



Summary Analysis Memo

Use Case Title: Respiratory Illness Surveillance Project (Revised)

Date of Data Use Request (DUR) Receipt: 4/3/2025

Date of Policy and Compliance Review Completion: 4/15/2025

Note: Attached to this Summary Analysis Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the DOH Authorized Requester

Overview and Description

For historical context, Use Case # 2 from the DUCA (“Public Health – Tracking Hospitalizations for Respiratory Illness”) allows the Department to receive reports generated from the Data Lake to assess hospitalizations due to prevalent respiratory illnesses (e.g., COVID and influenza). Use Case #2 requires contribution to the Data Lake of 1) ADT data from hospitals and 2) laboratory tests for purposes of investigating confirmed or suspected cases of common respiratory diseases. Pursuant to Section 2.1 of the DUCA, these data are among the Initial Data Types¹ required to be submitted to the Data Lake. Use Case #2 was approved by all of the SHIN-NY QEs at the time the DUCA was executed in 2023.

The proposed “Respiratory Illness Surveillance Project (Revised)” intends to revise Use Case #2 to support the Department’s efforts to assess the prevalence of respiratory illnesses statewide across all healthcare settings per public health law and regulation. As such, the data use request also enables QEs to contribute a broader set of respiratory illness data to the Data Lake. The intent of the revision is to allow QEs to sunset the flat file process and allow the respiratory illness use case to be fulfilled by the SHIN-NY Data Lake exclusively. The Department proposes to use the information to assess prevalence of respiratory illnesses statewide, perform trending over time, understand common comorbidities, and characterize the severity of illness.

To accomplish the proposed use case, the data use request seeks the contribution to the Data Lake of the following Additional Data Types²: all data across all healthcare settings (in addition to ADT and ORU data from hospitals), including CCD information from practices and other non-hospital settings relevant to the use case.

¹ The term “Initial Data Types” is defined in Section 1 of the DUCA as follows: “(a) patient attribution/master patient index (MPI); (b) admission, discharge, transfer notifications (ADTs); (c) observation results (ORUs); and (d) screening data (including, but not limited to, health-related social needs screenings), assessments and referrals for Medicaid patients to community-based organizations (*i.e.*, CBO referrals).”

² The term “Additional Data Types” is defined in Section 1 of the DUCA as follows: “Data Types (e.g., consent values) described in any Data Use Request approved by QE pursuant to the Data Use Approval Process.”



NEW YORK eHEALTH COLLABORATIVE

Policy and Compliance Review

Following legal and policy review of the Data Use Request (DUR)³, the DUR is found to be:

- for Public Health or Medicaid purposes
- in compliance with Qualified Entity Participation Agreement (QEPA) and Data Use and Contribution Agreement (DUCA)
- in compliance with SHIN-NY Regulation and SHIN-NY Policy Guidance
- in compliance with Applicable Law

Justification for Legal Compliance Approval

The legal authority for the Department’s access to the requested data from the Data Lake for the proposed use case is based on the Department’s role as a Public Health Authority as defined in 45 CFR §164.501 (see NYS Public Health Law §206[1][d]) and the Department’s legal authority to investigate suspected or confirmed cases of communicable disease (pursuant to PHL §2[1][I] and 10 NYCRR Part 2) (see 10 NYCRR §300.5[c][2]).

Further, under Section 2.1 of the DUCA, a Data Use Request may include a request for “Additional Data Types” which must be submitted to the Data Lake by a QE that approves the Data Use Request pursuant to the Data Use Approval Process. required by the DUCA.

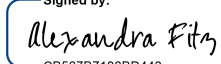
In this case, the Department has the legal and regulatory authority for this request, which is compliant with Sections 2.1 and 2.2(a) of the DUCA. Further, the request for the submission of all ADT data across all healthcare settings is appropriate to fulfill the proposed use case and consistent with the Department’s authority and permitted purposes described above.

Justification for Policy Compliance Approval

Request is compliant with § 1.2.2 “Public Health Reporting and Access” of the *Privacy and Security Policies and Procedures for Qualified Entities and their Participants in New York State under 10 N.Y.C.R.R. § 300.3(b)(1) version 4.2.*

NYeC Approval

<small>DocuSigned by:</small>  <small>1C1BB9F6120346A...</small>	4/18/2025
---	-----------

<small>Signed by:</small>  <small>CB567B7186BD443</small>	4/18/2025
--	-----------

NYeC Legal Counsel	Dated
NYeC Head of Enterprise Initiatives and Partnerships • Business Development	Dated

³ Per the Data Use and Contribution Agreement (DUCA) Exhibit B - Data Use Approval Process.

