed to oversee each aspect of NYeC’s activities, including strategy, policy development and operations. Given the need for NYeC to be viewed as a trusted entity by multiple stakeholders, including the State, health care consumers, health care providers and other stakeholders, and the important role it will play in New York’s health care ecosystem, NYeC should also adopt a systematic approach to evaluating its own governance practices and developing proposals to continually improve these practices.

3. **SHIN-NY Governance Policy Making Process**: is designed to preserve and strengthen the SHIN-NY SCP policy making process independent of NYeC’s evolving operations role and ensure continued opportunity for public comment.

**Approach**: A SHIN-NY Policy Committee of the NYeC Board will be convened and will serve to develop New York’s health information technology network and data usage policies in order to further advance HIT. The Policy Committee will be co-chaired by a NYeC Board Member and a representative of NYS DOH, and staffed by NYeC. Members of the SHIN-NY Policy Committee will be selected through an open Call for Nominations process. All nominations will be reviewed by the Nominating Committee of the NYeC Board of Directors. A slate of candidates will be presented to the NYeC Board of Directors for ratification. The Nominating Committee will ensure that the slate of candidates is reflective of geographic distribution, policy experience, and representation of key SHIN-NY stakeholders including providers, consumers, hospitals, and QEs. Priority recognition will be given to policy issues arising in HEAL projects and with the input of HEAL project leaders, the Committee Chairs will advance this agenda. The Policy Committee will be committed to having public input on key issues as part of public comment periods to be determined by the members of the Committee.
SHIN-NY Policy Committee recommendations will be reviewed and approved by the NYeC Board and, with the appropriate NYS DOH review and approval, become Statewide Policy Guidance (SPG). Policy issues that require regulatory intervention will be remanded to NYS DOH for its deliberation and inclusion in NYS DOH regulatory direction. NYS DOH will continue to exercise regulatory oversight over all of SHIN-NY.

See Appendix C: SHIN-NY Policy Committee

4. SHIN-NY Governance Decision Making Process: is designed to provide Service QEs and Connect QEs direct input into its decision making processes – in particular for SHIN-NY service roadmap of capabilities and release planning.

Approach: NYeC will provide a set of SHIN-NY Core Services that support connectivity and data transport exchange between multiple entities and systems in the state. QEs have two options for participation in the SHIN-NY:

- **“Connect” relationship**: The Connect QE will own and maintain its own HIE services and connect to the SHIN-NY for data interoperability with the rest of the state. In this relationship, the Connect QE will be responsible for ensuring that its HIE infrastructure is in compliance with SHIN-NY Core Services specifications, and for ensuring technical interoperability with the Core Services provided by NYeC, including the interfaces required to update and query the Core Services. Connect QEs will sign a Connect QE Participation Agreement executed by NYeC that outlines roles and responsibilities for participation by the Connect QE in the SHIN-NY.

- **“Service” relationship**: The Service QE will use HIE services and Core Services provided by NYeC and will be connected to the SHIN-NY through the usage of these services. Service QEs will sign a Service QE Participation Agreement executed by NYeC that outlines roles and responsibilities for participation by the Service QE in the SHIN-NY.

The SCP Governance decision making process has been a consensus-based work group driven process. The SHIN-NY governance structure will continue to be an open and transparent process designed to provide input opportunities on SHIN-NY services and policy by both the Service and Connect QEs as well as other key stakeholders.

A SHIN-NY Operations Committee will be convened to maintain the SHIN-NY capability roadmap and business plan for annual recommendation to the NYeC Board of Directors and NYS DOH. The Committee will also advance capability issues emerging from HEAL projects, Health Homes, ACOs, and transformative healthcare programs. They will seek input from key stakeholder groups representative of the provider, consumer, public health, and payer constituents. The Committee will meet quarterly to review progress against milestones, and provide direction pertinent to QE core service requirements. Substantive issues raised by the SHIN-NY Operations Committee participants will be escalated to the NYeC Board as a part of the quarterly and annual review process.

The SHIN-NY Operations Committee will be co-chaired by a NYeC Board Member and a representative of NYS DOH, with members selected following NYeC Board processes for nomination and appointment of Committees. Priority recognition will be given to issues that
emerge from HEAL projects (for example subscribe & notify, quality reporting, coordination of UPHN technical implementation), and with the input of HEAL project leaders, the Committee Chairs will advance this agenda.

*See Appendix D: SHIN-NY Operations Committee*

### SHIN-NY Governance Transition Plan:

The transition of existing SCP Work Groups to the SHIN-NY Governance model will occur during Q1 2012. The following chart outlines key transition activities.

<table>
<thead>
<tr>
<th>Current governance</th>
<th>Transitioned governance</th>
<th>Expected Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and Operations Council</td>
<td>Final meeting Q4</td>
<td>Q4 2011</td>
</tr>
<tr>
<td>RHIO Executive Director meetings</td>
<td>SHIN-NY Operations Committee</td>
<td>Q1 2012</td>
</tr>
<tr>
<td>Health IT Strategy Group, Privacy &amp; Security Work Group</td>
<td>SHIN-NY Policy Committee - members selected through Open Call for Nominations and reviewed via NYeC Board Nominating Committee process with NYS DOH</td>
<td>Co-Chairs from NYS DOH and NYeC appointed Q4 2011 Call for Nominations and Board Approval Q1 2012</td>
</tr>
<tr>
<td>Current Statewide Collaboration Process</td>
<td>HEAL Project Leaders will meet as part of the SHIN-NY Committees and Input forums.</td>
<td>Q1 2012</td>
</tr>
<tr>
<td>SHIN-NY Architecture Work Group</td>
<td>Divided between SHIN-NY Technical Operations Group (technical directors) and participation in SHIN-NY Developers Forum.</td>
<td>Q1 2012</td>
</tr>
<tr>
<td>Consumer &amp; Provider Engagement Work Group</td>
<td>Divided between Marketing Operations Group (marketing professionals) and Consumer Representatives (consumer representatives) constituent group</td>
<td>Q1 2012</td>
</tr>
<tr>
<td>Collaborative Care Work Group</td>
<td>Providers constituent input forum group</td>
<td>Q1 2012</td>
</tr>
<tr>
<td>EHR Implementation Work Group</td>
<td>Outreach &amp; Implementation Operations Group</td>
<td>Q1 2012</td>
</tr>
</tbody>
</table>
ESTABLISHMENT OF QUALIFIED HEALTH IT ENTITIES (QEs)

Qualified Health IT Entities (QEs) are designated to link multiple providers in a region via the statewide HIE. QEs participate through connectivity to SHIN-NY core services and also provide value added services in support of care coordination models for their (QE) participants.

