The Statewide Health Information Network for New York (SHIN-NY) and the Value to your EMS Agency
Roles & Responsibilities

**NYS DOH**
- Exercise overall authority for SHIN-NY (funding, regulation, laws, policy, guidance, QE certification requirements)
- Serve as partner with private sector
- Utilize state levers to promote SHIN-NY

**NYeC**
- Provide thought leadership and statewide management to advance, align, integrate, and advocate
- Facilitate and propose policy, technical standards, functionality, business operations, and innovation
- Oversee delivery of QE core services through performance-based contracts
- Connect QEs statewide and meet performance goals

**QEs**
- Partner with NYS DOH and NYeC to provide thought leadership
- Deliver core SHIN-NY Services
- Meet performance goals and comply with State requirements
- Directly support healthcare reform initiatives, care models, and innovation
- If desired, offer enhanced services for additional fees
The SHIN-NY in a Nutshell

• A secure network for sharing electronic clinical records
  • The SHIN-NY consists of regional health information organizations, RHIOs, (known as Qualified Entities, or QEs) which are the backbone of the SHIN-NY, providing the services that make secure, vital access to a patient’s health information possible statewide.

• Records are accessed and exchanged securely between healthcare providers with appropriate consent

• Patients decide which entities can access or see their records

• The SHIN-NY can help reduce healthcare costs, improve healthcare coordination, and increase the quality of care for patients in New York State
How Does a QE Connect Providers Today?
SHIN-NY Participation

SHIN-NY Exchanged Information to Support Over 1.4 Million Patients in Their Healthcare

Alerts to Support Transitions To/From Hospital ER and Inpatient
- About 734 Thousand Patients
- Over 11.9 Million Alerts to Care Team Members

Health Records
- Over 387 Thousand Patients
- Over 6.4 Million Retrievals

100% Hospitals

77% Licensed Facilities*

77% Participating Physicians

*Licensed Facilities include DTCs, SNFs, Homecare and Hospice

Data as of August 2020

1QE Self-Reported Data as of Quarter 2
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. Patient consent is not required for the provider to load data to the QE.

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.
The SHIN-NY Core Services

Since March 2015, all QEs must provide the following Core 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

SHIN-NY value studies, whitepapers, videos and other resources:
http://www.nyehealth.org/shin-ny/value-of-hie/
Patient record look-up allows healthcare providers to retrieve individual patient records from both the local QE and across the statewide network after receiving consent from the patient.

This service makes information available to providers accessing the SHIN-NY via third party software (EHRs) and QE-provided clinical viewers.

**Capabilities:**
- Search for existing patient records across all QEs
- Search within a QE’s clinical viewer
- Search within third party software (EHR) supported by the QE
Statewide Patient Record Lookup (sPRL)

- EMS can use the sPRL to view a patient’s medical history with written affirmative consent from the patient

Case Study

- Jamie is complaining of symptoms consistent with a heart attack and needs to be transported to the hospital. Jamie provides written affirmative consent to the EMT to access his medical records. Using the sPRL, the EMT reviews Jamie’s health history to see what medications he takes, if he has a heart condition on his problem list and what his most recent lab results were.
- Enroute, the EMT then fills in Jamie’s patient chart with initial data from the encounter and the EMT can now contribute this data via the connection to the QE. Since both the hospital and Jamie’s PCP have Jamie’s consent already on file, they are able to view this record in near time and assess the issue prior to arrival at the hospital.
Secure Messaging gives clinicians the ability to securely and seamlessly exchange authenticated, encrypted clinical data with one another. Direct messaging pushes health information from a sender to a known receiver, similar to how an email or fax is pushed from one endpoint to another. A provider is able to receive information about his/her patient from another provider in the network or another network connected to a provider.

Capabilities:

- Generate messages and/or documents to be sent to another provider
- Send messages, with or without attached documents, directly and securely to an Authorized User or list of users
- Look-up intended recipients in a Provider Directory / Master Clinician Index
- Request and receive messages and/or documents from other QEs for delivery to a secure Direct address
- Allows for providers to receive messages who may not have access to EHR via a web-based interface
The Value of the SHIN-NY for your EMS Agency

Statewide Secure Messaging

- Secure messaging can be used by EMS to communicate with a patient’s PCP, care team and others.

