# The Healthcare Debate Rages



- Passed the House with slim majority

- The bill is in play in the Senate

- An estimated 2.7 million New Yorkers would lose health coverage

- Major fiscal impacts

# Federal & State
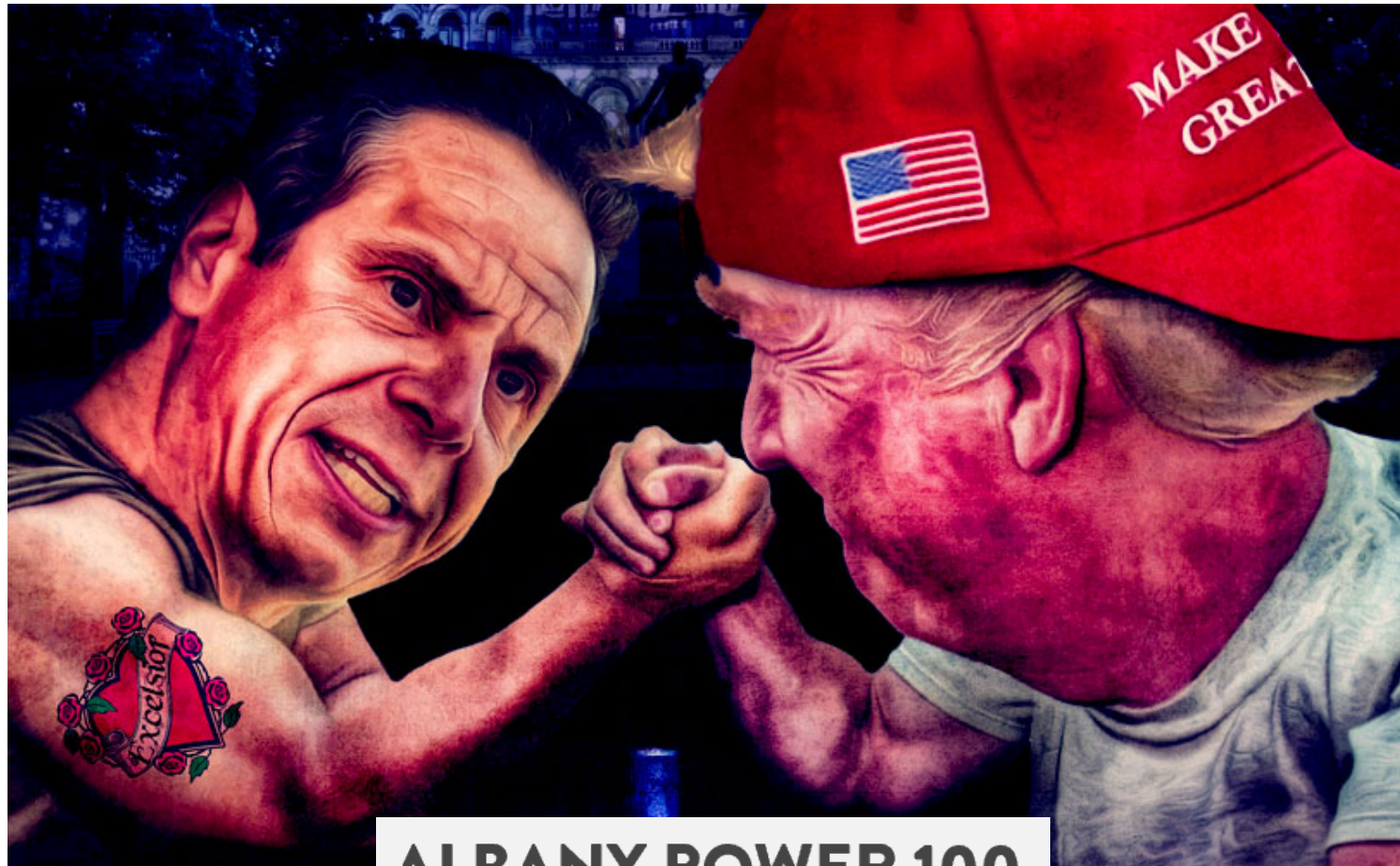


**ALBANY POWER 100**

BY CITY & STATE | MAY 19, 2017 02:37 PM

# What Do I Mean?

## States are Pushing Back

**The New York Times**

N.Y. / REGION

*Rebuking Congress, Cuomo Plans to Keep State Health Care Plans Intact*

By JESSE McKINLEY   JUNE 4, 2017

**CAPITOL CONFIDENTIAL**

LATEST NEWS FROM THE TIMES UNION CAPITOL BUREAU

As Trump pulls U.S. from Paris accord, Cuomo signs order affirming NY's climate goals (updated)

By Matthew Hamilton on June 1, 2017 at 3:56 PM

## NYS has long history and special Constitutional provisions

- Unlikely to significantly unravel health insurance coverage

# More Pressure On Healthcare Spending





**Significant pressure on State Budget from Repeal & Replace (ACHA-House version):**

- Decreases federal Medicaid match

- Per capita Medicaid cap

- Eliminates Medicaid local shares

- Eliminates Essential Plan

- Impact on Medicaid waivers (1115/DSRIP)

