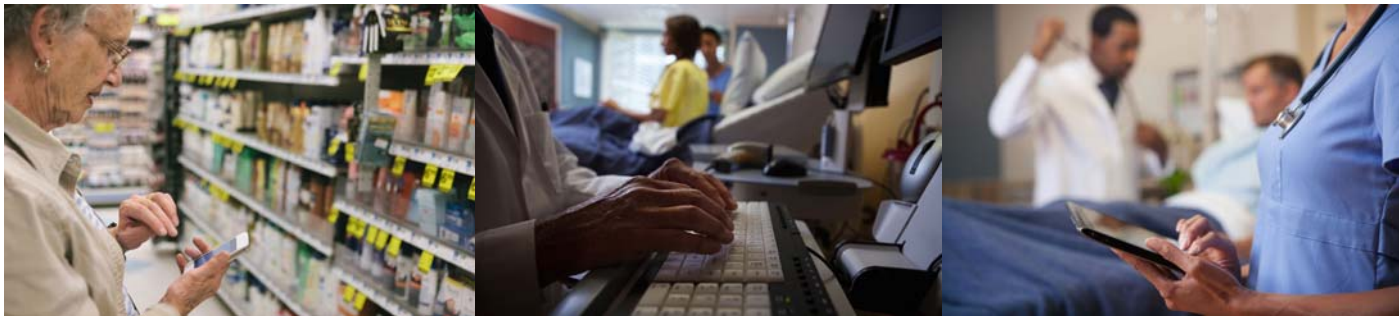


Update on the Statewide Health Information Network for NY (SHIN-NY)

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The SHIN-NY in a Nutshell

- A secure network for sharing electronic clinical records
- Records are accessed and exchanged securely between healthcare providers with appropriate consent
- Patients decide which entities can access or see their records
- Efficient access to clinical records helps providers better manage patient care
- The SHIN-NY can help reduce healthcare costs, improve healthcare coordination, and increase the quality of care for patients in New York State





Key SHIN-NY Stakeholders

State Department of Health

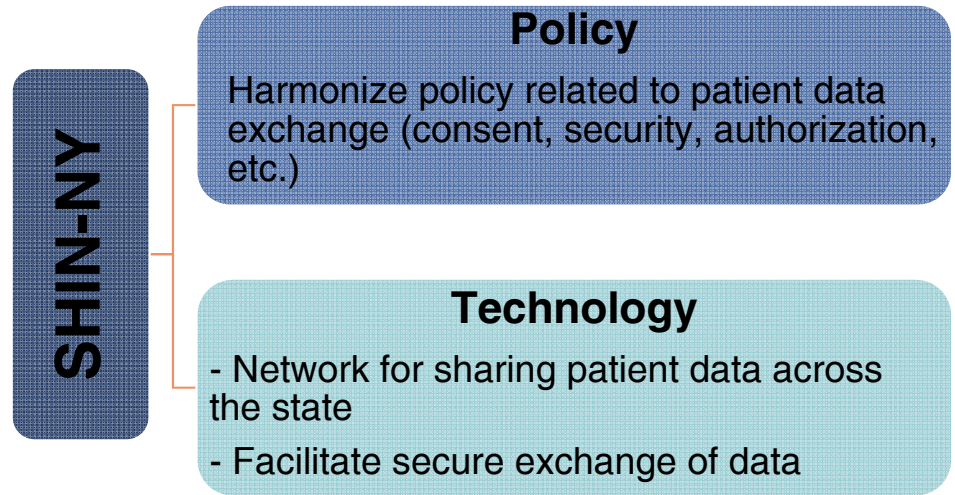
- Oversees SHIN-NY through contracts and funding of NYeC and QEs
- Additional regulatory oversight as part of new SHIN-NY Regulation – adopted and released March 9, 2016

Qualified Entities (QEs – formerly RHIOs)

- 8 QEs each governed by a board of up to 20 people
- Broad participation by local stakeholders, including providers, employers and community advocates