Case Study

- Emily has fainted in her living room and her husband calls 911. The nearby EMS arrives on scene but by the time of the arrival, Emily shows no signs of the recent incident. The medics check her vitals which are in normal range. Emily consents to the medics accessing her records via sPRL, who reviews her records and sees no apparent health issues.

- Emily decides not to go to the hospital, but the encounter is contributed to the SHIN-NY and Emily’s PCP is able to see the recent incident. Dr. Robinson contacts the EMS agency using secure messaging about the encounter. After discussing the events more she sees that nothing urgent happened, but she follows up with Emily about this at her next appointment.
QE Value-Added Services... Just A Sampling

Health Data Analytics & Population Health

Patient Portals

Image Exchange (diagnostic quality images and reports)

Advanced & Custom Alerts (incarceration, lab values, diagnosis specific)
Data Exchange Incentive Program (DEIP)
DEIP Basics

• **Data Exchange Incentive Program (DEIP)** was established by the New York State Department of Health (NYSDOH), with support from the Centers for Medicare & Medicaid Services (CMS), to increase HIE adoption across the state by helping to defray the cost for an organization when connecting to their local New York State Qualified Entity (QE). NYeC coordinates the rollout of the program and the incentive payments on behalf of the DOH.

• Electronic patient care reporting (e-PCR) interfaces to QEs increases the quantity and quality of data in the SHIN-NY and builds value for providers and patients at the point of care.
  
  • In order to receive the full funding amount of $13,000, an EMS agency needs to have a live connection of this type with their QE.

• To earn incentive payments under the DEIP, an EMS agency must accomplish the following:
  
  • Enroll in the program ($2,000) and
  
  • Contribute a pre-defined set of data elements to their local QE ($11,000).

• Limited funding is available and this program is operated on a first-come, first-serve basis.
Eligibility

- Be certified as an EMS Agency in New York State
- **NOT** already be connected to a QE and contributing data
- **NOT** have received payment from any source for similar HIE activities
- Accept Medicaid

Privacy and Security

Utilize an e-PCR that has obtained at least one of the following Privacy & Security Assurances (A, B, C or D):
- ONC Certified for at least d(1)-d(8)
- Current SOC 2, Type II audit with no material findings*
- Current, validated HITRUST assessment or NIST cybersecurity framework assessment*
- Other vendor security risk assessment that complies with an established security standard completed by a third-party assessor, and evidence of HIPAA compliance*

*Supplemental attestation regarding product’s functions and behaviors is required from e-PCR

Data Contribution

Comprehensive data elements from NEMSIS v3.4 including:
- Initial Data Contribution
- Full DEIP Data Contribution
Current Eligible e-PCR Vendors

E-PCR vendors can attest to requirements using the Vendor Attestation provided

• Please have the software company contact NYeC directly to attest and provide supporting documentation at deip@nyehealth.org
# Program and Payment Milestones for EMS Agencies

<table>
<thead>
<tr>
<th>Milestone/Activity</th>
<th>Deadline</th>
<th>Incentive Payment</th>
</tr>
</thead>
</table>
| **Milestone 1:** Attest to enrolling in DEIP:  
  - Be a QE participant  
  - Commit to meeting Milestone 2 requirements | **Enrollment Deadline:** 3/2/2021  
  - Participant must attest to meeting Milestone 2 by 8/31/2021 as long as funding is not exhausted before this time | $2,000 per organization |
| **Milestone 2:** Attest to the following:  
  - Be able to access QE services in real time  
  - Have established a connection to the QE and that the EMS agency is contributing the required clinical data as per the program requirements for at least a year |  
  - Attesting to Milestone 2 must occur within **six months** after connectivity/ data contribution go-live (but no later than 8/31/21)  
  - Participant must attest by 8/31/2021 as long as funding is not exhausted before this time | $11,000 per e-PCR (for the organization) |
DEIP for EMS Initial Data Contribution Requirements

Contribute all the initial data elements and the full data set required by NYS DOH Bureau of EMS & Trauma (BEMSATS) and NYeC in CCD/C-DAD and/or HL7 NEMSIS XML format, as available and appropriate for at least one year.