State Budget could get hit big-time in 2019-20 & 2020-21 and beyond

# Federal HIT Policy Landscape Priorities

**SearchHealthIT** 28 Apr 2017

**HHS secretary Tom Price discusses lack of interoperability, physician burnout**

**BECKER'S Hospital Review**

**Healthcare execs expect value-based care to disrupt industry more than science in decade ahead**

Written by Emily Rappleye (*Twitter* | *Google+*) | May 16, 2017 | Print | Email

**Top 3 Federal Priorities:**

- Interoperability
- Usability
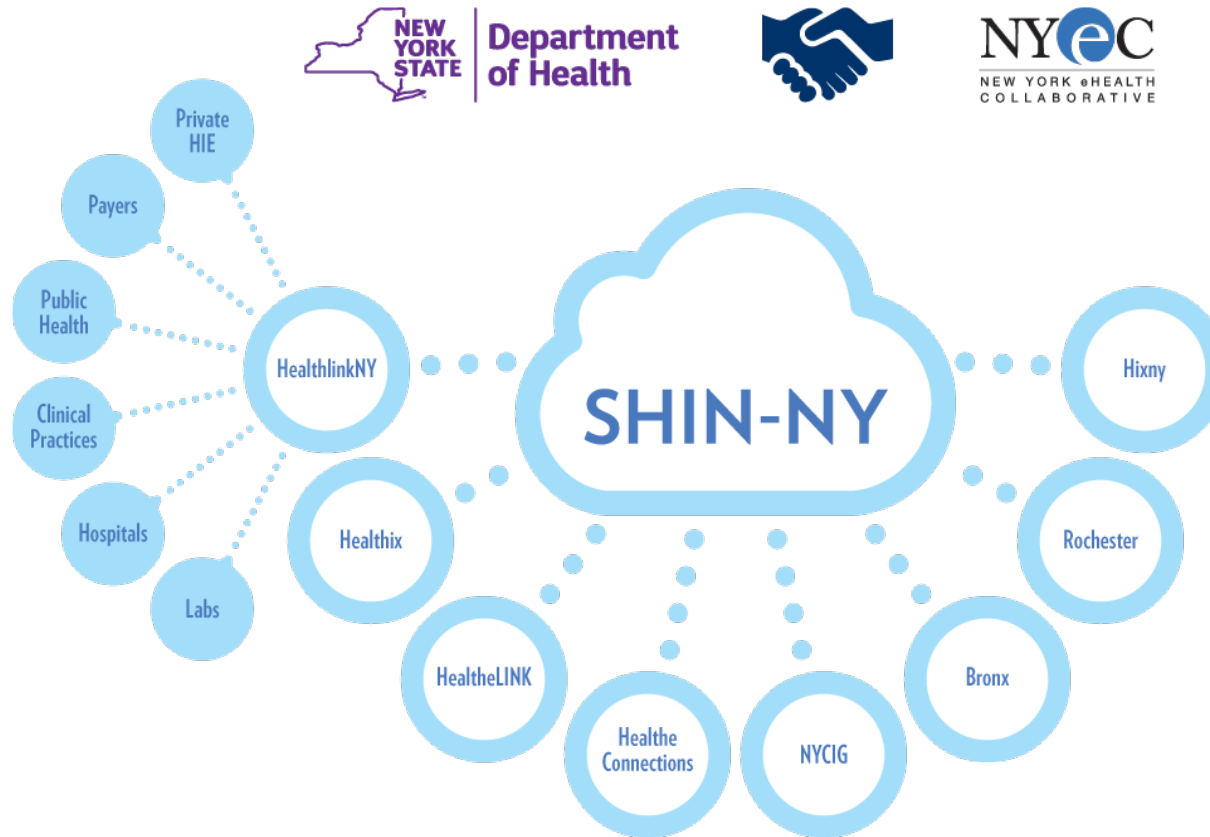- Payment Reform (value based care)

