

Emergency Medical Services (EMS) Agencies

The New York State Department of Health, with support from the Centers for Medicare & Medicaid Services, has established the Data Exchange Incentive Program (DEIP) to increase health information exchange (HIE) adoption across the state by building electronic health record (EHR) interfaces to New York State's HIE, the Statewide Health Information Network for New York (SHIN-NY). The SHIN-NY connects regional networks, or Qualified Entities (QEs). This program is designed to help offset the cost for organizations connecting to a QE.

Why Should an EMS Agency Connect to the SHIN-NY?

EMS agencies are a critical part of the healthcare system, often providing urgent and life-saving treatment to patients in the field with little or no information about the patient's medical history. The Statewide Health Information for New York (SHIN-NY) facilitates secure and confidential sharing of patient data across the healthcare system. The SHIN-NY consists of regional health information organizations (RHIOs), also known as Qualified Entities (QEs). Through the SHIN-NY, EMS agencies can gain access to the most accurate and up-to-date information about a patients' health and treatment history, which can be used to better care for a patient. In turn, by electronically connecting to a Qualified Entity (QE), EMS Agencies take part in the sharing of vital information from their organization to all the caregivers that treat that patient in a faster, secure, and a more cost-efficient manner.

By connecting to a QE, EMS Agencies are able to:

- Search and access the patient's health information in real time with the patient's consent during non-emergency transport to help inform EMS decisions. Information available through the QE includes patient problems, allergies, medications, lab results, advance directives (in some cases) and more.
- Send EMS data to the hospital through the QE to alert the receiving hospital about the patient's status.
- Provide important clinical data to the QE network to give providers in the region and across the state first response information that could lead to better clinical interventions and create continuity of care for a patient's care team.
- Reconcile information from the hospital system with the EMS system after the encounter.

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

- 50% reduction in the rate of hospital admissions
- 26% reduction in the rate of Emergency Department admissions
- 35% reduction in the rate of repeat imaging procedures
- 10% lower 30-day readmission rate among Medicare fee-for-service beneficiaries
- An approximately \$160-195 million annual reduction in unnecessary healthcare spending

See how the SHIN-NY can help with your patient's care today and see how the Data Exchange Incentive Program can help you to offset the cost of connecting below:

Data Exchange Incentive Program (DEIP) Eligibility Criteria

An organization must:

- Utilize an e-PCR that has obtained **at least one** of the following Privacy & Security Assurances (A, B, C, **or** D)*:
 - A. ONC Certification* for, at a minimum, the following Privacy & Security criteria:
 - (d.1) Authentication, Access Control, and Authorization
 - (d.2) Auditable Events
 - (d.3) Audit Report(s)
 - (d.4) Amendments
 - (d.5) Automatic Log-off
 - (d.6) Emergency Access
 - (d.7) End-User Device Encryption
 - (d.8) Integrity
 - B. Current SOC 2, Type II audit with no material findings*
 - C. Current, validated HITRUST assessment or NIST cybersecurity framework assessment*
 - D. Other vendor security risk assessment that complies with an established security standard completed by a third-party assessor; and evidence of HIPAA compliance*
- Contributes all the initial data elements and the full data set required by NYS DOH Bureau of EMS & Trauma (BEMSATS) and in CCD/C-CDA format and/or HL7 XML NEMSIS standard, as available and appropriate
- 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

New York State's Qualified Entities

Bronx RHIO	Healthix
HealtheConnections	Hixny
HEALTHeLINK	Rochester RHIO

Milestone Payments

NYeC is coordinating the rollout of the program and is administering the incentive payments on behalf of the New York State Department of Health. Limited funding is available and this program is operated on a first-come, first-served basis.

Please see deadline dates below for each Milestone.

Milestones	Required Documentation	Measurement	Payment
Milestone 1 Enrollment	Milestone 1 Attestation	Milestone 1 Enrollment Deadline: March 2, 2021 EMS Agency attests they have signed a QE participation agreement and will meet Milestone 2 requirements by the program deadline of August 31, 2021	\$2,000
Milestone 2 Go Live	Milestone 2 Attestation	EMS Agency attests they are able to access QE services in real time AND a connection is established to the QE and they are contributing all required data elements within six months of connectivity/data contribution go-live Deadline: August 31, 2021	\$11,000 (per connection)

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

Conditions of Participation

Organizations participating in DEIP are incentivized to contribute specific data elements EMS agencies treat patients requiring emergency and non-emergency care. The data elements below are expected to be submitted for non-emergency cases, where applicable. NYeC understands that not all these data elements can be submitted in emergency cases, but every effort should be made to submit as many as possible.

<p>Sign a QE Participation Agreement with the QE</p>	<p>Initial Contribution Data List (If applicable)</p>	
<p>Be able to access the QE's services in real time</p>		
<p>Attests to continue data exchange for one year after the initial submission.</p> <p>Failure to continue data exchange for one year could result in a claw back penalty.</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

Full EMS DEIP 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
- 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