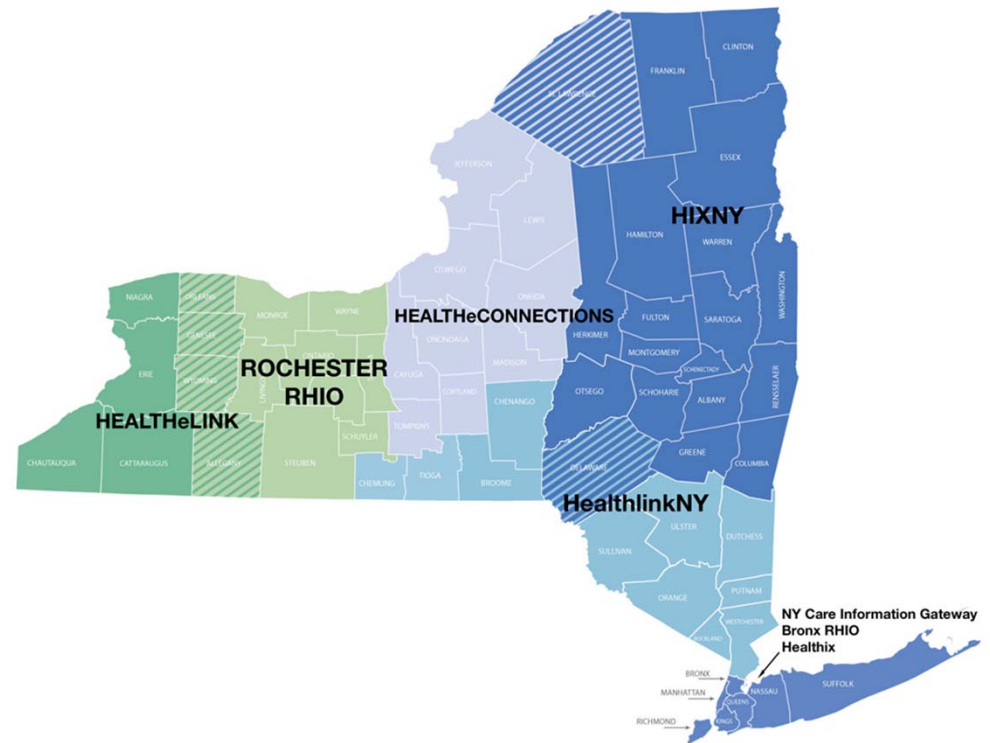
NYeC

- State Designated Entity to coordinate activities of the SHIN-NY. Governing Board consists of 18 people from across healthcare industry and across New York State.