Meaningful Use Stage 3 will change

Transparency & patient engagement interest

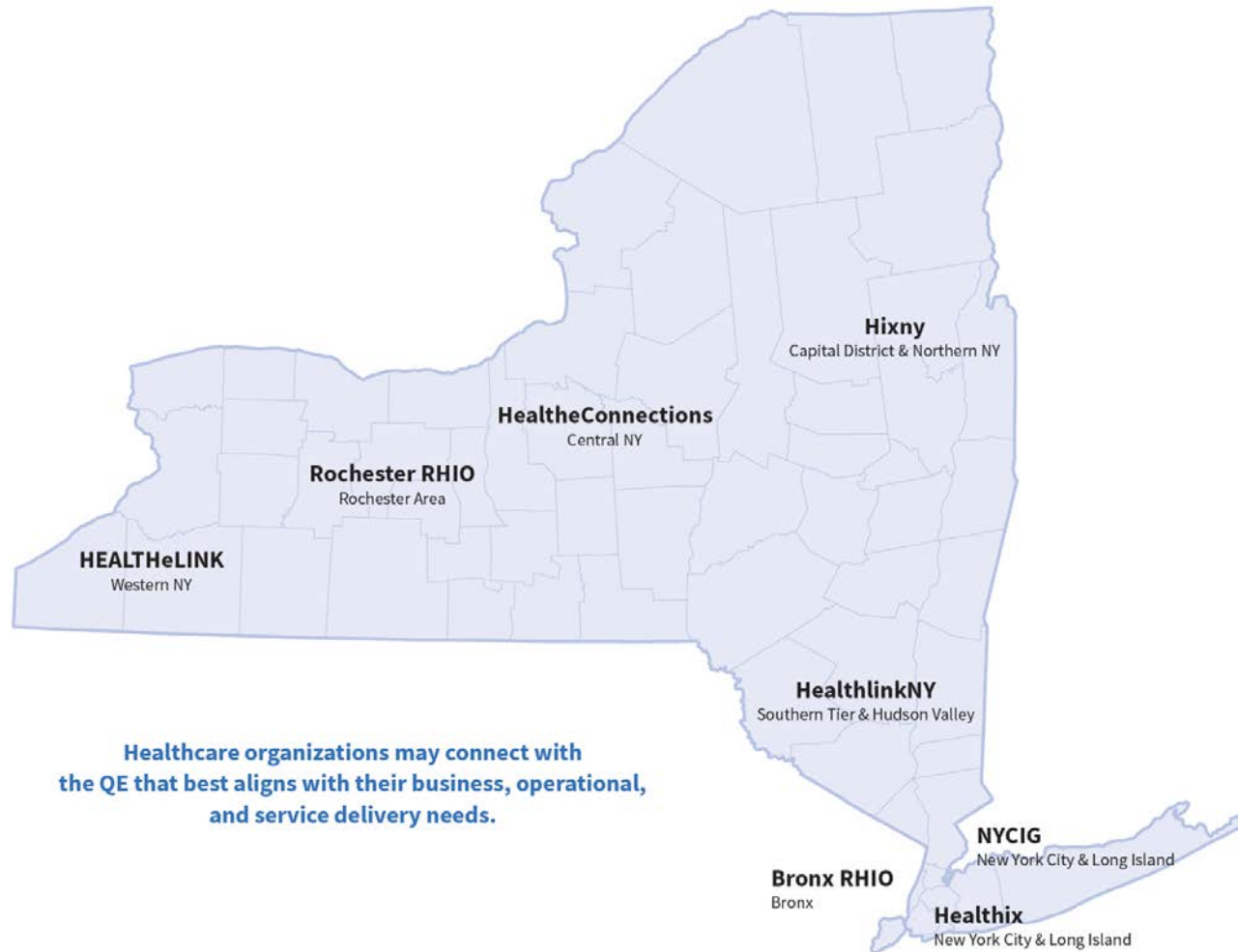# SHIN-NY HIE Infrastructure
## The Ultimate Public Utility



**Highway**

**Pipes**

**Patients are Mobile and EHRs are Not Interoperable**

# SHIN-NY Is A Network Of Networks
## 8 Qualified Entities (QEs) + NYeC



**Hixny**
Capital District & Northern NY

**HealtheConnections**
Central NY

**Rochester RHIO**
Rochester Area

**HEALTHeLINK**
Western NY

**HealthlinkNY**
Southern Tier & Hudson Valley

**NYCIG**
New York City & Long Island

**Bronx RHIO**
Bronx

**Healthix**
New York City & Long Island

Healthcare organizations may connect with the QE that best aligns with their business, operational, and service delivery needs.

**Statewide Patient Record Lookup Fully Implemented
Cross QE Alerts will be fully implemented in 2017**

**QEs provide free core services, using government funding, to provide:**

- secure messaging
- notifications & alerts
- results delivery
- patient record lookup & clinical viewer
- consent management
- public health access

QEs offer different value-added services (for a charge)

# SHIN-NY Evolution
## Over the Last Decade or So . . .

**Tremendous public benefit**
- Supports Triple Aim, levels playing field, addresses non-interoperability
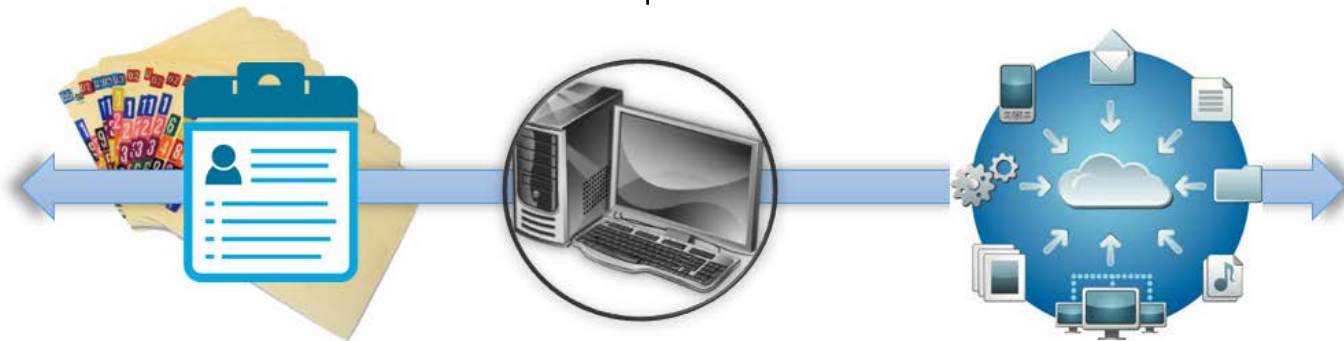
**Idea became reality**
- Local HIEs (QEs)
- Statewide connectivity

