Beyond EHRs: Information Exchange and Your Practice

ASK QUESTIONS.

GET ANSWERS.

GET CONNECTED.
Agenda

New York State HIE – Vision

• Connected Capabilities
• The Ecosystem

New York State HIE – Strategy

• The Health IT and HIE Ecosystem - New York and National Milestones
• Broad Goals for NY’s Health IT Strategy
• Major Elements of NY HIT Strategic & Operations Plans
• Statewide Health Information Network of New York
• NYS Coordinated Strategy for Interoperable Health IT
• Framework for Going Forward – Relationships
• SHIN NY Evaluation Activities

Other Items

• Health Homes
• ISTOP
• Public Health Utility
Agenda (continued)

Regional Health Information Organization (RHIO)
- What is a RHIO
- How does a RHIO Connect Providers?
- How can a RHIO help you?

New York State HIE – Where are we now and where are we heading?
- Evolution of Connectivity
- Enabling Interoperability between RHIOs
- Integrating the Ecosystem

What story is the data telling us?

Other Items
- Meaningful Use
THE VISION
The Vision – Connected Capabilities

Health Information Technology tools enable collaboration between patients, providers, public health, and payers. They improve quality of care, efficiency, and patient satisfaction.

No single entity can deliver this set of tools.

IT WILL TAKE AN ECOSYSTEM WORKING TOGETHER.
The Ecosystem

The Health IT and HIE Ecosystem: Thriving, Dynamic, Evolving

New care models identify and track measures of convenience, access and effectiveness using patient feedback.

System leaders are accountable for developing and improving care models that enhance the patient experience and outcomes.

Operational redesign achieves a streamlined, convenient, and consistent patient care experience that improves patient outcomes.
THE STRATEGY
The Health IT and HIE Ecosystem
New York and National Milestones
Broad Goals for NY’s Health IT Strategy

Build health information infrastructure to support state health reform goals:

• Support clinicians and consumers with information at point of care
• Advance care coordination
• Strengthen public health surveillance and response
• Enhance quality and outcome measures

THE OVERALL STRATEGY IS NOT JUST ABOUT HEALTH. IT’S ABOUT SYSTEMS CHANGE.
Major Elements of NY HIT Strategic and Operations Plans

Promote broad adoption of HIT & HIE usage

Develop statewide HIE services, and consolidate infrastructure to lower overall costs and reduce technical variability of commodity components

Formalize Health Information Exchanges within the state by designating “Qualified HIT Entities”

Build upon the state’s investment in “care management” through further development of technical services to support new care models

Incorporate the expansion of public health and population health data services into the HIE infrastructure
Statewide Health Information Network of New York

POLICY
Requires harmonization of policy related to patient data exchange (Consent, security, authorization, etc.)

TECHNOLOGY
- Network for sharing patient data across the state
- Facilitates secure exchange of data
NYS Coordinated Strategy for Interoperable Health IT

**Governance**
- Multi-stakeholder, open and transparent
- State and regional levels

**Policies and standards**
- Privacy, security and technical requirements
- Link between policy and implementation

**Clinical uses**
- Structured use cases, decision support

**Adoption support**
- “Soup to nuts” implementation support provided in a community context
Framework for Going Forward - Relationships

**Statewide Policy Guidance**
SHIN-NY Committees develop, NYeC recommends, DoH approves, NYeC, RHIOs/QEs, and all participants comply

**RHIO (aka QE) Certification**
DoH oversees, 3rd party administers, RHIOs/QEs comply

**Participants**
- Hospitals
- Providers
- Long Term Care
- Health plans
- Public Health Officials
- Patients

**Agreement**
- DoH
- NYeC
- RHIOs

**DoH**

**NYeC**

**RHIOs**

**Participation Agreements**

**SHIN-NY Committees**
- Policy Committee
- Business and Technical Operations Committee

**Note:** Dotted lines signify new entity or process
### SHIN-NY Evaluation Activities

#### HEAL 5
- 20 Community Specific evaluations with the 16 grantees.
- Examination of impact of HEAL funded Health IT and HIE on quality, efficiency, provider and consumer experiences, workflow and health policy.
- Statewide survey of physicians and hospitals to determine rates of adoption of EHRs.

#### HEAL 10
- Further statewide hospital, physician and nursing home surveys to measure EHR adoption over time.
- Evaluation of nine PCMH communities to understand practice transformation process and physician satisfaction.
- Qualitative examination of lessons learned from development of SHIN-NY.
- Examination of effects of interoperable EHRs on quality and utilization of care in two NYS communities with advanced health IT initiatives.

#### HEAL 17
- Examination of effect of interoperable EHRs on the value of care as measured by quality and utilization.
- Comparison of HEAL funded communities and non-HEAL funded communities on outcomes of quality and efficiency to better understand the impact of the HEAL NY program.
HEALTH HOMES
Health Homes

Created under the Affordable Care Act of 2010

National program locally administered by states

• An option, not an obligation

For people with Medicaid who:

• Have two or more chronic conditions
• Have one chronic condition & at risk for a second
• Have one serious/persistent mental health condition
HIT Support for Care Coordination

Health Home HIT Standards promote interoperable exchange of health information for improved care coordination, better outcome and more efficiency in our health delivery system:

- Leveraging the State Health Information Network of New York (SHIN-NY)
- Sharing of health information
- Promoting the adoption and use of electronic health records
- Developing statewide policies regarding health information exchange (HIE)
NYS Health Home Updates

48 Health Homes throughout New York (33 separate organizations)

- Phase 1: 13 Health Homes initiated January 1, 2012
- Phase 2: 21 Health Homes initiated April 1, 2012
- Phase 3: 14 Health Homes initiated July 1, 2012

CMS signed off on all State Plan Amendments (SPAs) for approval

29/33 Health Homes have now or are in the process of signing a RHIO participation agreement
“INTERNET SYSTEM TO TRACK OVER-PRESCRIBING”
I-STOP: Background

Prescription Monitoring Program

All controlled substance medications dispensed by pharmacies and practitioners must be reported to the New York State Department of Health Bureau of Narcotic Enforcement (BNE)  

Public Health Law § 3331 and § 3333

Over 23,487,152 records were submitted to BNE in 2012
I-STOP

- Updates NY’s Prescription Monitoring Program (PMP)
- Increases information sharing
- Increases NY’s ability to monitor the movement of controlled substances
- Increases the ability to detect fraud, abuse, and diversion of controlled substances
Duty to Consult

Beginning on **August 27, 2013**, Practitioners must consult the registry in most cases prior to prescribing or dispensing any controlled substance listed in Schedule II, III, or IV.
PUBLIC HEALTH UTILITIES
Four use cases are in development or testing phase:

- **Immunization Reporting**
  - Providers submit immunization information to NYS Immunization Information System via their EHR and RHIO. Replaces need to log on to separate application.