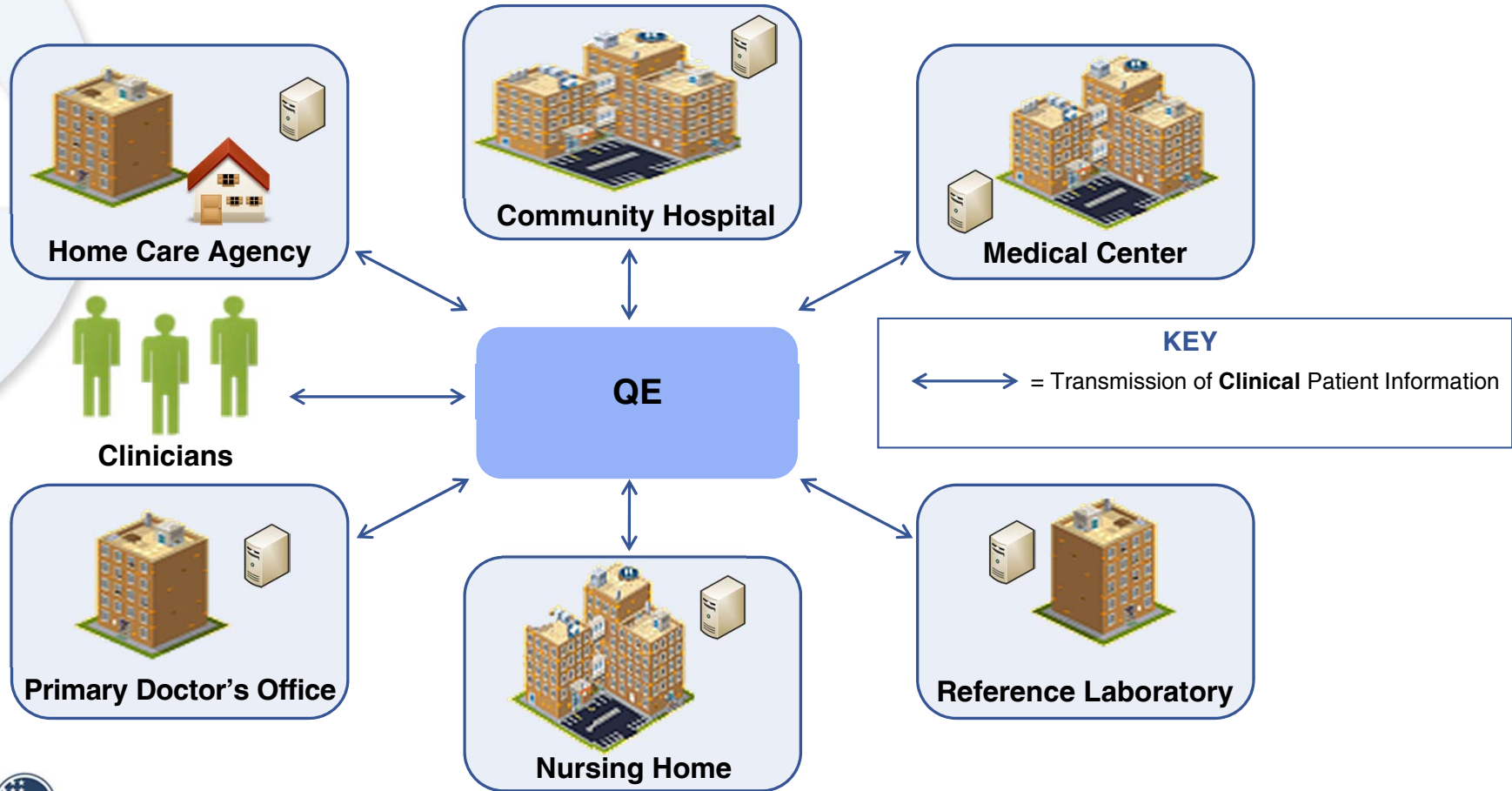


Regional Health Information Organizations (RHIOs) or Qualified Entities (QEs)

- A QE, or RHIO, is a local hub where a region's electronic health information is stored and shared.
- The eight QEs in New York State cover different areas from Buffalo to New York City with more overlap in the more densely populated downstate area.
- These QEs are the backbone of the SHIN-NY, providing the services that make secure, vital access to a patient's health information possible statewide.
- In 2015, RHIOs underwent a certification process which deemed them "Qualified Entities" or QEs



How does a QE connect providers today?



The Public Utility Elements

Since March 2015, all RHIOs must provide the following “Dial Tone” services to Participants

1. Statewide Patient Record Lookup
2. Statewide Secure Messaging (Direct)
3. Notifications (Alerts / Subscribe and Notify)
4. Provider & Public Health Clinical Viewers
5. Consent Management
6. Identity Management and Security
7. Public Health Reporting Integration
8. Lab Results Delivery