- Patient Care Report Number
- EMS Agency Number
- EMS Agency Name
- EMS Vehicle (Unit) Number
- EMS Unit Call Sign
- Complaint Reported by Dispatch
- Last Name
- First Name
- Gender
- Age
- Age Units
- Mass Casualty Incident
- Triage Classification for MCI Patient
- Possible Injury
- Complaint
- Duration of Complaint
- Time Units of Duration of Complaint
- Primary Symptom
- Other Associated Symptoms
- Provider’s Primary Impression
- Initial Patient Acuity
- Cause of Injury
- Cardiac Arrest
- Resuscitation Attempted By EMS
- AED Use Prior to EMS Arrival
- First Monitored Arrest Rhythm of the Patient
- Any Return of Spontaneous Circulation
- Date/Time of Cardiac Arrest
- End of EMS Cardiac Arrest Event
- Date/Time Vital Signs Taken
- Cardiac Rhythm / Electrocardiography (ECG)
- SBP (Systolic Blood Pressure)
- DBP (Diastolic Blood Pressure)
- Heart Rate
- Respiratory Rate
- Total Glasgow Coma Score
- Level of Responsiveness (AVPU)
- Protocols Used
- Medication Given
- Procedure
- Date/Time Airway Device Placement Confirmation
- Airway Device Being Confirmed
- Destination/Transferred To, Name
- Destination/Transferred To, Code
- Hospital In-Patient Destination
- Crew Member Completing this Report
DEIP for EMS Full Data Set

- **Initial Contribution List PLUS**
  - Incident Number
  - EMS Response Number
  - Crew Member ID
  - Crew Member Level
  - Arrived at Patient Date/Time
  - Patient Arrived at Destination Date/Time
  - Destination Patient Transfer of Care Date/Time
  - Patient’s Home ZIP Code
  - Patient’s Country of Residence
  - Social Security Number
  - Date of Birth
  - Incident Location Type
  - Incident Facility or Location Name
  - Date/Time of Symptom Onset
  - Complaint Type
  - Chief Complaint Anatomic Location
  - Chief Complaint Organ System
  - Provider’s Secondary Impressions
  - Patient Activity
  - Date/Time Last Known Well
  - Mechanism of Injury
  - Trauma Center Criteria
  - Vehicular, Pedestrian, or Other Injury Risk Factor
  - Main Area of the Vehicle Impacted by the Collision
  - Location of Patient in Vehicle
  - Use of Occupant Safety Equipment
  - Airbag Deployment
  - Height of Fall (feet)
  - Cardiac Arrest Etiology
  - CPR Care Provided Prior to EMS Arrival
  - Type of CPR Provided
  - Date/Time Resuscitation Discontinued
  - Reason CPR/Resuscitation Discontinued
  - Cardiac Rhythm on Arrival at Destination
  - Date/Time of Initial CPR
  - Barriers to Patient Care
  - Last Name of Patient’s Practitioner
  - First Name of Patient’s Practitioner
  - Advance Directives
  - Medication Allergies
  - Environmental/Food Allergies
  - Medical/Surgical History
  - Current Medications
  - Current Medication Dose
  - Current Medication Dosage Unit
  - Alcohol/Drug Use Indicators
  - Pregnancy
  - Patient Care Report Narrative
  - ECG Type
  - Pulse Oximetry
  - Pulse Rhythm
  - Respiratory Effort
  - End Tidal Carbon Dioxide (ETCO2)
  - Carbon Monoxide (CO)
  - Blood Glucose Level
  - Glasgow Coma Score-Eye
  - Glasgow Coma Score-Verbal
  - Glasgow Coma Score-Motor
  - Glasgow Coma Score-Qualifier
  - Temperature
  - Pain Scale Score
  - Pain Scale Type
  - Stroke Scale Score
  - Stroke Scale Type
  - Reperfusion Checklist
  - APGAR
  - Estimated Body Weight in Kilograms
  - Length Based Tape Measure
  - Date/Time of Assessment
  - Skin Assessment
  - Head Assessment
  - Face Assessment
  - Neck Assessment
  - Chest/Lungs Assessment
  - Heart Assessment
  - Abdominal Assessment Finding Location
  - Abdomen Assessment
  - Pelvis/Genitourinary Assessment
  - Back and Spine Assessment Finding Location
  - Back and Spine Assessment
  - Extremity Assessment Finding Location
  - Extremities Assessment
  - Eye Assessment Finding Location
  - Eye Assessment
  - Mental Status Assessment
  - Neurological Assessment
  - Stroke/CVA Symptoms Resolved
  - Protocol Age Category
  - Date/Time Medication Administered
  - Medication Administered Route
  - Medication Dosage
DEIP for EMS Full Data Set (Cont)