- **Query for Immunization History**
  - Providers submit a query for a patient’s immunization history via their HER and RHIO and receive response via same route. Replaces need to log on to separate application.

- **Newborn Bloodspot Screening Bidirectional Information Exchange**
  - Birthing facilities submit clinical and demographic information from their HIS to NYSDOH via a RHIO; receive electronic lab results. Replaces paper-only process.

- **Syndromic Surveillance Reporting**
  - Electronic submission of Emergency Department Admission, Discharge, & Transfer (ADT) data to NYSDOH via a RHIO.
Public Health Utilities - Additional and Future Use Cases

Public Health Role-Based Access to RHIO Data

• Opportunity for Public Health to access RHIO data in order to follow up on case investigations and disease surveillance

• Tiger Team convened and currently working through how to operationalize this functionality with RHIOs and Public Health

Patient Tracking

• Ability to track patients during emergency conditions, e.g. hurricane evacuations and provide information to family members

Cancer Registry Reporting

• Physicians will be able to submit data to NYS cancer registry from their EHR in a CDA format

Medicaid Clinical Data Sharing

• Currently defining use case for provider query of Medicaid data
QUESTIONS
REGIONAL HEALTH INFORMATION ORGANIZATION (RHIO)
Regional Health Information Organization (RHIO)

A RHIO is a Regional Health Information Organization made up of hospitals, doctors and other healthcare providers such as long term care and behavioral health providers.

RHIOs allow healthcare providers to share information about their patients to provide better healthcare.

RHIOs facilitate patient health information exchange to provide healthcare providers and facilities with a single resource to view their patients’ health information from multiple sites in one electronic record.
How does a RHIO connect providers?

KEY

= Transmission of Clinical Patient Information

Home Care Agency

Community Hospital

Medical Center

Clinicians

Primary Doctor’s Office

Nursing Home

Reference Laboratory
How can a RHIO help you?

Clinical Data
- Access for Providers
- Data contributed by Providers

One-to-One Communication
- Secure Messaging/Direct
- Transitions of Care

Enable Care Coordination and Referrals
- ACO/PCMH/Health Homes
- Leverage Payment Reform

Automatic Notifications
- ED Presentation
- Inpatient Admit
- Discharge

Supports Privacy and Compliance
- Consent
- HIPAA Compliance

Clinical Results Delivery
- Specific Labs
- To Clinician or Care Coordinator

The RHIO helps you better serve your patients.
Clinical Data

What it means for you:

- Search for patients beyond your organization
- Develop a more comprehensive data set for patients
- Improve efficiency through access to tests/results that may have been done outside your organization

Step 1 - Search for Patient

Step 2 - If Patient exists in another Facility, you will be able to retrieve that information
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<td>Demographics</td>
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<td>Cardiology Results</td>
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<td>Diagnosis/Procedures</td>
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<tr>
<td>Encounters</td>
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<tr>
<td>Pathology Results</td>
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<td>Care Plan</td>
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<td>Microbiology Results</td>
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<tr>
<td>Vital Signs/Observations</td>
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<td>ACO/Health Home Status</td>
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Clinical Data

Patient Data Search

Health Information eXchange

Welcome to Healthix!
Please use the fields to the left to search for information on a patient.

Healthix also offers additional services such as:
- Enabling clinicians to communicate securely with other clinicians & patients
- ePrescribing & Medical Reconciliation
- Results Distribution & Event Notification
- Meaningful Use Services
- Online Patient Self Scheduling via "HealthBook"

For more information on our services
Call: 1-877-695-4749
Email: info@healthix.org
Web: www.healthix.org

"Better healthcare through better access to information"

For help please call 1-877-695-4749 ext. 1 or Email: support@healthix.org
Clinical Data

Encounter Summary

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<th>Facility</th>
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### Clinical Data

#### All Lab Results / Report

**Interboro, Rhio Patient**  
720 XYZ Avenue, New York, NY 10001  
M 01/01/1950 63 Years

#### Hepatic Function Panel (12286)

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<td>T Protein</td>
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<td>T Bili</td>
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**Clinical Data**

**Radiology Result / Report**

**Name:** RHIO, LIPIX  
**Gender:** Male  
**DOB:** 01/01/1980  
**Age:** 32 Years

### Radiology Results

<table>
<thead>
<tr>
<th>Radiology Study</th>
<th>Date of Exam</th>
<th>Results</th>
<th>Status</th>
<th>Last Update</th>
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<td>Results</td>
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<td>Brookhaven Memorial Hospital Center</td>
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**Name:** RHIO, LIPIX  
**Gender:** Male  
**DOB:** 01/01/1980

**Name of Study:** X-RAY: Chest - PA and Lateral  
**Ordering Clinician:** AGGARWAL, LOVEDDI  
**Result Date:** 11/10/2010  
**Age at Time of Test:** 30 Years

**NAME:** RHIO, LIPIX  
**ADM #:** 58413121, 58413121  
**DOB:** 01/01/1980  
**ORD #:** 90001  
**MR #:** 4812374  
**PT DISCHARGE DATE/TIME:**  
**ORDERED BY:** LOVEDDI AGGARWAL M.D.  
**DATE OF EXAM:** Apr 21 2010 12:00  
**LOCATION:** -  
**REASON:** 786.2 cough  
**DIAGNOSIS:** 786.2 COUGH

***Final Report***

**Date:** Apr 21 2010 12:00  
**Examination(s):**  
**RAD 0046 - CHEST (PA) OR (AP) AND LATERAL**  
**FULL RESULT:** Frontal and lateral projections of the chest.  
**HISTORY:** Cough.  
**CPT 76.2**  
**FINDINGS:** The heart size within normal limits of the lungs are clear without infiltrate, effusion or pneumothorax. There is deformity of a right lateral rib probably secondary to old trauma.  
**IMPRESSION:** Clear lungs.  
**DICTATED BY:** THOMAS PALLAN  
**Apr 21 2010 12:00**  
**TRANSCRIBED:** th fsc on Apr 21 2010 12:00  
**SIGNOFF DATE:** Apr 21 2010 12:00

***Electronic Signature: THOMAS PALLAN M.D.***
Automatic Notifications

Receive notifications when your patient is admitted or discharged from a healthcare facility anywhere in the state.