Project Name: Respiratory Illness Surveillance

OHSQA Tracking ID: 2024_RIS_02

Request Overview

Item	Response
<p>Project Description Summary of the project including how this data will be used.</p>	<p>NYS DOH must assess the prevalence of respiratory illnesses statewide, across all healthcare settings per public health law and regulation. The project aims to use the Data Lake to identify individuals who have an encounter related to respiratory illness across all healthcare settings. DOH will use the information to assess the prevalence of respiratory illnesses statewide, trending over time, to understand common comorbidities, and to characterize the severity of illness.</p>
<p>Target Population Inclusion Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.</p>	<p>Individuals with an encounter across all healthcare settings due to respiratory illnesses, including but not limited to: influenza, COVID-19, respiratory syncytial virus (RSV), and Multisystem inflammatory syndrome in children (MIS-C), and pneumonia.</p>
<p>Target Population Exclusion Specify the criteria that would exclude the case/data from being included in the dataset. For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.</p>	<p>Individuals with a respiratory illness diagnosis from a facility located outside of NYS.</p>
<p>What law, regulation, or rule grants the authority to obtain this information? Identify in detail, the laws, regulations, rule grants or other governing documents that allow the requesting program to obtain this information. According to Section 1.2.2 of the SHIN-NY Policy and Procedures, only certain use cases are allowed to use the SHIN-NY. SHIN-NY policies can be found here: https://www.health.ny.gov/technology/regulations/</p>	<p>Legal authority for collecting this data comes from DOH's role as a Public Health Authority as defined in 45 CFR §164.501 (see NYS Public Health Law §206[1][d]) and DOH has legal authority to investigate suspected or confirmed cases of communicable disease (pursuant to PHL §2[1][l] and 10 NYCRR Part 2) (see 10 NYCRR §300.5[c][2]).</p>
<p>Is this data currently being supplied to DOH from another source?* (yes/no)</p>	<p>Yes</p>
<p>*If Yes, explain where data is being supplied from and why SHIN-NY data is being requested.</p>	<p>Receives RIS data extracts from all QEs in the form of a flat file on a weekly basis.</p>
<p>Frequency of Request (select from drop down)</p>	<p>Weekly</p>
<p>What is the expected start date of this project? The date when the project work is expected to begin (Mo/Day/Yr.).</p>	<p>1/1/2025</p>
<p>Is this request time-sensitive and/or critical?* (yes/no)</p>	<p>No</p>
<p>*If time-sensitive or critical, explain</p>	<p>N/A</p>
<p>When is this information needed? The date when DOH would need the report/data by (Mo/Day/Yr.).</p>	<p>2/1/2025</p>

What is the expected end date of this project? The date when the project is expected to end in (Mo/Day/Yr.).	N/A- No end date
Technical Specifications Data Use Request for Public Health Services	
What data elements are needed? Describe the data fields required for your project (example: Date of birth, gender assigned at birth, diagnosis codes, etc.)	Please reference the accompanied specification document that outlines the agreed data elements. The data elements included will follow the RIS specification(s) as agreed upon between the DOH and QEs. Specification(s) may update based on emerging diseases or trends. Pneumonia diagnostic codes, list of ICD10 codes distinct from flu/COVID-19/RSV.
Is the data being requested identified, limited or de-identified? (select from drop down)	Identified
Proposed delivery method* (select from drop-down)	NYeC Secure File Transfer
*If selected "other" above for delivery method, please explain the proposed delivery method. <i>Only methods with secure encryption mechanisms will be accepted.</i>	N/A
What is the requested format for the data? (examples include XLS, txt, CSV)	Text File
What safeguards will you put in place to protect the data?	DOH program staff will only access SHIN-NY information for official work-related purposes, within designated areas, on official employer-owned equipment, during approved work hours, and in accordance with all applicable policies and procedures. Staff will remain current on data handling best practices and DOH guidelines for data storage.
How will files be handled/stored/deleted at the end of the project?	As this effort will likely continue indefinitely, there is no proposed end date. With that, program currently plans to retain data for a minimum of seven years for evaluation and historical trending. While retained, data will be managed according to NYS and federal law and in conjunction with the New York State Archives records management guidelines. Should data be removed in the future, program will follow New York State Information Technology Services guidance on proper destruction procedures.
Select "Yes" to indicate adherence to the standard of minimum necessary data requests. This field cannot be blank.	Yes
Program/Project Contact Information	
Program Lead Contact Information	
Name (First, Last):	[REDACTED]
Bureau/Unit:	NYS DOH – Center for Community Health
Email:	[REDACTED]
Phone Number:	[REDACTED]
Other Project Team Members (add more as needed)	
Team Member 1	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Bureau of Communicable Disease Control (BCDC)
Email:	[REDACTED]