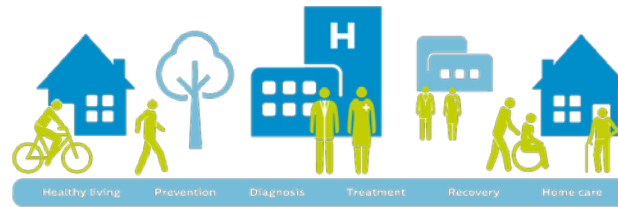**Fewer QEs & more sophisticated services**
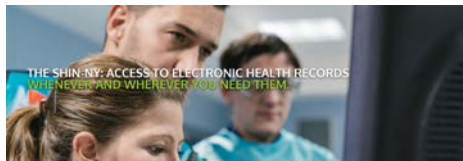- But variation across the State

**Strong government support**
- Significant NYS and federal funding
- NYS regulatory requirements & policy decisions push connections

**Overarching vision** is a dramatically transformed healthcare system where health information exchange is universally used as a tool to make lives better



**SHIN-NY mission** is to improve healthcare through the exchange of health information whenever & wherever needed

**NYeC mission** is to improve healthcare by collaboratively leading, connecting & integrating health information exchange across the State

# SHIN-NY Is Open for Business...
## It's Working

## Statewide Participation as of May 2017

**95%** of FQHC

**98%** of Hospitals*

**79%** of Public Health Departments

**55%** of Long-Term Care Facilities

**47%** of Home Care Agencies

**57%** of Physicians

## Last 12 Months Core Services



**OVER 6.5 MILLION**
Alerts Delivered



**OVER 4.9 MILLION**
Patient Record Returns
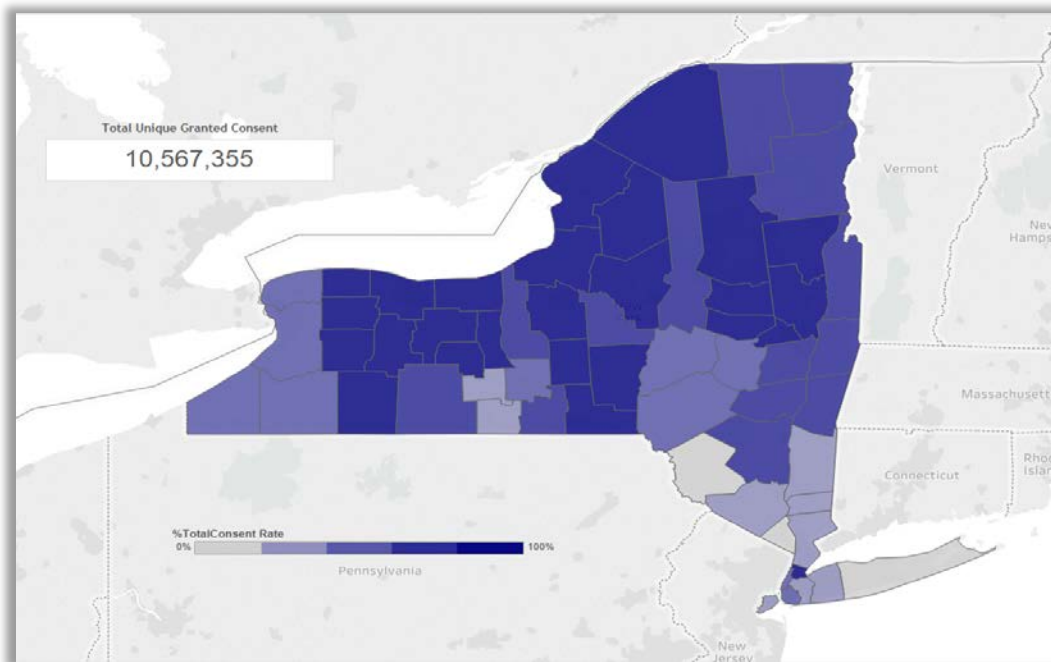(Via EHR & Clinical Viewer)



**OVER 33.1 MILLION**
Results Delivered

# Minimum Data Set & Patient Consent
## Key Components

Only about ½ of New Yorkers have provided written consent

First year of new minimum data set target (CCDA) low numbers of providers contributing full set today



Total Unique Granted Consent
10,567,355

%TotalConsent Rate
0% ──────────── 100%

NYeC has made number of policy recommendations to promote HIE use to improve healthcare

| Common Clinical Data Set | |
|---|---|
| Patient Name | Laboratory test(s) |
| Sex | Laboratory value(s)/result(s) |
| DOB | Vital signs – height, weight, blood pressure, BMI |
| Race | Care plan field(s), including goals and instructions |
| Ethnicity | Procedures |
| Preferred Language | Care team member(s) |
| Smoking Status | Encounter Diagnosis |
| Problems | Immunizations |
| Medications | Functional and Cognitive Status |
| Medication Allergies | Discharge Instructions |