What it means for you:

- Get notified when there is an “Event”
- ED Admit
- Inpatient Admit
- Discharge
Automatic Notifications

Unread Alerts (Event Notification)

- Easy access to timely patient information
- Monitor real-time alerts
Automatic Notifications

Event Notifications

- Alerts viewable in Clinical Message Center, based on real-time incoming data
- Admits and Discharges, Discharge Summaries, Patient Expiration
Automatic Notifications

Event Notifications

• Also routed to clinician’s email or device (without PHI)
• Easy click-through to full Event Notice

A new message has been pushed to your BHIX Clinical Message Center inbox. Click Here to access this message.
One-to-One Communication

Practice 1
Secure Message Inbox

Practice 2
Secure Message Inbox

Practice 3
Secure Message Inbox

Send documents and messages directly between Providers that belong to your RHIO

RHIO (Health Information Exchange)

What it means for you:

• eReferral
• Care Coordination
• Results Delivery
• General Messaging
• Secure transmission of PHI between Covered Entities
One-to-One Communication

Clinical Message Center
• Secure messaging application
• Facilitates one-to-one communication
One-to-One Communication

Composing Secure Messages - Select Recipients from User Directory

- Type name of recipient or
- Search by organization
One-to-One Communication

Sending/Receiving Secure Messages

- Facilitates referrals
- Launch RHIO patient record by clicking on patient’s name
One-to-One Communication

Attach RHIO Data to Message

- Provider selects/filters patient information via Patient Summary Report
- Clinical data supports directed one-to-one communications
One-to-One Communication – via Direct

What it means for you:

- Same as Secure Messaging – But with a broader reach!
- eReferral
- Care Coordination
- Results Delivery
- General Messaging
- Secure transmission of PHI between Covered Entities
So how do I get a Direct address?

**STEP 1 – Contact your RHIO**
- The RHIO knows where your EHR stands relative to Direct

**STEP 2 – Get a Direct address**
- Your RHIO can use your existing information to generate a Direct e-mail address

**STEP 3 – Start Communicating with your colleagues**
- Send messages directly
- Include attachments
Supports Privacy and Compliance

Data Access and Use

The Statewide Guidance and Policies and Procedures include requirements that:

• RHIO Participants must obtain written patient consent before accessing a patient’s health information through a RHIO
  - RHIOs and their Participants must use the standard consent form provided by the State, or have an alternate consent form approved by the State

• Patient information can only be accessed by Authorized users

• Authorized users must be trained on the policies and procedures governing information exchange
Data Access and Use (continued)

• Data shared through a RHIO can only be used for Treatment, Quality Improvement, Care Management and Insurance Coverage reviews.

• Other uses (e.g. marketing, research, payment) require a specific consent in a form approved by NYSDOH.

• RHIO’s are required to conduct, or have their participants conduct, periodic audits to monitor use and ensure compliance with the policies and procedures.
Supports Privacy and Compliance

![HealthUnity Process Consent - Select Consent](image)

### Model Level 1 Multi-Provider Consent Form

**e-Health Network of Long Island**

In this Consent Form, you can choose whether to allow the health care providers listed on the attachment to the Consent Form (“Participating Providers”) to obtain access to your medical records through a computer network operated by e-Health Network of Long Island, which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to the providers treating you.

You may use this Consent Form to decide whether or not to allow the Participating Providers to see and obtain access to your electronic health records in this way. You can give consent or deny consent to some or all of the Participating Providers, and this form may be filled out now or at a later date. Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.

e-Health Network of Long Island is a not-for-profit organization. It shares information about people’s health electronically and securely to improve the quality of health care services. This kind of sharing is called health or health information technology.
Supports Privacy and Compliance

Please carefully read the information on the back of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You have three choices.

☑️ 1. I GIVE CONSENT to ALL of the Participating Providers listed on the attachment to this Consent Form to access ALL of my electronic health information through e-Health Network of Long Island in connection with providing me any health care services, including emergency care.

☐ 2. I DENY CONSENT to ALL of the Participating Providers listed on the attachment to this Consent Form to access my electronic health information through e-Health Network of Long Island for any purpose, even in a medical emergency.

☐ 3. I CHOOSE TO GIVE OR DENY CONSENT to access my electronic health information through e-Health Network of Long Island as shown on the check boxes next to the names of the Participating Providers listed on the attachment to this Consent Form.

NOTE: UNLESS YOU CHECK THE "I DENY CONSENT" BOX, New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through e-Health Network of Long Island.

Miller, Albert
Print Name of Patient

08/18/1938
Patient Date of Birth

05/17/2013
Date

A.M.
Signature of Patient or Patient’s Legal Representative

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)
Supports Privacy and Compliance

Miller, Albert: Local Documents

Gender: Male | DOB: 08/18/1938 | Age: 74 Year(s) | Address: 3158 Gracefield Road, Apt F112, SilverSpring, MD 20904, US | Race: White

Consent Status: Granted – Patient has legally permitted data publishing to the network from this facility and accepting of clinical data from other facilities in the network.