No charge for these
services beyond initial
setup

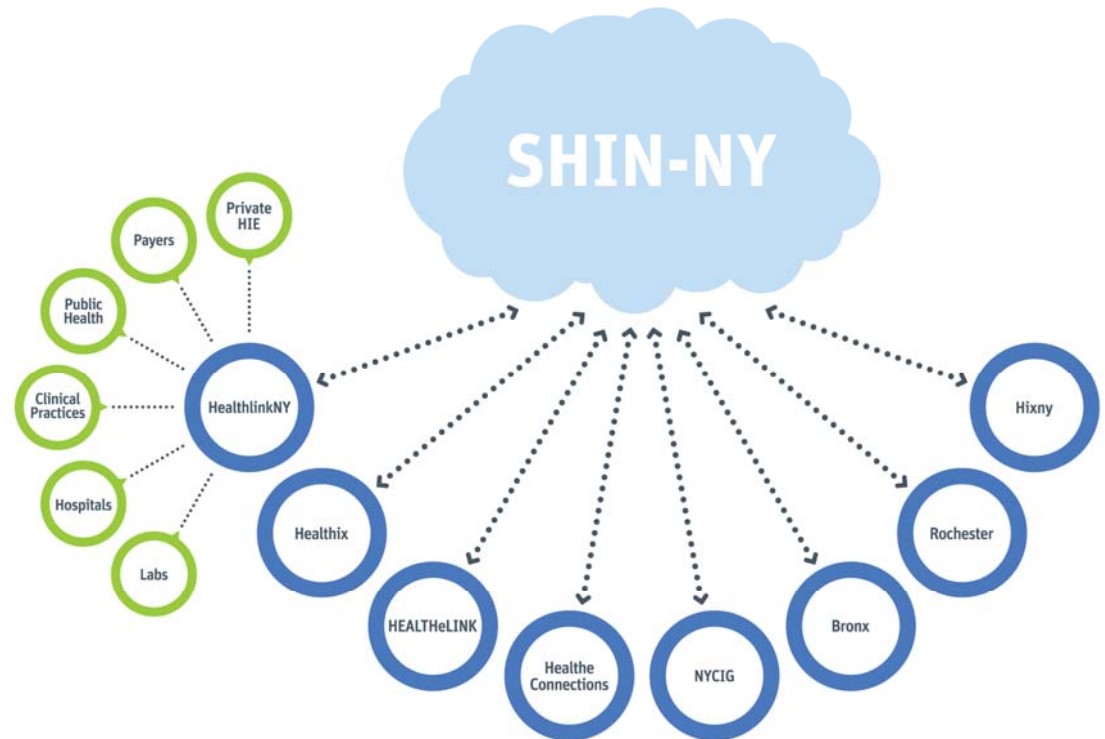
On March 9, 2016, the **SHIN-NY Regulation** was published in the State Register which codifies the policy and funding framework of the SHIN-NY, policy and security policies, and HIE services.

<http://docs.dos.ny.gov/info/register/2014/sept3/pdf/rulemaking.pdf>

The SHIN-NY Is a Network of Networks

The Process

- Healthcare provider organizations connect to each RHIO
- All RHIOs connect to the statewide service
- A Provider at a specific RHIO requests patient data from the statewide service (“querying RHIO”)
- The statewide service identifies which RHIOs have the patient data
- The statewide service distributes the patient data request to the other RHIOs (“responding RHIOs”)
- The Statewide service forwards patient data from responding RHIOs to the RHIO that originated the query