Team Member 2	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Bureau of Communicable Disease Control (BCDC)
Email:	[REDACTED]
Team Member 3	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Bureau of Communicable Disease Control (BCDC)
Email:	[REDACTED]
Team Member 4	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Bureau of Communicable Disease Control (BCDC)
Email:	[REDACTED]
Team Member 5	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Emerging Infections Program (EIP)
Email:	[REDACTED]
Team Member 6	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Emerging Infections Program (EIP)
Email:	[REDACTED]
Team Member 7	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Emerging Infections Program (EIP)
Email:	[REDACTED]
Team Member 8	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Emerging Infections Program (EIP)
Email:	[REDACTED]
Team Member 9	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Emerging Infections Program (EIP)
Email:	[REDACTED]
Team Member 10	
Name (First, Last):	[REDACTED]
Employer:	NYS DOH Emerging Infections Program (EIP)
Email:	[REDACTED]

Data Use Request (DUR) Authorized Requester Approval	
Project: Respiratory Illness Surveillance Project	
Project Lead: ██████████	
EDCC Tracking #: 202549.139405.TH	OHSQA DUR Tracking #: 2024_RIS_02
Signatory Information:	
Name: Deirdre Depew	
Department: Bureau of Data Programs and Policy, Office of Health Services Quality & Analytics	
Email: ██████████	
Phone Number: ██████████	
Public Health Authority/Agency Attestations:	
<i>DOH attests that this Data Use Request meets the following criteria:</i>	
Request is for Public Health purposes.	<input checked="" type="checkbox"/>
Request is in compliance with SHIN-NY Regulation and SHIN-NY Policy Guidance.	<input checked="" type="checkbox"/>
Request is in compliance with applicable law.	<input checked="" type="checkbox"/>
Data elements requested meet the standard of minimum necessary.	<input checked="" type="checkbox"/>
<i>Safeguards and Protections Attestation:</i>	
Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	<input checked="" type="checkbox"/>
<i>Attestation(s) for De-Identified Data:</i>	
DOH will not, and will not permit any third parties to, use de-identified data for any purposes other than those permitted in an approved Data Use Request or otherwise required by law.	<input checked="" type="checkbox"/>
DOH will report to NYeC immediately if DOH has knowledge that de-identified data has been re-identified.	<input checked="" type="checkbox"/>
Approval Signature: <div style="text-align: center; font-family: cursive;">Deirdre Depew</div>	
Date of Approval Signature: 4/3/25	
Send completed form to datarequests@nyehealth.org	

Respiratory Illness Surveillance Specification

Fulfilling RIS Use Case from the Data Lake

This document serves as a reference to the data elements of interest for Qualified Entity (QE) to submit Respiratory Illness Surveillance (RIS) data to the Data Lake that may be passed along to the NYSDOH to fulfill the use case. RIS relies on two data types: lab results and diagnosis information. The details of the data elements needed for the two types can be found below.

When supplying the RIS data to the NYSDOH, NYeC will append the SHIN-NY sMPI identifier and may provide race and ethnicity data available within the broader Data Lake should the RIS data not contain it.

Laboratory Test Results

Data Element	Definition
QE Name	QE providing the data (i.e., source QE)
Facility ID	Identifier for the source facility (i.e. assigning authority code) generating the data
Facility MRN	Medical Record Number (MRN) from the source facility generating the data
MPI ID	Unique Patient Identifier from the QE MPI
Patient First Name	First Name of Patient
Patient Middle Name/Initial	Middle Name or initial of patient
Patient Last Name	Last Name of Patient
Date of Birth	Date of Birth
Gender	Administrative Gender, where possible please fill with gender identity
Sex Assigned at Birth	Patient's Sex Assigned at Birth
Race Code System	Patient's Race Code System
Race Code	Patient's Race Code <i>Note: If race value is blank from the testing facility, please use the most recent race value provided for the patient.</i>
Race Description	Patient's Race Description
Ethnicity Code System	Patient's Ethnicity Code System
Ethnicity Code	Patient's Ethnicity Code <i>Note: If ethnicity value is blank from the testing facility, please use the most recent ethnicity value provided for the patient.</i> <i>Format: https://phinvads.cdc.gov/vads/ViewValueSet.action?id=67D34BBC-617F-DD11-B38D-00188B398520</i>
Ethnicity Description	Patient's Ethnicity Description
Street Address 1	Patient's Home Street Address 1
Street Address 2	Patient's Home Street Address 2
City	Patient's Home City
County	Patient's Home County
State	Patient's Home State