Show 10 entries

<table>
<thead>
<tr>
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<th>Document Name</th>
<th>Created At</th>
<th>Holding At</th>
<th>Date</th>
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<td>03/26/2013 16:47</td>
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</table>
Enable Care Coordination & Referrals

• RHIO’s have knowledge on where care has been delivered
• RHIO’s identify enrollment in any ACO/PCMH/Health Home
• RHIO’s display care plans from ACO/PCMH/Health Home
• RHIO’s facilitate referrals by routing documents between referring partners
Enable Care Coordination & Referrals

- RHIO’s alert providers and care coordinators of key events on their patients
- RHIO’s enable providers on care team to securely message other providers
- RHIO’s distribute results to providers on care team
- RHIO’s help providers manage costs in financial risk populations
Enable Care Coordination & Referrals

Patient Encounter Tab contains data about where care has been delivered
Enable Care Coordination & Referrals

Encounter details share knowledge about care provided at other locations

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Code</th>
<th>Description</th>
<th>Type</th>
<th>DRG</th>
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<tr>
<td>428.32</td>
<td></td>
<td>CHR DIASTOLIC HRT FAIL</td>
<td>SECONDARY</td>
<td></td>
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<tr>
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<td></td>
<td>CHF NOS</td>
<td>SECONDARY</td>
<td></td>
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<td>CRNRY ATHERSCL NATIVE VSSL</td>
<td>SECONDARY</td>
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<td>DM1/2O COMP NT ST UNCNTR</td>
<td>SECONDARY</td>
<td></td>
</tr>
<tr>
<td>294.8</td>
<td></td>
<td>MENTAL DISORD NEC OTH DIS</td>
<td>SECONDARY</td>
<td></td>
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<td>272.4</td>
<td></td>
<td>HYPERLIPIDEMIA NEC/NOS</td>
<td>SECONDARY</td>
<td></td>
</tr>
<tr>
<td>311</td>
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<td>TOBACCO USE DISORDER</td>
<td>SECONDARY</td>
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<tr>
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<td></td>
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<td>428.32</td>
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<tr>
<td>428.0</td>
<td></td>
<td>CHF NOS</td>
<td>SECONDARY</td>
<td></td>
</tr>
<tr>
<td>414.01</td>
<td></td>
<td>CRNRY ATHERSCL NATIVE VSSL</td>
<td>SECONDARY</td>
<td></td>
</tr>
</tbody>
</table>
Enable Care Coordination & Referrals

**RHIO Identifying enrollment in ACO/Health Home**

<table>
<thead>
<tr>
<th>Consent to Access</th>
<th>Yes For Montefiore Hospital Workgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated By</td>
<td>MMC Hospital Workgroup</td>
</tr>
<tr>
<td>Workgroup</td>
<td>Montefiore Hospital Workgroup</td>
</tr>
<tr>
<td>On</td>
<td>04/12/2012 11:25:52 AM EDT</td>
</tr>
</tbody>
</table>

**Patient Information**

- **Name:** Kaganich, December
- **Gender:** F
- **Address:** 3220 Henry Hudson Pkwy 2300 Westchester Ave 3220
  - Bronx, NY 10462
- **Home:** (212) 555-5555
- **Mobile:** (212) 555-5555
- **Language:** Unknown
- **Age:** 87 Years
- **Bom:** 16-Dec-1925
- **Email:** Contact via Mail
- **Ethnicity:** Unknown
- **Race:** Unknown
- **MRN or ID:**
  - 03700253 [MMC]
  - 87586 [MCC]
  - XF999992 [NYCAID]
  - 000084156231 [Elysium]

**Medical Insurance Plans**

<table>
<thead>
<tr>
<th>Insurance Co.</th>
<th>Plan</th>
<th>Benefit</th>
<th>Member ID</th>
<th>Grp ID</th>
<th>Admin.</th>
<th>Eff.</th>
<th>Exp.</th>
<th>CP</th>
<th>Primary Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montefiore ACO</td>
<td>MMC-ACO</td>
<td>-</td>
<td>AST938929417</td>
<td>FF5-Eligible</td>
<td>-</td>
<td>01/01/12</td>
<td>03/01/12</td>
<td>$-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Medications**

There is no medication information available for this patient.

**Providers**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Name</th>
<th>Relationship</th>
<th>Workgroup / Practice</th>
<th>Office Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/12/12</td>
<td>MMCACOTEST ORM</td>
<td>Benjamin Pierce - Accountable Care Manager</td>
<td>Montefiore Hospital Workgroup</td>
<td>111-222-3333</td>
</tr>
</tbody>
</table>
Enable Care Coordination & Referrals

RHIO would display Care Plan documents similar to other reports.
Enable Care Coordination & Referrals

The RHIO can facilitate the referral process by delivering Referral Requests and Responses. Example below shows some of the screens for sending and receiving these via eClinicalWorks EMR systems to the RHIO.
Clinical Results Delivery

Use Case (from existing RHIO):

• When the Provider Is Named on a Report Sent to the HIE
  - Attending, Referring, Consulting, Admitting, Ordering, Copied to

• The Provider Will Receive:
  - Transcribed Reports (e.g., Encounter Summaries, Discharge Summaries, Progress Notes)
  - Lab Results
  - Radiology Reports

• Results Can Be Delivered
  - To an EHR, Dependent on EHR’s Capabilities, by Data Source
  - To RHIO portal
Each RHIO operating in New York City has a unique set of health system and hospital affiliations as well a robust list of EHRs that they currently integrate with.

The following RHIOs have existing relationships with providers that you do business with:

1. **BHIX**
   - Brooklyn Health Information Exchange

2. **BronxRHIO**
   - Connecting for Better Health

3. **Healthix**

4. **INTERBORO RHIO**
…WHERE ARE WE HEADING?
Statewide Health Information Network of New York (SHIN-NY)

HOW CAN THE **SHIN-NY** MAKE LIFE **BETTER?**
Evolution of Connectivity

Regional Connectivity
- Regional Health Information Organizations (RHIOs)
- RHIOs have the deepest understanding of local needs of providers and patients
- RHIOs provide customized services for members of their region

Statewide Connectivity
- Investments are made to link RHIOs to allow Statewide connectivity
- RHIOs connected to each other enable the Statewide Health Information Network of New York (SHIN-NY)

Integrating the Ecosystem
- Connecting all health care endpoints...hospitals, practices, labs, long term care facilities...
The New York State Health Information Exchange - Statewide Health Information Network of New York (SHIN-NY) - will enable connectivity between RHIOs.
Integrating the Ecosystem

Your RHIO is working towards connecting ALL healthcare endpoints

...hospitals

...practices

...labs

...long term care facilities
Integrating the Ecosystem

Mission:
Connect all approved client interfaces to the SHIN-NY Platform with the highest level of quality and performance, at the lowest cost and time to market.