- Medication Dosage Units
- Response to Medication
- Medication Complication
- Medication Authorization
- Medication Authorizing Physician
- Date/Time Procedure Performed
- Size of Procedure Equipment
- Procedure Successful
- Procedure Complication
- Response to Procedure
- Procedure Authorization
- Procedure Authorizing Physician
- Vascular Access Location
- Indications for Invasive Airway
- Airway Device Placement Confirmed Method
- Tube Depth
- Airway Complications Encountered
- Suspected Reasons for Failed Airway Management
- Date/Time Decision to Manage the Patient with an Invasive Airway
- Date/Time Invasive Airway Placement Attempts Abandoned
- Position of Patient During Transport
- How Patient Was Transported from Ambulance
- Reason for Choosing Destination
- Destination Team Pre-Arrival Alert or Activation
- Date/Time of Destination Prearrival Alert or Activation
DEIP General Timeline

Select a QE
*Milestone 1*
- Vet your eligibility for the DEIP
- Sign a Participation Agreement with your QE
- Talk with your QE and e-PCR vendor about connecting and privacy and security requirements

Connect to a QE
*Milestone 2*
- Integrate your e-PCR with your QE
- Send all the appropriate data elements in the initial and full data sets
- Be able to access QE services in real time

Maintain a Connection
- Continue to submit the required data elements for at least a year
- Participate in on-going training from your QE
- Integrate QE services into your workflow
## DEIP Resources

<table>
<thead>
<tr>
<th>QE</th>
<th>Contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx RHIO</td>
<td>Keela Shatzkin</td>
<td><a href="mailto:keela@shatzkinsystems.com">keela@shatzkinsystems.com</a></td>
</tr>
<tr>
<td>HealtheConnections</td>
<td>Danielle Wert</td>
<td><a href="mailto:dwert@healtheconnections.org">dwert@healtheconnections.org</a></td>
</tr>
<tr>
<td>HEALTHeLINK</td>
<td>Stephen Gates</td>
<td><a href="mailto:sgates@wnyhealthelink.com">sgates@wnyhealthelink.com</a></td>
</tr>
<tr>
<td>Healthix</td>
<td>Tom Moore</td>
<td><a href="mailto:tmoore@healthix.org">tmoore@healthix.org</a></td>
</tr>
<tr>
<td>Hixny</td>
<td>John Bunnell</td>
<td><a href="mailto:jbunnell@hixny.org">jbunnell@hixny.org</a></td>
</tr>
<tr>
<td>Rochester RHIO</td>
<td>Denise Dinoto</td>
<td><a href="mailto:denise.dinoto@grrhio.org">denise.dinoto@grrhio.org</a></td>
</tr>
</tbody>
</table>

For any questions about the program please contact your QE or reach out to: [deip@nyehealth.org](mailto:deip@nyehealth.org)
Overview documents Available Online

For more information, please visit our website:

http://www.nyehealth.org/deip
STAY CONNECTED WITH NYeC
Sign up for our newsletter / follow us on social