# Lots Of Listening
## Customer & Stakeholder Input



**And QEs + many individual providers, health plans, & health systems . . .**

# SHIN-NY 2020 Roadmap Draft
## Optimizing, Integrating, Preparing

## Top Priorities



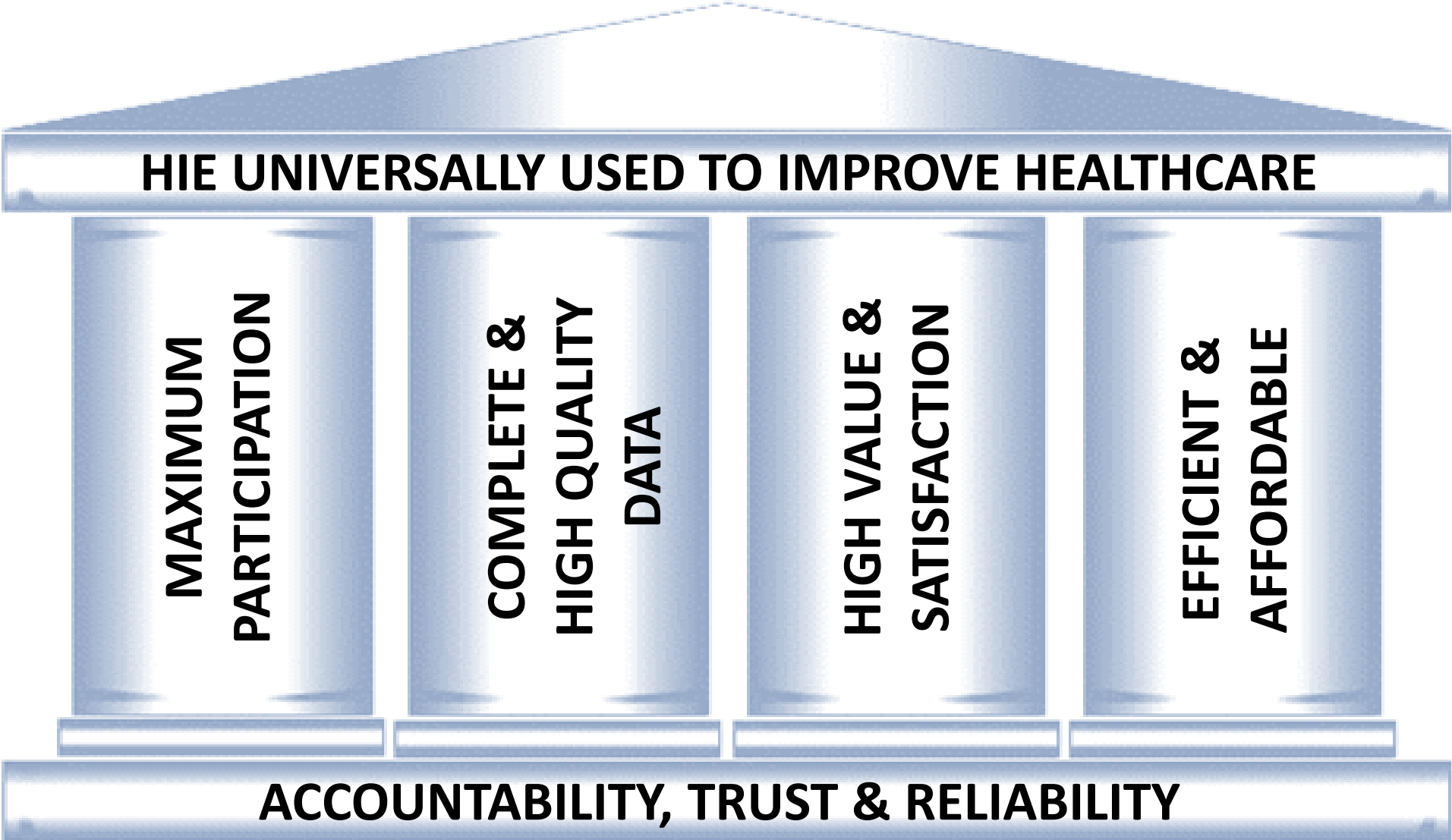Connecting

Quantity & Quality
Of Clinical Data

Supporting Value Based
Care

# 2020 Draft SHIN-NY Roadmap
## Strategies & Themes

- Ambitious targets

- Emphasis on standards

- Performance-based contracting

- Consistent data-driven decision-making

- Continuous feedback loop from all

- Promoting partnerships and learning

- Roadmap that can be calibrated given uncertainties

- Strong education and advocacy for SHIN-NY

# What Are The SHIN-NY Infrastructure Goals?



**HIE UNIVERSALLY USED TO IMPROVE HEALTHCARE**

**MAXIMUM PARTICIPATION**

**COMPLETE & HIGH QUALITY DATA**

**HIGH VALUE & SATISFACTION**

**EFFICIENT & AFFORDABLE**

**ACCOUNTABILITY, TRUST & RELIABILITY**

# The Basic Foundation
## What Does Success Look Like?

- 100% of hospitals participating and contributing full data (CCDA)