Key Objectives (2013):

• Develop resources, skills, processes and tools to implement over 300 interfaces/year (“One per day”)
• Provide best in class interface technical support for discovery, planned maintenance and troubleshooting needs.
• Establish an interface technical library to promote HIE development and adoption beyond NYeC.
Scalable Methods

- Develop interfaces via a “Production Line” model.
- Develop well defined Interface Lifecycle process, checklists, and procedures to achieve consistency.
- Significant client engagement during Interface Discovery phase
WHAT STORY IS THE DATA TELLING?
Statewide Stakeholder Adoption

Data as of December 2012
Nationwide Adoption

Organizations Enabled for Query-Based Exchange

http://statehieresources.org/program-measures-dashboard/query-exchange-adoption/#Figure11A
Nationwide Adoption

Clinical and Administrative Staff Enabled for Query Based Exchange

Quarter
- Q4 2012
- Q3 2012
- Q2 2012

http://statehieresources.org/program-measures-dashboard/query-exchange-adoption/#Figure10A
Nationwide Adoption

Ambulatory Entities Actively Participating in Query-Based Exchange

http://statehieresources.org/program-measures-dashboard/active-query-based-exchange-by-organization-type#Figure12A
### Nationwide Adoption

**Other Health Care Organizations Actively Participating in Query-Based Exchange**

<table>
<thead>
<tr>
<th>Measure Names</th>
<th>Q2 2012</th>
<th>Q4 2012</th>
</tr>
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<tbody>
<tr>
<td>New York</td>
<td>158</td>
<td>143</td>
</tr>
<tr>
<td>Delaware</td>
<td>53</td>
<td>56</td>
</tr>
<tr>
<td>Utah</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>Nebraska</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>Colorado</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Maryland</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>0</td>
<td>15</td>
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</table>

http://statehieresources.org/program-measures-dashboard/active-query-based-exchange-by-organization-type#Figure15A
Nationwide Adoption

Clinical and Administrative Staff Enabled for Directed Exchange

Quarter
- Q4 2012
- Q3 2012
- Q2 2012

http://statehieresources.org/program-measures-dashboard/directed-exchange-user-type/#Figure3A
Nationwide Adoption

Total Directed Transactions

http://statehieresources.org/program-measures-dashboard/directed-exchange-transactions/#Figure9A
Nationwide Adoption

Care Coordination—Directed Transactions between Hospitals and Ambulatory Entities

<table>
<thead>
<tr>
<th>Measure Names</th>
<th>State HIE Grantee</th>
<th>Q2 2012</th>
<th>Q4 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Michigan</td>
<td>0</td>
<td>39,653,542</td>
</tr>
<tr>
<td></td>
<td>New York</td>
<td>6,722,433</td>
<td>5,204,471</td>
</tr>
<tr>
<td></td>
<td>Delaware</td>
<td>2,007,796</td>
<td>2,345,720</td>
</tr>
<tr>
<td></td>
<td>Indiana</td>
<td>844,740</td>
<td>1,590,275</td>
</tr>
<tr>
<td></td>
<td>Colorado</td>
<td>8,808</td>
<td>274,835</td>
</tr>
<tr>
<td></td>
<td>Ohio</td>
<td>0</td>
<td>249,460</td>
</tr>
<tr>
<td></td>
<td>Maryland</td>
<td>77,145</td>
<td>206,957</td>
</tr>
</tbody>
</table>

http://statehieresources.org/program-measures-dashboard/directed-exchange-transactions/#Figure9B
Nationwide Adoption

Clinical and Administrative Staff Enabled for Query-Based Exchange

http://statehieresources.org/program-measures-dashboard/query-exchange-adoptions/#Figure10
Background

• In 2010, HHS nationally allocated $34 billion in funds to promote the adoption of electronic health records (EHRs) by Medicaid and Medicare eligible professionals and hospitals

• $20 billion was expected in payments through Medicare and eligible professionals could qualify for as much as ~$44 thousand in incentive payments over the course of the program

• $14 billion was for Medicaid and the eligible professionals could receive up to ~$64 thousand in incentive payments for the life of the program
MU Benefits

Promoting health IT adoption will result in:

• Laying the groundwork for a 21st Century health care system where care is better coordinated, patient-centered, safer and where we pay for the right care, not just more care

• Joining the momentum with nationwide providers, hospitals, State Medicaid, RECs, and other Health IT stakeholders working together to achieve MU in the journey to better patient care

• Leveraging state and federal dollars which will not always be available
NYS Meaningful Use

Medicaid as of April 2013,
Medicare as of Feb 2013

Statewide Total Dec 2012
- # of Hospitals: 258
- # of EPs: 10,014
- Total $$ Paid: $616M

Statewide Total Apr 2012
- # of Hospitals: 288
- # of EPs: 13,968
- Total $$ Paid: $743M
Why should you get involved?

• There is real money out there for your providers to achieve meaningful use

• This is a positive message to the provider community

• The money is time limited so the time to act is now in order to take advantage of the opportunity

• This challenge to get to MU aligns with many other initiatives in the state

• Patients will be expecting this transformation in health care

• Better patient care for New Yorkers
The Vision for Meaningful Use

Each stage gets progressively harder to drive toward the ultimate goal

THREE STAGES OF MEANINGFUL USE

Stage 1
Data capture and sharing

Stage 2
Advanced clinical processes

Stage 3
Improved outcomes

IMPROVED QUALITY OF CARE

152,000+ providers nationwide have received Meaningful Use incentive payments ($2.7 billion)
Meaningful Use Stage 2 For Eligible Professionals

17 Core Measures + 3 out of 6 Menu Measures = Meaningful Use
Stage 2 Changes in Core Objectives and Measures – for Eligible Professionals

Thresholds and for many measures was raised:

- eRx increased to 50% from 40% of eligible Rx
- CPOE for medications raised to 60% from 30%
  - Additionally CPOE for radiology and CPOE for laboratory orders added
- Sharing clinical information with a patient was changed significantly
- Almost all Stage 1 Menu measures have become core
- Several Stage 1 Core measures have been combined into other core measures
- One new Core measure was added
- 5 new Menu measures were added
- CQM changes
## Sharing Clinical Information