Zip Code	Patient’s Home Zip Code
Telephone Number	Patient’s primary telephone number
Observation Category	Categorization of “laboratory” according to the SHIN-NY FHIR IG: https://hl7.org/fhir/us/core/2023Jan/ValueSet-us-core-simple-observation-category.html
Respiratory Illness Test Code	Lab code value
Test Code Description	Description of the Code provided in data
Respiratory Illness Test Code Standard	Coding Standard <i>Note: Please send national code sets. Local codes have been provided in the past and can continue to be supplied as the QEs work with participants to use national standard code sets if translation is included in local code description fields.</i>
Respiratory Illness Test Result	Result of Respiratory Illness Test, including all tests that are part of a panel.
Test Result Subtype	RSV and Influenza subtype information extracted from the LOINC or Result (exact definition TBD)
Respiratory Illness Test Result Date	Date of the Result
Respiratory Illness Result Facility	Internal Code for the Organization Facility that sent the Test Result, not the Diagnosing Facility <i>Note: Mapping Table will be provided for Code to Common Name</i> <i>Note: If Resulting Facility is a Reference Lab and there is not a Facility listed, please transmit the Reference Lab Name or CLIA Number</i>
Respiratory Illness Test Result Facility MRN	Facility that sent the Test Result, not the Diagnosing Facility
Respiratory Illness Test Result Facility Zip	Zip Code of the Facility that sent the Test Result
Encounter Type	Episode of Care
Encounter Admit Date	Date admitted to Hospital, if a hospitalization encounter
Encounter Discharge Date	The date the patient was discharged from the hospital, if a hospitalization encounter

Diagnoses

Data Element	Definition
QE Name	QE providing the data (i.e., source QE)
Facility ID	Identifier for the source facility (i.e. assigning authority code) generating the data
Facility MRN	Medical Record Number (MRN) from the source facility generating the data
MPI ID	Unique Patient Identifier from the QE MPI
Patient First Name	First Name of Patient
Patient Middle Name/Initial	Middle Name or initial of patient
Patient Last Name	Last Name of Patient
Date of Birth	Date of Birth

Gender	Administrative Gender, where possible please fill with gender identify
Sex Assigned at Birth	Patient's Sex Assigned at Birth
Race Code System	Patient's Race Code System
Race Code	Patient's Race Code <i>Note: If race value is blank from the testing facility, please use the most recent race value provided for the patient.</i>
Race Description	Patient's Race Description
Ethnicity Code System	Patient's Ethnicity Code System
Ethnicity Code	Patient's Ethnicity Code <i>Note: If ethnicity value is blank from the testing facility, please use the most recent ethnicity value provided for the patient.</i> <i>Format: https://phinvads.cdc.gov/vads/ViewValueSet.action?id=67D34BBC-617F-DD11-B38D-00188B398520</i>
Ethnicity Description	Patient's Ethnicity Description
Street Address 1	Patient's Home Street Address 1
Street Address 2	Patient's Home Street Address 2
City	Patient's Home City
County	Patient's Home County
State	Patient's Home State
Zip Code	Patient's Home Zip Code
Telephone Number	Patient's primary telephone number
Diagnosis Date	Date of The Diagnosis
Encounter Type	Episode of Care
Encounter Date	Date of Encounter
Admission Date	Date admitted to Hospital, if a hospitalization encounter
Discharge Date	The date the patient was discharged from the hospital, if a hospitalization encounter
Discharge Disposition Code System	The coding system used to generate the discharge disposition using the SPARCS (HL7) Discharge Disposition (HL7) Code.
Discharge Disposition Code	The disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.) using the SPARCS (HL7) Discharge Disposition (HL7) Code.
Discharge Disposition Code Description	Description of discharge disposition code
Diagnosis Code System	Diagnosis Code System <i>Note: Please provide national code sets. Local codes have been provided in the past and can continue to be supplied as the QEs work with participants to use national standard code sets if translation is included in local code description fields.</i>
Diagnosis Code	Diagnosis Code for Respiratory Illness or DX1 for an encounter (may be a few days after a positive RIS lab). Diagnosis Code for other diagnoses (multiple) related to the RIS encounter may also be provided to NYSDOH.
Diagnosis Code Description	Description of the Code provided in data