**Approach:** The goals of the QE designation process include:

- To ensure broad geographic coverage so that health care providers throughout New York State are able to access an “on-ramp” to the SHIN-NY;
- To ensure broad inclusivity so that all types of health care providers and other health related organizations in New York State, including but not limited to rural health providers and small physician practices, are able to participate in the SHIN-NY;
- To facilitate information liquidity that ensures that all data in a QE is made available to the SHIN-NY in accordance with the Statewide Policy Guidance, Fair Information Policies and applicable laws and regulations; and
- To ensure that the number and variety of QEs in New York is sufficient to enable choice and access.

**Qualified Entity (QE) Criteria:**

An applicant for designation as a QE will be required to meet qualifying criteria established by NYS DOH and NYeC that will include but may not be limited to the following:

i. Be a New York not-for-profit corporation with a charitable purpose that includes supporting and advancing the use of healthcare information technology in the public interest.

ii. Have a Board of Directors and senior management of such character, experience, competence and standing as to give reasonable assurance of their ability to conduct the operations of the QE in the public interest.

iii. The capacity to comply with the technical requirements established by NYeC through the Statewide Collaboration Process.

iv. Policies, procedures and technical capacity that enable the applicant to comply with the privacy and security policies and procedures established by NYeC through the Statewide Collaboration Process and the Fair Information Policies.

v. A project plan for QE services that includes:
   a. Information about how many participants currently participate in the QE;
   b. A description of applicant’s plans to expand participation;
   c. Up to date metrics related to adoption (such as number and type of participants, active provider users, production status of services, patient consents, patient queries, lab and other results delivered, and other metrics as agreed to by the
QEs through the NYeC governance process) and a commitment to participate in the agreed to regular provision of metrics to NYeC;
d. A description of other alternatives for achieving connectivity to the SHIN-NY and the applicant’s rationale for seeking independent designation as a QE.
e. A description of how core services (such as MPI, provider directories, record location, message routing) are provided and a description of the applicant’s plan to use Medicaid data, the SHIN-NY, and to participate in the Universal Public Health Node (UPHN).

vi. A plan for financial sustainability that includes the following:
a. A three-year budget for the provision of QE services
b. A description of the source and amount of funds, including non-grant related funds, that will be available to expand QE services and support the organization.

vii. Errors and omissions insurance and directors and officers insurance in such amounts and meeting such standards as may be required by the Board of Directors of NYeC.

**QE Designation and Accreditation Process:**

To implement a selection process for designation of QEs a QE Certification Committee that reports to the NYeC Board of Directors will be established and will be co-chaired by NYS DOH. The QE Committee will be responsible for designating QEs. The QE selection process will ensure that members of the Committee do not have conflicts of interest specific to the scope of work expected for designation and other policies and procedures that may apply to QE application. An applicant will be required to submit an application that demonstrates that the applicant meets the qualifying criteria set forth above.

An applicant that is approved by the Committee will be granted designation as a QE and will enter into a participation agreement (a “QE Participation Agreement”) with NYeC that sets forth the terms and conditions governing the QE’s participation in the SHIN-NY. The initial term of the QE Participation Agreement will be [three years]. Thereafter, the QE Participation Agreement will be automatically renewed for a one year period unless terminated by either party.

The QE Participation Agreement will contain provisions relating to the oversight of the QEs by NYeC and NYS DOH, including provisions relating to NYeC audits of QEs and self-audits by QEs. The Service QE audit and accreditation process will be established and carried out by a SHIN-NY QE Audit and Accreditation Group as noted below in the NYeC/QE Operational Coordination Process. In addition, the Agreement will include provisions requiring QEs to submit periodic reports on their activities; and provisions relating to the suspension or termination of the QEs’ participation in the SHIN-NY based on cause. These provisions will be designed to ensure that all participants in the SHIN-NY develop trust in each other as well as ensure that NYS DOH, NYeC and the QEs earn the trust of patients who consent to have their personal health information exchanged through the SHIN-NY. Where appropriate, information regarding the SHIN-NY and QE oversight process will be made available to stakeholders.

NYeC will work collaboratively with QEs to share best practices related to recruitment and marketing materials describing the benefits of Health Information Exchange and use of the SHIN-NY services. NYeC may also provide QEs with support for activities that enable QEs to enroll participants with limited resources or serving low-income populations. NYeC will also work with QEs to explore other Value-Added Services that support better care coordination, patient
engagement and other quality improvement programs that would make participation in the 
SHIN-NY attractive. Subsequent provisioning of such value added services will be further 
 informed by the cost and funding of these services and subject to review and approval through 
NYeC governance structure.

**NYeC/QE Operational Coordination Process**

NYeC as both a convener and provider of services to QEs will establish NYeC Operations Work 
Groups to support the SHIN-NY implementation and adoption. Participants in each Operations 
Work Group will share their yearly implementation plans and quarterly work group meetings will 
be held to review progress against those QE established goals. Work Groups include:

- **Marketing Operations Group:** To share best practices with marketing staff at 
each QE in order to raise awareness and market the overall core capabilities of 
Health Information Exchange, the QEs, the SHIN-NY core services and value 
added services of each QE. Membership in this group will include QE Marketing 
Directors and/or QE Marketing Staff, NYS DOH representative, NYeC staff and 
an “at-large” health care marketing subject matter expert.

- **Outreach and Implementation Operations Group:** To share best practices 
with the Deployment Staff at each QE to increase enrollment and adoption. 
Membership in this group will include REC Outreach Agents, QE staff 
responsible for enrollment, NYS DOH representative, NY City REACH 
representative and NYeC staff.