- 70% of all other providers participating and contributing full data (CCDA)

- 95% of patients consent

- Elevate security via HITRUST

- New measurement metrics for
  - highest quality data
  - meaningful use of core services
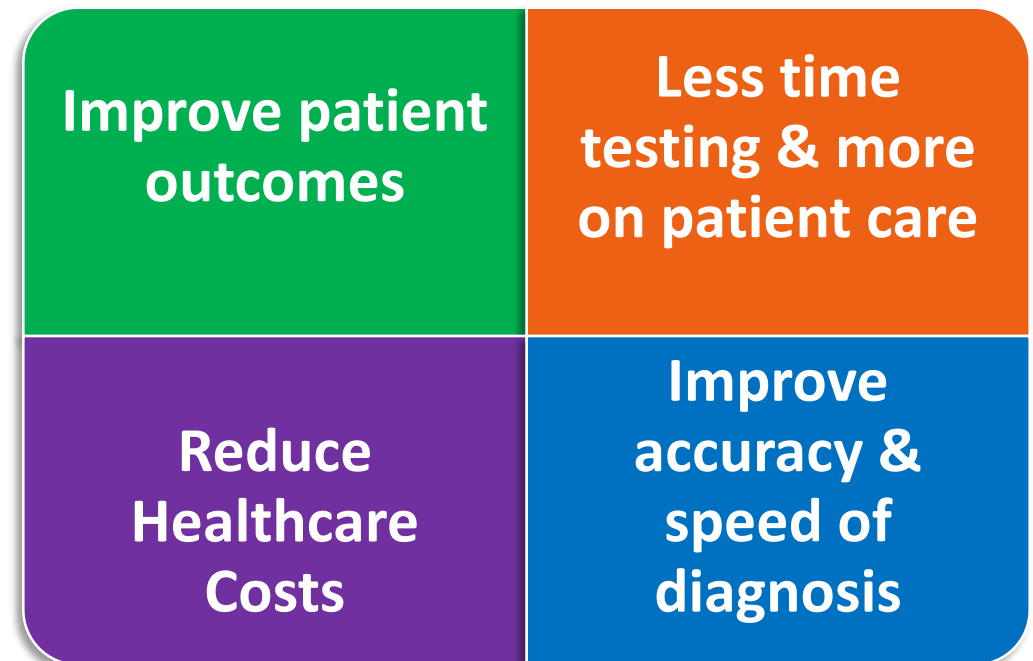  - SHIN-NY enterprise-wide availability
  - customer satisfaction

# SHIN-NY Is Critical Value Based Care Tool
## Leads To Better Care & Lower Costs

**Use of the SHIN-NY to access patient information is associated with:**

- 57% reduction in patient readmissions within 30-days after hospital discharge

- 30% fewer emergency department admissions

- 52% reduction in laboratory tests & a 36% reduction in the estimated number of radiology exams

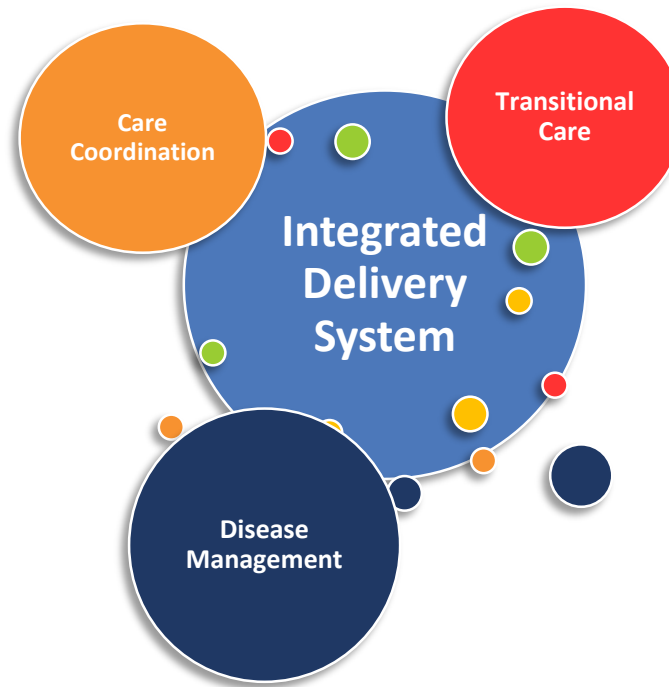- 25% fewer repeat images within 90-days of first imaging procedure

http://www.nyehealth.org/shin-ny/value-of-hie/

| | |
|---|---|
| **Improve patient outcomes** | **Less time testing & more on patient care** |
| **Reduce Healthcare Costs** | **Improve accuracy & speed of diagnosis** |

**Critical component of DSRIP, DSRIP VBP, APC, MACRA/MIPS, ACOs, etc.**

# Some Examples: MACRA/MIPS & DSRIP



Merit Based Incentive Payment System (MIPS): a voluntary program linking Medicare payment to performance. Providers will be judged and paid based on performance in four categories: quality, resource use, clinical practice improvement activities, and MU of certified EHR technology.