<table>
<thead>
<tr>
<th>Stage 1 Objective</th>
<th>Stage 1 Measure</th>
<th>Stage 2 Objective</th>
<th>Stage 2 Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide patients with an electronic copy of their health information (including</td>
<td>More than 50% of all patients of the EP who request an electronic copy of their</td>
<td>Provide patients the ability to view online, download and transmit their health</td>
<td>1) More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information</td>
</tr>
<tr>
<td>diagnostic test results, problem list, medication lists, medication allergies),</td>
<td>health information are provided it within 3 business days</td>
<td>information within four business days of the information being available to the EP</td>
<td>2) More than 5% of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information</td>
</tr>
<tr>
<td>upon request</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sharing Clinical Information

Hospitals

Provide patients the ability to view online, download and transmit their health information

More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH have their information available online within 36 hours of discharge

More than 5 percent of all unique patients who are discharged from the inpatient or emergency department of an eligible hospital or CAH view, download, or transmit their health information to a third party during the EHR reporting period

Eligible Professionals

Provide patients the ability to view online, download and transmit their health information

More than 50 percent of all unique patients seen by the EP during the EHR reporting period are online access to their health information within 4 days

More than 5 percent of all unique patients seen by the EP during the HER reporting period (or their authorized representatives) view, download, or transmit their health information to a third party.
Information Required to Meet “view online, download and transmit” Objective

### Eligible Professionals

- Patient name
- Provider's name and office contact information
- Current and past problem list
- Procedures
- Laboratory test results
- Current medication list
- Medication history
- Current medication allergy list
- Medication allergy history
- Vital signs (height, weight, blood pressure, BMI, growth charts)
- Smoking status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field(s), including goals and instructions,
- Any known care team members including the primary care provider (PCP) of record

### Eligible Hospitals and Critical Access Hospitals

- Patient name.
- Admit and discharge date and location.
- Reason for hospitalization.
- Care team including the attending of record as well as other providers of care.
- Procedures performed during admission.
- Current and past problem list.
- Current medication list and medication history.
- Current medication allergy list and medication allergy history.
- Vital signs at discharge.
- Laboratory test results (available at time of discharge).
- Summary of care record for transitions of care or referrals to another provider.
- Care plan field(s), including goals and instructions.
- Discharge instructions for patient.
- Demographics maintained by hospital (sex, race, ethnicity, date of birth, preferred language).
- Smoking status
## Stage 2: Menu -> Core

<table>
<thead>
<tr>
<th>Number</th>
<th>Measure</th>
<th>Stage 2</th>
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</thead>
<tbody>
<tr>
<td>Menu 1</td>
<td>Implement drug-formulary checks</td>
<td>No longer a separate objective for Stage 2; incorporated into the e-Prescribing measure for Stage 2</td>
</tr>
<tr>
<td>Menu 2</td>
<td>Incorporate clinical lab-test results into certified EHR technology as structured data</td>
<td>Raised threshold from 40% to 55%.</td>
</tr>
<tr>
<td>Menu 3</td>
<td>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach</td>
<td>No change</td>
</tr>
<tr>
<td>Menu 4</td>
<td>Send reminders to patients per patient preference for preventive/ follow up care</td>
<td>Updated to specify use of EHR to achieve measure; changed definition.</td>
</tr>
<tr>
<td>Menu 5</td>
<td>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP</td>
<td>Eliminated from Stage 1 in 2014 and is no longer an objective for Stage 2; replaced with new Stage 2 measure</td>
</tr>
<tr>
<td>Menu 6</td>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</td>
<td>Changed measure wording.</td>
</tr>
<tr>
<td>Menu 7</td>
<td>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation</td>
<td>No change.</td>
</tr>
</tbody>
</table>
| Menu 8 | The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral | Added HIE specifications.  
Now incorporates:  
Implement drug-drug and drug-allergy interaction checks;  
Maintain an up-to-date problem list of current and active diagnoses; Maintain active medication list; Maintain active medication allergy list |
| Menu 9 | Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission except where prohibited and in accordance with applicable law and practice | Moved from Menu to Core; ongoing transmission required.                 |
Stage 2: Core -> Combined

• Several Stage 1 Core measures have been combined into other core measures.

Now in Menu 8: Summary of Care Records:
• Core 7: Implement drug-drug and drug-allergy interaction checks
• Core 9: Maintain an up-to-date problem list of current and active diagnoses
• Core 10: Maintain active medication list
• Core 11: Maintain active medication allergy list

Now in Core 2: eRx:
• Menu 1: Drug-Formulary checks
## Stage 2: New Menu Measures

<table>
<thead>
<tr>
<th>Stage 2 Objective</th>
<th>Stage 2 Measure</th>
<th>Changes for Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record electronic notes in patient records</td>
<td>Enter at least one electronic progress note created, edited and signed by an EP for more than 30% of unique patients</td>
<td>Record electronic notes in patient records for more than 30% of office visits within four calendar days.</td>
</tr>
<tr>
<td>Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT</td>
<td>More than 10% of all scans and tests whose result is an image ordered by the EP for patients seen during the EHR reporting period are incorporated into or accessible through Certified EHR Technology</td>
<td>Move to Core: More than 10 percent of all tests whose result is an image (including ECGs) ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period are accessible through Certified EHR Technology</td>
</tr>
<tr>
<td>Record patient family health history as structured data</td>
<td>More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed</td>
<td>Move to Core: Record high priority family history in 40% of patients seen during reporting period</td>
</tr>
<tr>
<td>Capability to identify and report cancer cases to a State cancer registry, except where prohibited, and in accordance with applicable law and practice</td>
<td>Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period</td>
<td>Documentation of ongoing successful electronic transmission of standardized reports from the Certified EHR Technology to the jurisdictional registry. Attestation of submission for at least 10% of all patients who meet registry inclusion criteria during the entire EHR reporting period as authorized, and in accordance with applicable State law and practice.</td>
</tr>
<tr>
<td>Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice</td>
<td>Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period</td>
<td>Documentation of successful ongoing electronic transmission of standardized (e.g., consolidated CDA) reports from the Certified EHR Technology to a jurisdictional, professional or other aggregating resource. Attestation of submission for at least 10% of all patients who meet registry inclusion criteria during the entire EHR reporting period as authorized, and in accordance with applicable state/local law and practice.</td>
</tr>
</tbody>
</table>
Stage 2: CQM Changes