- **SHIN-NY Technical Operations Group:** To manage SHIN-NY targeted service 
delivery operations and SHIN-NY capability building. Membership in this group 
will include QE operations Officers, QE Chief Technical Officers, project 
managers, NYeC staff, NYS DOH representatives.

- **SHIN-NY Accreditation and Audit Group:** To advise NYeC in developing the 
Service QE accreditation process as well as to develop an audit program that will 
ensure ongoing QE compliance with Statewide Policy Guidance and SHIN-NY 
technical requirements. The NYeC Board may elect to contract the audit function 
to a third party.

In addition to these standing Operations Work Groups, NYeC will establish and support a 
“**SHIN-NY Developers Forum**” to encourage networking across QEs for value added 
applications, support open source development, and establish a venue for vendor participation. 
Membership in the SHIN-NY Developers Forum will include QE application developers, HIE 
vendors, NYeC staff, and NYS DOH.

It will be the responsibility of the NYeC Executive Director to report on results of operations, 
including issues raised by QEs, to the Board on a quarterly and annual basis.

**SHIN-NY Stakeholder and Constituent Representation and Input**

The statewide collaboration process (SCP) serves as a mechanism to ensure continued 
opportunity for stakeholder/public input in an open, transparent environment. The SHIN-NY
stakeholder and constituent representation and input process will provide for substantive input from stakeholders/constituents including but not limited to state and local health officials, consumers, providers, and payers.

**Approach:** Open communication and input forum meetings for the general public stakeholder and constituent groups will be established and managed by NYeC. These meetings will be held quarterly or more frequently as required, and will allow for public participation and comment into SHIN-NY policy and technical approaches to core services. Representative groups will include:

- **Public Health Representatives:** this group is designed to provide a forum for input on implementation of the Universal Public Health Node (UPHN) through the SHIN-NY. A Public Health Forum Steering Committee will be established to define scope of work specific to the planning and requirements of public health clinicians for reporting via the UPHN through the SHIN-NY as well as defining resources that will promote understanding, value, and support for public health information exchange and data use beyond reporting requirements. The Steering Committee will seek input from the larger public health group on a quarterly basis on the public health issues related to UPHN. Steering Committee members (12-15) will include representatives from local NYS public health officials, NYS DOH OHITT, NYCDOHMH and the NYS Office of Public Health (OPH). Members at-large will include a broad representation from public health agencies and organizations and will reflect geographic spread to ensure both upstate and downstate participation. Recommendations will be forwarded to the SHIN-NY Operations Committee for disposition to either the SHIN-NY Policy Committee or the SHIN-NY Technical Operations Groups.

- **Consumer Representatives:** this group is designed to promote consumer engagement and use of the HIE through SHIN-NY services as accessed by the QEs. A Consumer Forum Steering Committee of 12-15 consumer representatives will be convened to determine the input requirements on SHIN-NY services that are aimed at consumer personal health information management and access. The Steering Committee will include representatives of consumer advocate groups and representatives and will serve as key discussants on consumer HIE user issues/concerns specific to use of SHIN-NY services designed to promote better health outcomes. The Steering Committee will seek broad input from the at-large consumer forum membership on a quarterly basis that will further inform input from this constituency group on personal health information policy and technical issues. Membership will be reflective of geographic spread to ensure both upstate and downstate participation. Recommendations will be forwarded to the SHIN-NY Operations Committee for disposition to either the SHIN-NY Policy Committee or the SHIN-NY Technical Operations Groups.

- **Providers:** this group is designed to engage provider users in clinical requirements gathering discussions for SHIN-NY connected capabilities that drive care coordination improvement. A Provider Forum Steering Committee of 12-15 SHIN-NY provider user representatives will be convened to serve as key discussants on clinical prioritization of SHIN-NY connected capabilities, provider work flow issues and quality measures. The Steering Committee will seek broad
input on the clinical prioritizations, work flow, and quality measure issues from the at-large provider forum members on a quarterly basis. The at-large members will include providers across all health care industries in NY State. Recommendations from the provider input forum will be forwarded to the SHIN-NY Operations Committee for disposition to either the SHIN-NY Policy Committee or the SHIN-NY Technical Operations Groups.

- **Payers:** this group is designed to engage payers across NY State in SHIN-NY HIE services to achieve overall health and wellness outcomes. A Payer Forum Steering Committee representative of 12-15 large and small payer groups in NY State will be convened to serve as key discussants on payer HIE user needs and value added services through the SHIN-NY. The Steering Committee will seek broad input from the at-large payer forum members on payer requirements specific to SHIN-NY services and on other issues that can drive payer engagement and use of the SHIN-NY such as obtaining access to data for various purposes. Input forums will be held on a quarterly basis. The at-large members will include NY State payer groups not represented on the Steering Committee and can include Medicaid and Medicare groups. Recommendations from the payer input forum will be forwarded to the SHIN-NY Operations Committee for disposition to either the SHIN-NY Policy Committee or the SHIN-NY Technical Operations Groups.

Additional representative groups may be formed as needed.
SHIN-NY PROVISION OF CORE SERVICES

The New York Statewide Health Information Network (SHIN-NY) is intended to advance NY State’s HIE infrastructure through implementation of a shared services platform that leverages current NY State investment through RHIO HEAL funded projects. This endeavor will be accomplished through deployment of a set of standardized, interoperable core services for QEs to access and that align with federal initiatives including the NwHIN Direct.

Functional statewide HIE is a collection of “nodes” that work together to achieve common purposes based on an agreed upon set of priorities, policies, and technical specifications. Within this system of systems, there are multiple entities (e.g., local provider entities using an EHR, regional networks, large hospital systems, insurers, state agencies, and other commercial healthcare enterprises) that provide and consume data.

These entities have their own health IT systems and networks utilizing different technologies, and having differing priorities and approaches regarding the data they collect and transmit. The SHIN-NY is not intended to supplant these networks, but rather is a flexible, open, cost effective framework supporting the inter-organizational exchange of data and access to shared services.

In developing and operating the SHIN-NY, NYeC will leverage the investments that New York State has already made.