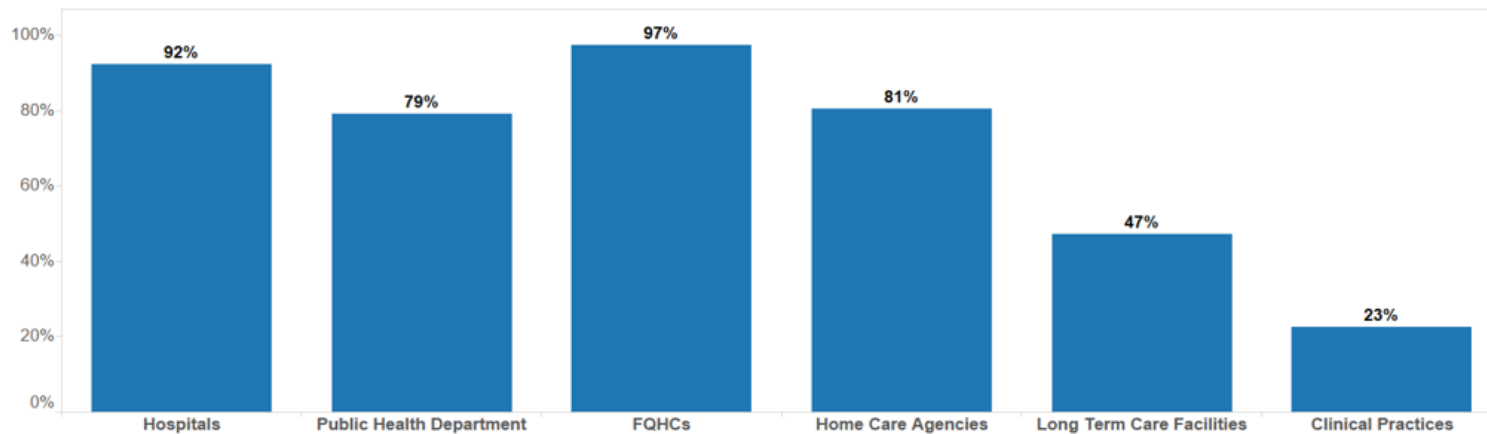
Who Is Connected and What Data Is Available?

RHIO Participants

- Each QE enrolls a diverse set of participants within their community such as hospitals, labs, ambulatory providers, long term care facilities, radiologists, and behavioral health providers based on the community's unique needs and patterns of care.
- QEs maintain complete and up-to-date lists of participants on their websites, per NYS requirements

SHIN-NY Stakeholder Adoption By Provider & User Type

Data as of 9/30/16



Clinical Data Available in the SHIN-NY

Types of information that may be available in the SHIN-NY

Demographics	Cardiology Results	Diagnosis/Procedures
Encounters	Pathology Results	Problem List
Encounter Summaries	Discrete Lab Values	Immunizations
Diagnoses	Microbiology Reports	Social/Family History
Allergies	Other Transcribed Reports	OB/GYN/Resp/Card Reports
Contacts/Next of Kin	Prescribed Medications	Discharge Summary
Insurance	Medications	Advanced Directives
Radiology Reports	Medication History	Clinician Information
Lab Test Reports	Medication Allergies	Care Plan
Microbiology Results	Vital Signs/Observations	ACO/Health Home Status

New York State Consent Model

What is the Consent Model for Health Information Exchange via the SHIN-NY?

- New York State is an Opt-In state. That means patients must specifically affirm their desire to have their data accessed in the SHIN-NY. This is referred to as **affirmative consent** and is required for non-emergency treatment
- In New York State there are two levels/forms of consent:
 - **Level 1** consent which allows access to patient health information (PHI) by QE Participants for the purpose of **treatment, quality improvement, care management, and health insurance coverage reviews**
 - **Level 2** consent which allows access to patient health information by QE Participants for all other uses outside of those defined in Level 1 consent. This might include such uses as payment (i.e. payment authorization for health services provided), marketing, and research
 - Consent for Level 1 access and Level 2 access require separate consent forms.

How is Patient Consent Obtained?

- Patient consent is typically obtained at the Organizational level (legal entity)
- If a provider works at more than one legal entity, the consent granted by the patient is not tied specifically to the provider and therefore it is not transferable to another legal entity; both legal entities must have secured patient consent for accessing PHI via the SHIN-NY
- Consent is captured by healthcare providers via a paper consent form or an electronic consent form (into an EHR)
- The patient's consent status must be communicated to the RHIO through their web portal or sent by electronic means (HL7 message)

SHIN-NY By the Numbers

- **41M** unique patient identities in the statewide master patient index
- **9.2M** New Yorkers (20.6%) have provided patient consent, growing modestly month-to-month
- **3.17M** transactions via the SHIN-NY each month (alerts delivered, queries via clinical portal or EHR, clinical results delivered)

Data as of 9/30/16