EPs must report on 9 out of 64 total CQMs
CQMs must be selected from at least 3 of the 6 key healthcare policy domains

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Processes/Effectiveness
Stage 2 New Objectives and Measures

New Objective:
• Use secure electronic messaging to communicate with patients on relevant health information (for EPs only)

New Measure:
• A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5% of unique patients seen during the EHR reporting period
MU Stage 3

Raised threshold:
- CPOE
- eRx
- Clinical Decision Support
- Recording lab test results as structured data
- Send patient reminders per patient preference
  - Now includes recording communication preferences
- Summary of Care Record
- Secure Electronic Messaging – 10% of patients
- Electronic progress notes

Proposed retiring:
- Vital Signs
- Tobacco
- Demographics

Other exciting ideas:
- Proposed requiring having educational materials in languages other than English
- Recording high priority family history (Stage 2 Menu) would be moved to core
QUESTIONS
MEANINGFUL USE
New York Ranks #4

Combined Medicare and Medicaid Payments by State Graph

Medicare and Medicaid Provider Payments
January 2011 to February 2013

NY
Federal HITECH Funds Paid

February 2013

Medicaid EHR Incentives: $7.5 Billion

Medicare EHR Incentives: $5.0 Billion

Total: $12.5 Billion

December 2012

Medicaid EHR Incentives: $4.4 Billion

Medicare EHR Incentives: $6.1 Billion

Total: $10.5 Billion
NYS Meaningful Use - Q1 Trend

Medicaid Jan 2013

# of Hospitals: 143
# of EPs: 3,958
Total $$ Paid: $275M

Medicaid Dec 2012

# of Hospitals: 115
# of EPs: 6,056
Total $$ Paid: $341M

Medicaid Apr 2013

# of Hospitals: 181
# of EPs: 5,567
Total $$ Paid: $345M

Medicaid Feb 2013

# of Hospitals: 126
# of EPs: 8,401
Total $$ Paid: $398M
NYS Meaningful Use Medicaid Only: as of April 2013

Medicaid EPs

# of EPs: 5,567
Total $$ Paid: $115M

Medicaid EHs

# of EPs: 181
Total $$ Paid: $230M

= Statewide Total

# of EPs: 5,748
Total $$ Paid: $345M
Contact information and Web Links – NY Medicaid EHR Incentive Program

Outreach Websites

• CMS Medicare and Medicaid EHR Home Page

• NY Medicaid EHR Home Page
  Program information, webinar schedule, mailing list LISTSERV®
  https://www.emedny.org/meipass/index.aspx

NY Medicaid Support

• eMedNY Call Center (Medicaid & ePACES Enrollment)
  1-800-343-9000

• MEIPASS Call Center (MEIPASS Attestation Assistance)
  1-877-646-5410, meipasshelp@csc.com

• NY Medicaid EHR Incentive Program Support Team
  (Calculation, Registration, Eligibility, Program questions)
  1-800-278-3960, hit@health.state.ny.us
HEALTH HOMES
Health Homes in New York State

• Built around a certified Health Home leveraging provider partnerships

• Integrated coordination of care with access to primary, specialty and behavioral healthcare

• Leveraging health information exchange (HIE)
NYS Health Home HIT Standards Updates

HIT Comparison of HH Phases

- P1 (N=13)
- P2 (N=21)
- P3 (N=14)
I-STOP

“INTERNET SYSTEM TO TRACK OVER-PRESCRIBING”
DOH Use of PMP Data

- BNE Investigations
- Matched with lost/stolen prescriptions (provided to Medicaid & available online)
- Office of the Professions and Office of Professional Medical Conduct
- Education and Outreach by BNE and others
- Analysis for trends, cluster detection
Exceptions

- Veterinarians
- Methadone programs
- Practitioner administering a controlled substance
- For use within an institutional dispenser
- Emergency Department (limited to 5 day supply)
- Hospice
- Technological failure of PMP or practitioner’s hardware
Exceptions (cont)

- Practitioner is unable to access in a timely manner (5 day supply)
- Consultation would adversely impact a patient’s medical condition
- Practitioner has been granted a waiver by DOH based upon technological limitations or exceptional circumstances not within practitioner’s control
Electronic Prescribing

- DOH promulgated proposed regulations for electronic prescribing of controlled substances (EPCS)
- Electronic prescribing will be mandatory for all practitioners two years after the final regulations are adopted
EPCS - Practitioners

- Prescribing application must meet security standards set forth by the DEA for e-prescribing controlled substances
- Two-factor authentication to ensure prescription integrity and non-repudiation
Changes to Controlled Substance Schedules

EFFECTIVE FEBRUARY 23, 2013

Hydrocodone

All products containing hydrocodone, regardless of formulation are now placed on schedule II, eliminating the ability to prescribe refills

Tramadol

Placed on schedule IV
Workgroup

- Will issue recommendations for continuing education for practitioners and pharmacists on pain management issues
- Will serve to protect access by patients with a legitimate need for controlled substances
- Guidance with implementation of I-STOP
EXISTING RHIO AFFILIATIONS
Each RHIO operating in New York City has a unique set of health system and hospital affiliations as well a robust list of EHRs that they currently integrate with.

The following RHIOs have existing relationships with providers that you do business with:
Participating Health Systems

- Brookdale University Hospital & Medical Center
- The Brooklyn Hospital Center
- Flushing Hospital Medical Center
- Interfaith Medical Center
- Jamaica Hospital Medical Center
- Kingsbrook Jewish Medical Center
- Lutheran Medical Center
- Maimonides Medical Center
- Wyckoff Heights Medical Center
- Bedford Stuyvesant Family Health Center
- Brownsville Multi-Svc. Family Health Center
- Callen-Lorde Community Health Center
- Lutheran Family Health Centers
- Community Healthcare Network
- Dr. Carmen Cardona
- Dr. Leonid Chernov
- Dr. Edward Fitzpatrick
- Dr. Elliott Fuhrer
- Dr. Robert Goodman
- Dr. Stephen Kaiser
- Dr. Sheldon Lippman
- Dr. Oded Preis
- Dr. Jeffrey Teitelbaum
- Ocean Parkway Pediatrics
- TJH Medical Services, P.C.
- Preferred Health Partners
- Brookdale Family Care Center
- Housing Works
- ICL HealthCare Choices
- MediSys Family Care Center
- Urban Strategies/Brookdale Family Care Center Health Network
- PGCMH / Making Healthy Choices