**Approach:** NYeC will provide a set of SHIN-NY core services to create a foundation for QEs and their participants to exchange health information across their organizational boundaries. To achieve the highest degree of interoperability, technology, security, and content standards for SHIN-NY core services will be aligned with national industry standards and will be published on an ongoing basis as they are developed and approved through the governance process.

**SHIN-NY Core Service Priority Functions:** NYeC has identified 3 priority clinical functions to be supported by the SHIN-NY. They are:

1. **Facilitate effective coordination of care across clinicians, patients and care givers:** This function will provide for effective and efficient exchange of and access to key updated information to clinicians, care givers, and medical homes after all care transitions, including discharge, with particular emphasis on changes in key clinical information or other aspects of care planning including patient access to their health information.

2. **Submit information for quality and public health purposes:** This function will serve to facilitate the further development of interoperable approaches for public health reporting including bi-directional exchange of information for the purposes of improving quality and use of data by providers and public health agencies towards overall population health improvement.

3. **Support tools to enhance delivery of care:** This function is designed to provide support to network participants in further development of added services to improve decision making around diagnosis (clinical prediction rules), prevention and disease management (routine care reminders to doctors or patients), and treatment (electronic medication prescribing).
**SHIN-NY Core Service Types**: Much has developed in the field of HIE and there is general agreement – both in New York State and in other states – that the operation of core services – such as MPI, provider directories, record location, message routing – on a statewide basis serves an integral role in establishing and sustaining the requirements of data exchange. The example highlighted in the table below was developed by NYeC through a collaborative work group process. It identifies Core and Value-Added Services to be provided at the statewide, local, or federated levels.

---

**Service Prioritization with Location Analysis & Recommendations**

*High Priority Services*

(Presented to NYeC Board, 09-27-2010)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Priority</th>
<th>Type</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>Core</td>
<td>Provider/HIE Directory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Message/Record Routing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Record Locator Service/ Master Person Index</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identity Management and Authentication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Consent Management</td>
</tr>
<tr>
<td>2</td>
<td>High</td>
<td>Value-Added</td>
<td>Medication Data Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lab Order/Result</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>E-Prescribing w/ Formulary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public Health Reporting/ Registry</td>
</tr>
</tbody>
</table>

---

SHIN-NY Core Services will support connectivity and data transport exchange between multiple entities and systems in NY State and will serve as the gateway through which QEs and their participants securely access Value-Added Services that may include results delivery, medication reconciliation, quality reporting and clinical decision support.

Core Services create a foundation for QEs and their participants to exchange health information across their organizational boundaries, such that two entities can:

- Identify and locate each other in a manner they both trust;
- Reconcile the identity of the individual patient to whom the information pertains; and
- Exchange information in a secure manner that supports both authorization decisions and the appropriate logging of transactions.

Core Services also assure authentication of a clinician (or other user) before enabling a request for information and authorization of the clinician (or other user) to view the requested information.
**SHIN-NY Core Services Description**

1. **Provider Directory**: The provider directory includes services for locating providers by facility location and unique identifier and may include interdependent master facilities and master clinician indices.
   - **Master Facilities Index** *(Enterprise Level Provider Directory – ELPD)*: This component is an index of facilities with which the clinician (or other user) registered in New York has an affiliation/relationship. It processes additions, deletions, and updates to the facilities index and processes requests for information from the facilities index.
   - **Master Clinician Index** *(Individual Level Provider Directory – ILPD)*: This component is an index containing all relevant information on all registered clinicians within New York. It processes additions, deletions, and updates to relevant clinician information, and will process requests for relevant clinician information. “Clinician” is broadly defined to include all certified and licensed clinicians (e.g., physicians, nurse practitioners, nurses, certified nursing assistants, medical assistants). The Master Clinician Index will be an open and authoritative state level provider directory accessible to all QEs and their participants.

2. **Message / Record Routing / Return Receipt**: Enables QEs and their participants to securely exchange key clinical information between their systems (e.g. accept and route continuity of care documents (CCDs) and other documents as may be agreed upon through the Statewide Collaboration Process between connected providers). This functionality will be delivered via the traditional NwHIN connectivity model and the NwHIN Direct model.

3. **Identity Management and Authentication**: This service is necessary to detect and authenticate the QEs and participants that are connecting through the SHIN-NY. This is frequently handled through digital certificates that uniquely identify the certificate holders and prove that the QEs and participants that are interacting are trusted sources. The services will include an index of QEs, their participants, and will include organizational details. It will store participating entity rules (based on data sharing agreements) to enable the sharing of clinical records. Information involved in protected transactions includes but is not limited to roles, patient consent, participating entity provisioning, participating entity de-provisioning, auditing transactions, reporting transactions, compliance with policies and procedures, authentication of participating entities and certificate authority.

4. **Transaction Logging**: Maintains a transaction log that can facilitate the audit of transactions. The transaction log will track the origination and destination of an information transaction and verify that the transaction was completed. The transaction log will facilitate the audit requirements set forth by NYeC.

5. **Terminology Services**: Provides capability for translation between various medical vocabularies in clinical records.

6. **Transformation Service**: If required, NYeC will provide transformation functionality between different document formats.

7. **Patient Matching / Record Locator Service**: This service provides three capabilities: a reconciliation service that matches records from existing systems to provide a definitive mechanism for locating all records for a patient; enabling requesting capability for a list of patient information documents or clinical data locations using an index, either via a
demographic attribute query or via a direct index lookup; and capability for requesting that one or more of the documents listed from a query be transferred to the requester’s system.

8. **NwHIN Gateway**: The NwHIN Gateway provides for a single statewide implementation of the NwHIN Connect gateway available as a web service for QEs and their participants. This service is the required standard for interoperability with federal agencies, and the proposed standard for the exchange of clinical information across the NwHIN.

9. **Medication History Service**: This service facilitates sharing of medication history data from Medicaid and other sources, with a view toward improving patient safety by preventing medication errors, and facilitating care coordination and medication reconciliation.

10. **HISP Service**: In order to facilitate the effective exchange of data using the NwHIN Direct model, NYeC will provide HISP services for the routing, transformation, and delivery of messages to/from connected entities that are NwHIN Direct capable.