Quality • Resource Use • Clinical Activites • MU of EHR Technology



Care Coordination • Transitional Care • Integrated Delivery System • Disease Management



NEW YORK STATE | Department of Health | Medicaid Redesign Team

A Path toward Value Based Payment

*New York State Roadmap*

*For Medicaid Payment Reform*

June 2015

# VBC . . . What Are We Striving For?
## Goals and Possibilities

**Enhanced Functionality**

- Single Sign On for Health Commerce System (I-STOP, others), smarter alerts, MACRA/MIPs compliance, care plans, common data elements, data quality measurement, exploration of patient centered data home

**Integration of Other Important Data**

- Claims, eMOLST, Rx, EDRS, Registries, Social Determinants of Health

**Innovation Experiments to Test Highest Value**

- Quality measurement reporting, smarter alerts, FHIR, Blockchain, AI, machine learning, patient engagement

# Successful Value Based Care Needs . . .

Current SHIN-NY Infrastructure and Effective Usage of Core Services +



**Social Determinants of Health Information**



**Quality Measurement Reporting**


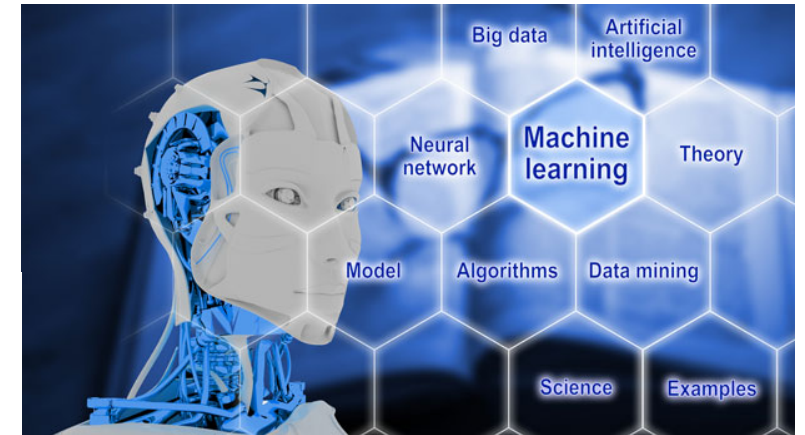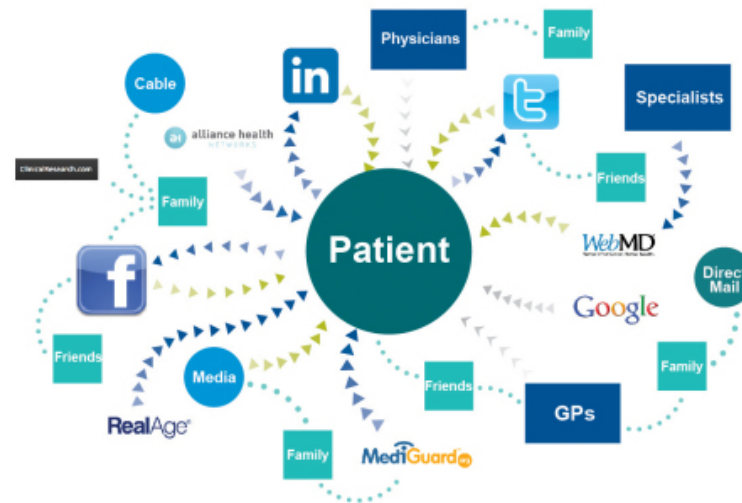
**Data Integration**



**Patient Engagement**

> *Interoperability is almost universally seen as a major obstacle to effectively using and meeting the potential of health IT.*

**Interoperability & Standards**

# Innovation



HL7 FHIR ARGONAUT PROJECT

BLOCKCHAIN

Smarter Alerts

Patient

# Breaking Down Barriers Together
## EHR Vendor Work Ahead

- Usability, usability, usability

- Lack of interoperability and standards often cited as major barrier in value based care

- NYS and the Roadmap want interoperability standards
  - CCD/C-CDA & common clinical data set
  - RSNA

- SHIN-NY roadmap will promote interoperability standards to meet the goals of NYS
  - Government subsidies only support CERTIFIED