Participating Health Systems

- Brooklyn Community Services
- Catholic Charities Neighborhood Services
- Center for Urban Community Services
- F.E.G.S. Health & Human Services System
- Institute for Community Living (ICL)
- Jewish Board of Family & Children's Services
- Postgraduate Center for Mental Health (PGCMH)
- Promoting Specialized Care & Health
- Services for the Underserved
- Village Center for Care
- NYCDOMH/Bureau of Correctional Health Services
- NYSOMH/South Beach Psychiatric Center
- Jamaica Hospital Nursing Home/Trump Pavilion
- Lutheran Augustana Center For Extended Care & Rehabilitation
- Menorah Home & Hospital
- Rutland Nursing Home
- Sephardic Skilled Nursing & Rehabilitation Center
- Schulman & Schachne Institute for Nursing & Rehabilitation
- Shorefront Jewish Geriatric Center
- First to Care Home Care
- MJHC Home Care
- Visiting Nurse Regional- Empire State Home Care Services
- Visiting Nurse Regional – Visiting Nurse Assoc. of Brooklyn
- Visiting Nurse Service of NY
- 1199 SEIU National Benefit Fund
- 1199 SEIU Greater New York Benefit Fund
- Amida Care Elderplan, Inc. HealthPlus
- Elderplan, Inc.
- HealthPlus/Amerigroup
- Neighborhood Health Providers
Bronx RHIO

Participating Health Systems
- Acacia (Promesa)
- AIDS Service Center New York (ASCNY)
- Albert Einstein College of Medicine of Yeshiva Univ.
- All Med Medical & Rehabilitation
- Anil Gupta, MD
- APICHA
- Argus Community, Inc.
- Bailey House
- Bronx AIDS Services, Inc.
- Bronx Community Health Network
- Bronx Gastroenterology OBS
- Bronx Lebanon Hospital Center
- Bronx Works
- Cardinal McCloskey Services
- Care for the Homeless
- CenterLight (Beth Abraham)
- Children of Zion Pediatrics
- Community Healthcare Network (CHN)
- Compassionate Care Hospice of NY
- Essen Medical Associates, P.C.
- FEGS
- Hebrew Home for the Aged at Riverdale
- Help/PSI Services Corp.
- Housing Works
- Institute for Family Health
- James J. Peters VA Medical Center
- Jewish Home & Hospital
- Kings Harbor Multicare Center
- Martin Luther King, Jr. Health Center
- Medalliance Medical Health Services
- MIC-Women's Health Services

Participating Health Systems
- Montefiore Medical Center
- Morris Heights Health Center
- Narco Freedom
- New York Associates in Gastro
- New York City Department of Health
- New York GI Center
- Olive Osborne, MD
- Optimum Family Medicine
- Perry Avenue Family Medical
- PET/CT Diagnostic Medical Imaging
- Richmond Home Need Services
- Riverdale Family Practice
- Riverdale Mental Health Association
- Robert Morrow, M.D.
- Salud Medical, PC
- Sindhu Gupta, MD
- St. Barnabas Hospital
- Union Community Health Center
- University Diagnostic Medical Imaging
- Urban Health Plan
- Visiting Nurse Service of New York
Healthix

Participating Health Systems

- North Shore LIJ Health System
- Continuum Health Partners
- NewYork-Presbyterian Hospital
- Catholic Health Services of LI
- Mount Sinai Medical Center
- NYU Langone Medical Center
- SUNY Downstate Medical Center
- MediSys Health Network
- New York Hospital Queens
- Nassau Health Care Corp
- Richmond University Medical Ctr
- South Nassau Communities Hosp
- Brookhaven Memorial Hospital
- Hospital for Special Surgery
- Long Beach Medical Center

Long Term/ Extended Care Providers

- Cold Spring Hills Center for Nursing and Rehabilitation
- Gurwin Jewish Nursing and Rehabilitation
- Hebrew Home for the Aged at Riverdale / Palisades
- Huntington Hills Center for Health and Rehabilitation
- Isabella Geriatric Center
- Jewish Home Lifecare
- Parker Jewish Institute for Health Care and Rehabilitation
- Revival Home Health Care
- Schervier Nursing Care Center
- Silvercrest Center for Nursing and Rehabilitation
- St. Mary’s Healthcare System for Children
- Visiting Nurse Service of New York

Participating Health Systems

Other Providers

- Advantage Care DTC
- Allied Pediatrics of New York
- Beacon Health Partners
- Central Nassau Guidance
- Charles B. Wang Community Health Center
- ClubHouse of Suffolk, Inc.
- Family Service League
- Fountain Medical Group
- Gramercy MRI and Diagnostic Radiology
- Institute for Family Health
- Lenox Hill Radiology
- Long Island FQHC
- Metropolitan Diagnostic Imaging
- NRAD
- OHEL
- Premier Health Care (YAI Network)
- ProHEALTH Care Associates
- Queens Medical Imaging
- Queens Long Island Medical Group
- William F. Ryan Community Health Center
- Women Health Professionals
- Zwanger-Pesiri Radiology
Participating Health Systems

- Bellevue Hospital Center
- Cerebral Palsy Association of New York State
- Charles B Wang Community Health Center
- Comunilife Inc.
- Coney Island Hospital
- Creedmoor Psychiatric Center
- Cumberland Diagnostic & Treatment Center*
- Damian Family Centers, Inc.
- Doshi Diagnostic Imaging Services
- Elmhurst Hospital Center
- F.E.G.S. Health & Human Services System
- Gouverneur Healthcare Services
- Harlem Hospital Center
- HHC Health & Home Care
- Jacobi Medical Center
- Kings County Hospital Center
- Lincoln Medical & Mental Health Center
- MetroPlus Health Plan

Participating Health Systems

- Metropolitan Hospital Center
- North Central Bronx Hospital
- PSCH
- Queens Boulevard Extended Care
- Queens Hospital Center
- Services for the Underserved
- The Bridge
- The Floating Hospital
- The Institute for Community Living
- Visiting Nurse Services of New York
- Woodhull Medical and Mental Health Center
- Over 200 Physician Practices