11. **Certificate Authority**: NYeC will establish a certificate authority to ensure that all individuals and entities participating in NwHIN Direct on the SHIN-NY are trusted entities and hold valid certificates for message encryption and identification.

The SHIN-NY Core Services to be delivered by NYeC will facilitate Patient Record Lookup and Point-to-Point exchange of a patient record between QEs and their participants. This represents support for both the state sponsored strategy (Patient Record Lookup) and the national strategy (Point-to-Point exchange, or NwHIN Direct). As noted earlier, SHIN-NY Core Services to be delivered by NYeC have been discussed and vetted through the SCP SHIN-NY Technical Work Group and will be accessible to healthcare providers through a combination of support from NYeC, the QEs and the EHR vendors. The Service QEs will use HIE services and SHIN-NY Core Services and will be connected to the SHIN-NY through the usage of these services. The Connect QEs will own and maintain their own HIE services and connect to the SHIN-NY for data interoperability with the rest of the state.

**SHIN-NY Service Utilization by QEs**

NYeC will deliver a low cost service option for Core Services. Qualified Health IT Entities (QEs) can choose between two options for participation in the SHIN-NY.

**Option 1**: the QE may own and maintain its own infrastructure and simply connect to the SHIN-NY for data interoperability with the rest of the state. In this case the QE would be responsible for ensuring that its infrastructure complies with NYeC’s current draft Patient Lookup Service and additional interoperability requirements as they are approved over time through the NYeC governance process. QEs choosing this option will sign a “Connect QE” Participation Agreement that outlines the terms and agreements that the QE must adhere to in their designation as a Connect QE.

OR
Option 2: the QE may use infrastructure and SHIN-NY Core Services provided by NYeC and would be connected to the SHIN-NY through the usage of these services. In this case the QE will be designated as a “Service QE” and will sign a Service QE Participation Agreement that outlines the terms and agreements that the QE must adhere to in their designation as a Service QE.

In both cases, it is expected that QEs will offer additional value added technical services to their participants beyond the SHIN-NY Core Services.

SHIN-NY Service Procurement Process

NYeC will take the necessary steps to implement Core Services through an open, competitive, and transparent (i.e. ensures that the procurement process provides an opportunity to all interested entities to submit proposals) process. In this role, NYeC shall consider the alternatives that exist for deploying and operating Core Services, including acquiring such services from existing HEAL-funded projects, acquisition from technology vendors, development, or a combination of the above. NYeC will assess alternative deployment options for core services based on an analysis of:

- the track record of the vendor offering the service;
- the total cost of procuring and operating the services, and
- such other factors as the Board of NYeC and the NYS DOH determine are material to a fair and complete evaluation.

Wherever possible and cost-effective, NYeC will seek to leverage pre-existing capabilities funded through HEAL investments made by New York State in developing health information exchange capabilities. A HEAL funded project which is identified through this process will be required to have their infrastructure converted into the initial statewide services that would be managed by NYeC following a successful transition period.

Vendor Participation in the SHIN-NY

HIT vendors who provide software and/or services related to the development and operation of the SHIN-NY will be expected to comply with the statewide policy guidance (SPG) in order to ensure achievement of interoperability across the SHIN-NY. NYeC will adopt vendor contract requirements that will set forth the terms and conditions that must be included in all vendor contracts and referenced as the “Vendor Contract Requirements”. The vendors (“Vendors”) to whom the Vendor Contract Requirements apply are those who provide software and/or services that are “mission critical” to the SHIN-NY and/or EHR adoption, as determined by NYeC in conjunction with NYS DOH. Such Vendors may include, but are not limited to: HIE vendors; vendors providing software to facilitate patient identification, record location, authentication or similar services; vendors providing clinical information services software; EHR and personal health record (PHR) vendors; and vendors providing environmental support services and adoption services.
Vendor Compliance with SHIN-NY Technical Requirements

The Vendor Contract Requirements will include specific requirements and policies with respect to the following:

- **Participation in Statewide Collaboration Process.** Vendors will be **strongly encouraged** to participate in the Statewide Collaboration Process.

- **Compliance with Statewide Policy Guidance.** Vendors will be required to ensure that all software and/or services provided by the Vendor conforms in all material respects to the Statewide Policy Guidance.

- **Interoperability Testing.** Vendors will be required to subject the software and/or services they provide to interoperability testing, where appropriate, and in the event that such software and/or services do not satisfy such interoperability tests, to remediate any issues at no additional cost to NYeC.
GUIDELINES ON TRANSPARENCY OF NYEC ACTIVITIES

Guiding Principles and Practices

The Board of Directors of NYeC and NYS DOH have determined that transparency regarding NYeC’s activities, as well as public participation in and effective communication of those activities, are essential to pursuing the mission of NYeC. Transparency is critical since NYeC, through the SCP, will be developing and adopting the SPG, including Fair Information Policies. These policies will apply to all health care organizations that exchange data through the SHIN-NY, and will establish the framework that ensures privacy and security of such exchange. Transparency, public participation and effective communication will help ensure the accountability of NYeC to the public and will facilitate public understanding and support of the SHIN-NY and of HIE in general.

Guiding principles and practices to ensure the necessary transparency, public participation and communication include:

1. Foster Public Participation

In keeping with NYeC’s core values and belief in the importance of maintaining an open and transparent process for policy and HIE technical infrastructure development, efforts will continue that provide ample opportunities for the public to review and comment on NYeC activities related to the SHIN-NY policy and service capabilities road map. Accordingly, NYeC will:

   a. Invite members of the public to speak at the end of meetings of the NYeC Board of Directors and its committees, whenever appropriate.

   b. Invite members of the public to participate in the committees that constitute the Statewide Collaboration Process.

   c. Invite public comment on draft Statewide Policy Guidance that is developed through the Statewide Collaboration Process, and ensure that public comments are taken into account when finalizing such Statewide Policy Guidance.

2. Ensure Transparency

The activities of NYeC are conducted through its Board of Directors, the committees of the NYeC Board of Directors, and the committees that are established to conduct the activities of the Statewide Collaboration Process.