- Responsiveness to EHR customers & QEs

- Need to build more consistent hubs & gateways to QEs

# Continuous Feedback
## Value, Satisfaction & Usage

**Customer (providers & plans) Satisfaction Surveys**

**Best Practices & Learning Forums**

**Additional New Advisory Groups**

JAMIA

**HIE Value Studies**

NYeC

# Value Engineering SHIN-NY Operations
## Efficiency & Affordability

**Group Purchasing**

**Specialization**

**Shared Services**

**Standardization**

**Potential Mergers**

**"Wire Once" Policy**

# Roadmap Tools & Levers

# QE Performance Contracts

## Core Infrastructure Funding

- Reasonable payment for basic components of HIE

## Performance Payments

- Gap to Goal payments on achieving metrics & milestones

## Innovation Pool

- Investments in process or technology innovations

**BUILDING THE SUPER-CHARGED PLATFORM**

# Provider Assistance Services
## NYeC's HAPS Team Can Help!

**NYSPTN**
- Need help with transformation and getting ready for value based care?

**EP2**
- Have a certified EHR but need assistance with meeting MU requirements?

**BHIT**
- Are you a behavioral health provider and don't have a certified EHR yet and need help?

**DEIP**
- Do you already have a Certified EHR and need funding assistance to connect to a QE/SHIN-NY?

**APC**
- Are you a primary care provider looking to participate in advance primary care transformation?

# Get Connected!!
## QE Contact Information

| | |
|---|---|
| **Bronx RHIO**<br>(Bronx) | http://bronxrhio.org |
| **Rochester RHIO**<br>(Rochester Area) | http://www.grrhio.org |
| **HealtheConnections**<br>(Central New York) | http://www.healtheconnections.org |
| **HEALTHeLINK**<br>(Western New York) | http://wnyhealthelink.com |
| **Healthix**<br>(NYC & Long Island) | http://healthix.org |
| **HealthlinkNY**<br>(Southern Tier) | http://healthlinkny.com |
| **Hixny**<br>(Capital Region & Northern NY) | https://hixny.org |
| **New York Care Information Gateway**<br>(NYC & Long Island) | http://nycig.org |

# Always Remember The Ultimate Goal!
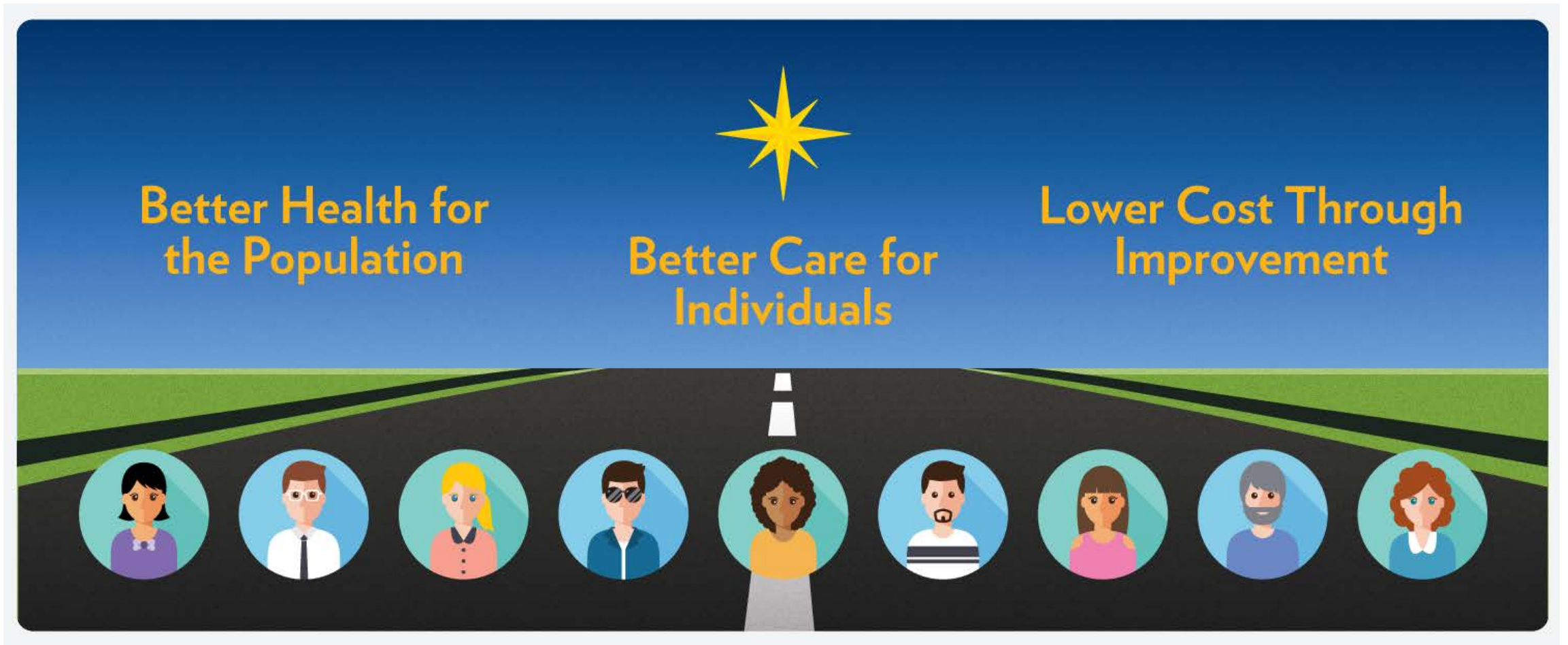
**nyehealth.org**

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Sign up for our newsletter, follow us on Facebook and Twitter, and join our LinkedIn group.

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80 South Swan Street, 29th Floor  Albany, New York  12210