To ensure transparency, NYeC will:

   a. Open meetings of the NYeC Board of Directors (and its committees except to the extent that any portion of such meetings relate to confidential matters and are conducted in Executive Session) to the public either in person or through a published phone line. When appropriate, public who attend Board meetings will be given the opportunity for comment on specific issues related to SHIN-NY policy and/or services. Actions of the NYeC Board of Directors will be available to the public for review via the NYeC website.

   b. The Statewide Collaboration Process (SCP) will incorporate a series of input forums to solicit input from key stakeholder groups on issues that impact development,
implementation, and use of SHIN-NY services and expansion of QE enrollment and participation by these stakeholder groups. Open calls for participation in the provider, consumer, public health, and payer input forums will allow for the broadest participation of stakeholders in the SCP. All input forums will allow for comment on issues put forward by the input forum Steering Committees. Membership in these forums will not be exclusive to the focus area of the group. Call in numbers will be published in advance of each input forum. Forums are expected to convene on a quarterly basis. Outcomes of discussions and any recommendations put forward by the forum participants will be published on the NYeC website.

c. Public comment periods for policy review and SHIN-NY services roadmap will be conducted as appropriate. Key results of the public comment periods will be made available on the NYeC website.

3. **Implement Strategies to Ensure Appropriate Communication of NYeC Activities**

Critical to the public participation and transparency objectives described above is an effective communications strategy that advises both NYeC stakeholders and the public of NYeC’s activities and the opportunities for stakeholder and public participation. Accordingly, NYeC will:

a. Publish minutes of meetings of the Board of Directors of NYeC, the committees of the Board, and the committees that constitute the Statewide Collaboration Process.

b. Hold public briefing sessions at various locations across New York State, as appropriate and or conduct these briefings via webinar sessions that are open to the public.

c. On a periodic basis, at least annually, publish progress reports on the effectiveness of NYeC’s activities, including but not limited to information about the number of QEs that have been designated, the number of QE participants exchanging data through the SHIN-NY, the number of patients who have executed consent to the exchange of their data through the SHIN-NY, the types of services offered, etc.
GUIDELINES FOR FUNDING OF THE SHIN-NY, INCLUDING NYEC AND QEs

Creating sustainable funding sources for the SHIN-NY is critically important. It is understood that while Federal and State grant dollars are available to build and subsidize the initial operation of the SHIN-NY, users of the Network will need to support its operations based on its value on an ongoing basis. Towards that end, NYeC will develop a sustainability plan as services are developed. The Stage 1 sustainability plan for SHIN-NY, NYeC and the QEs will be completed by the end of Q1 of 2012. The plan will be developed in accordance with three basic requirements:

1. Spreading the cost of the Core Services offered through the SHIN-NY broadly among users of the SHIN-NY, with the goal of making the cost of participation in the Network as cost effective as possible and with costs calculated commensurate with the value received by the participants.

2. The cost of Value-Added Services offered through the SHIN-NY will be paid for by the users of those Value-Added Services, based upon market pricing structures developed by NYeC and the QEs.

3. NYeC, where feasible, will develop subsidy programs to ensure broad accessibility to the SHIN-NY to providers who cannot afford to pay for services offered through SHIN-NY and who serve medically underserved populations.

   a. Sustainability of Core Services:

   NYeC’s goal is to encourage broad participation by QEs and their participants in the Core Services provided through the SHIN-NY on a low cost basis. By enabling broad adoption at an affordable price it is anticipated that the value of participating in the SHIN-NY will be greater for all participants. In essence, NYeC is viewing the Core Services as a public utility, with the cost of providing Core Services being fairly apportioned among the users of the SHIN-NY. Pricing for Core Services will be developed through the Statewide Collaboration Process and will align value of services with service utilization to determine fair distribution of costs.

   b. Sustainability of Value-Added Services:

   It is anticipated that once the SHIN-NY is up and running many different types of Value-Added Services will be developed and made available both by NYeC and by the QEs participating in the SHIN-NY. Use of Core Services is essential to SHIN-NY participation. Use of Value-Added Services, on the other hand, will be driven by innovation in the market and the development of different ways to use information made available through the SHIN-NY to support new initiatives to improve health care quality, coordination and efficiency. As such, the pricing of Value-Added Services will be set by the entity offering the service.

   c. Access to the SHIN-NY:

   Some providers who serve low income populations may not be able to afford to participate in the SHIN-NY. In order to ensure broad accessibility to the SHIN-NY, NYeC will develop policies that enable it to subsidize the purchase by this class of providers of both Core Services and Value-Added Services.
APPENDIX A – DEFINITIONS

The HIE/HIT ecosystem in New York involves the interrelationship of a number of important entities, who are referred to frequently throughout this document. Definitions that apply to these entities and their role in NY State HIE is outlined below.

“Collaborative Care Model” is a multi-stakeholder initiative through which providers, plans and patients work together to measurably improve quality and efficiency of care and transform health care services. It is envisioned that the Collaborative Care Model may evolve through many different forms, including but not limited to patient-centered medical homes, accountable care organizations, Health Homes, and other payer/provider care coordination models.

“Core Services” are core technical services that support connectivity and data transport exchange between multiple entities and systems in the state. The goal of Core Services is to provide a lightweight and flexible infrastructure to support the exchange of information through the SHIN-NY and serve as the gateway through which Qualified Entities (QEs) and their participants securely access Value-Added Services.

“Health IT Vendors” are the technology vendors (including HIE, EHR and ancillary service vendors) that will be engaged to support the technical operations of the SHIN-NY.

New York eHealth Collaborative, Inc., is a New York not-for-profit corporation that is responsible for, administering the Statewide Collaboration Process; contracting for and managing the SHIN-NY, including provision of providing for shared HIE services; providing support and assistance with adoption and implementation of electronic health records (EHRs) and HIE capabilities; and providing outreach and education tools that support HIE activities specific to consumer and provider engagement.

New York State Department of Health is charged with developing New York State’s health information technology strategy with support from NYeC; coordinating New York State agency participation in the SHIN-NY; overseeing HEAL-NY Health IT related contracts; working with NYeC on the development of policies and procedures for the SHIN-NY and establishing a regulatory framework for the SHIN-NY.

The “Statewide Collaboration Process” is an open and transparent stakeholder process, administered by NYeC, for the establishment of consensus-based Statewide Policy Guidance.

“SHIN-NY” or SHIN-NY is a network of networks to interconnect clinicians to exchange patient information regardless of the venue where the patient receives care. The goal of the SHIN-NY is to transform today’s largely paper based system to an electronic, inter-connected system that will help address many care coordination challenges, including preventable medical errors, disparities in quality of care, high costs, administrative inefficiencies, public health reporting, and lack of coordination between physicians, hospitals, other health care providers and patients. The SHIN-NY services will be developed and operated by NYeC, NYS DOH and Qualified Health IT Entities in accordance with Statewide Policy Guidance.

“Statewide Policy Guidance” is a set of policies and procedures, developed through the Statewide Collaboration Process, that provides a common and consistent technical, privacy, security, and legal framework for participants in HIE and ensures the secure, interoperable exchange of data through the SHIN-NY. Statewide Policy Guidance includes: (1) detailed rules for privacy and security (including “Fair Information Policies” as detailed in Appendix D of the
Operational Plan), (2) technical specifications designed to promote interoperability, (3) financial obligations relating to participation in the SHIN-NY, and (4) responsibilities relating to participation in the SHIN-NY governance structure.

“Qualified Health IT Entities” or “QEs” link multiple providers together in a region with HIE, provide Value-Added Services in support of care coordination, technical support for collaborative care communities and other clinician and patient centered initiatives to provide better coordinated, higher quality health care. QEs also manage, at a local level, the support for state health information technology (HIT) policy implementation. Their roles and responsibilities include participating in the Statewide Collaboration Process, sending and receiving health information to and from their participants in accordance with Fair Information Policies; and enforcing the Statewide Policy Guidance with their vendors and participants.

“Value-Added Services” are services that are not Core Services, but provide additional functionalities for participants in the SHIN-NY, such as results delivery, medication reconciliation, quality reporting and clinical decision support.
In addition to the Policies and Procedures, Qualified Health IT Entities (QEs) will be required to abide by the following fair information sharing principles, which are designed to ensure robust HIE, and to build trust among patients, health care providers, and other healthcare organizations participating in SHIN-NY.¹

**Principle 1 (Openness and Transparency):** Qualified Health IT Entities shall be open and transparent with patients and the public about the policies, procedures, and technologies that directly affect patients and/or their individually identifiable health information. Trust in electronic exchange of individually identifiable health information can best be established in an open and transparent environment. Qualified Health IT Entities shall provide adequate information to help patients understand what individually identifiable health information exists about them, how that individually identifiable health information is collected, used, and disclosed, and whether and how they can exercise choice over such collections, uses, and disclosures. Notice of policies, procedures, and technology – including what information will be provided under what circumstances – shall be provided in a timely manner.

**Principle 2 (Individual Access):** Qualified Health IT Entities shall facilitate (either directly or through individual health care providers) the provision of simple and timely means for patients to access and obtain their individually identifiable health information in a readable form and format. Access to information enables individuals to manage their health care and well-being. In coordination with their doctors, patients should be able to obtain this information easily, consistent with security needs for authentication of the individual; and such information should be provided promptly so as to be useful for managing their health. Additionally, Qualified Health IT Entities shall provide such information in an electronic format when appropriate. In limited instances, medical or other circumstances may result in the appropriate denial of individual access to their health information.

**Principle 3 (Correction):** Qualified Health IT Entities shall direct patients to the appropriate care providers who can assist them with a timely means to resolve a dispute over the accuracy or integrity of their individually identifiable health information, and to have erroneous information corrected or to have a dispute documented if their requests are denied. Electronic exchange of individually identifiable health information may improve care and reduce adverse events. However, errors or conclusions drawn from erroneous data may be easily communicated or replicated. For this reason it is essential for patients to have practical, efficient, and timely means for disputing the accuracy or integrity of their individually identifiable health information, to have this information corrected or a dispute documented when their requests are denied, and to have the correction or dispute communicated to others with whom the underlying information has been shared.

**Principle 4 (Individual Choice):** Qualified Health IT Entities shall provide patients a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information.

The ability of individuals to make choices with respect to HIE is important to building trust. The degree of choice made available may vary with the type of information being exchanged, the purpose of the exchange, and the recipient of the information. Applicable law, population health needs, medical necessity, ethical principles, and technology, among other factors, may affect options for expressing choice. Qualified Health IT Entities shall ensure that the process by which a patient may exercise choice (e.g., provide consent), is fair and not unduly burdensome.

Principle 5 (Collection, Use, and Disclosure Limitation): Qualified Health IT Entities shall collect, use, and/or disclose individually identifiable information only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately. Establishing appropriate limits on the type and amount of information collected, used, and/or disclosed minimizes potential misuse and abuse. Qualified Health IT Entities shall take advantage of technological advances to limit data collection, use, and/or disclosure and shall only obtain individually identifiable information through lawful and fair means.

Principle 6 (Safeguards): Qualified Health IT Entities shall protect individually identifiable health information with reasonable administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure. Administrative, technical, and physical safeguards help minimize the risks of unauthorized or inappropriate access, use, or disclosure. Administrative, technical, and physical safeguards shall be developed after a thorough assessment to determine any risks or vulnerabilities to individually identifiable health information and shall be reasonable in scope and balanced with the need for access to individually identifiable health information.

Principle 7 (Participation in the SHIN-NY): Qualified Health IT Entities will participate in the SHIN-NY. By facilitating the secure, real-time exchange of health information throughout New York, SHIN-NY will enable Qualified Health IT Entities and their participants to enhance medical decision-making and coordination of care, increase system efficiencies and control costs, and improve healthcare quality and health outcomes. Participation in the SHIN-NY will also support providers’ meaningful use of EHRs by facilitating their achievement of meaningful use objectives and measures that require HIE.

Principle 8 (Compliance with Rules for Participating in the SHIN-NY): Qualified Health IT Entities shall, and shall require their participants to, comply with New York’s Statewide Policy Guidance. Clear, defined policies are a critical component of the accountability and transparency that are central to ensuring the success of statewide HIE and encouraging provider participation. Accordingly, Qualified Health IT Entities (QEs) will sign a participation agreement committing them and their participants to comply New York’s statewide policy guidance (SPG), which sets forth rules for participating in the SHIN-NY. If a QE cannot comply with new SHIN-NY policies as approved by the statewide governance structure because of extenuating circumstances to the QE and/or to its stakeholders, the QE will have the responsibility to demonstrate the nature of the compliance burden in order to continue its participation as a QE.

Principle 9 (Commitment to Information Sharing): Qualified Health IT Entities shall exchange individually identifiable health information freely with other health care providers and organizations to coordinate patient care in accordance with statewide policies.
The potential for EHRs and other health IT tools to improve patient care is directly proportional to the ability and commitment of health care providers to exchange information electronically with one another. To overcome historical barriers to successful HIE, including the proprietary desire to withhold information for competitive advantage, Qualified Health IT Entities shall commit to exchanging individually identifiable information about a patient with all other health care providers involved in the patient's care as approved by the statewide collaboration governance process. Qualified Health IT Entities shall not discriminate or withhold information from exchange.

**Principle 10 (Commitment to Population and Public Health):** Qualified Health IT Entities shall exchange identifiable health information in support of improved population and public health.

EHRs can enable health care providers to engage in electronic public health reporting to state and federal public health and other agencies, which often offer immunization information systems and other initiatives to improve the quality of health care at the population-level. Qualified Health IT Entities shall seek to facilitate and otherwise support the exchange of population health information as required by state and federal law and regulations.

**Principle 11 (Data Quality and Integrity):** Qualified Health IT Entities shall take reasonable steps to ensure that individually identifiable health information is complete, accurate, up-to-date to the extent necessary for the patient’s or Qualified Health IT Entity’s intended purposes and has not been altered or destroyed.

The completeness and accuracy of an individual's health information may affect, among other things, the quality of care that the individual receives, medical decisions, and health outcomes. Qualified Health IT Entities shall update or correct individually identifiable health information and provide timely notice of these changes to others with whom the underlying information has been shared. Moreover, they shall develop processes to detect, prevent, and mitigate any unauthorized changes to, or deletions of, individually identifiable health information.

**Principle 12 (Accountability):** Qualified Health IT Entities shall ensure that the principles contained herein are implemented, and adherence assured, through appropriate monitoring and other means. Qualified Health IT Entities shall also ensure that methods are in place to report and mitigate non-adherence and breaches.

At a minimum, mechanisms adopted by Qualified Health IT Entities shall address: (1) monitoring for internal compliance, including authentication and authorizations for access to or disclosure of individually identifiable health information; (2) the ability to receive and act on complaints, including taking corrective measures; and (3) the provision of reasonable mitigation measures, including notice to individuals of privacy violations or security breaches that pose substantial risk of harm to such individuals.

**Principle 13 (Remedies):** Qualified Health IT Entities shall be subject to legal and financial remedies to address any security breaches or privacy violations.

Remedies should be formulated in advance to address situations where information is breached, used, or disclosed improperly.
APPENDIX C – SHIN-NY POLICY COMMITTEE

Mission: To develop New York’s health information technology network and data usage policies in order to further advance HIT. Policy recommendations will be brought to the NYeC Board and the NY Department of Health for inclusion in Statewide Policy Guidance, submission for regulatory consideration, or potential legislative action.

Scope of Work may include but would not be limited to:
- Electronic patient access to their health information
- SAMHSA-related issues
- Re-disclosure of health information, including sensitive health information
- Policies that facilitate secondary uses of data
- Minor consent
- Information sharing with government agencies
- Interstate data sharing
- Breach policies

Work Group Process:
- Co-Chairs will review priorities, progress and policy recommendations with the NYeC Board and DoH regularly.
- The Workgroup will be comprised of policy experts, government policy makers, and informed healthcare professionals from around the state. Open call for members, selection by Nominating Committee and ratification by NYeC Board.
- The NYeC staff will support the WG through the facilitation of WG meetings and development of policy materials on behalf of the WG.
- Public forums and comment periods will be employed through the development process to insure ample public input and full transparency.

Membership

• Co-chairs: NYeC Board Member & NYS DOH
• 2 Attorneys with expertise in privacy and security issues
  • 2 QEs with policy experience
  • 4 Provider representatives
  • at least 2 hospital / privacy and security officers
  • at least 2 primary care or other non-hospital provider
  • 2 Payer representatives
• 2 Patient/consumer advocates
• Ex-officio members: Office of NYS DOH General Counsel; NYS Office of Mental Health; NYS Office of Alcohol and Substance Abuse Services; NYS Office for People with Developmental Disabilities; NYCDOHMH
APPENDIX D – SHIN-NY OPERATIONS COMMITTEE

Mission: To maintain the Statewide Health Information Network of NY (SHIN-NY) Capability Roadmap and Business Plan for annual recommendation to the Board and DoH.

Scope of Work & Key Activities:
- Develop and maintain the SHIN-NY Capability Roadmap which would include an 18 month development plan & release plan.
- Develop and maintain the SHIN-NY Business Plan which would include capabilities, value propositions, customers, and financials.
- Advance capability issues emerging from HEAL projects, Health Homes, ACOs, and transformative healthcare programs.

Work Group Process:
- Co-Chairs will review priorities, progress and policy recommendations with the NYeC Board and DoH regularly.
- The Workgroup will be comprised of RHIO/QE partners and other healthcare stakeholders. Open call for members, selection by Nominating Committee and ratification by NYeC Board.
- The NYeC staff will support the WG through the facilitation of WG meetings and development of policy materials on behalf of the WG.
- Public forums and comment periods will be employed through the development process to insure ample public input and full transparency.

Membership

- Co-chairs: NYeC Board Member & NYS DOH
- Board Chair of each Service QE
- Board Chair of each Connect QE
- Clinician representatives (2)
- Consumer representatives (2)
- Payer representatives (2)