

# NYeC News

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## 2018 Year in Review



As 2018 comes to a close, I wanted to take a moment and reflect on all the accomplishments that were made collectively in advancing health information exchange across New York State.

The [SHIN-NY 2020 Roadmap](#) continues to be our guiding force and this year was all about execution of the Roadmap's strategies. We implemented new performance-based contracting with

the SHIN-NY's [Qualified Entities \(QEs\)](#). As a network, we continued to improve [SHIN-NY](#) performance and efficiency and we've witnessed significant increases in SHIN-NY participation, data, and consent. Additionally, security will be enhanced as the entire enterprise is poised to become HITRUST certified and we have been modernizing SHIN-NY policies.

The SHIN-NY strengthened its ability to support care coordination and value-based care. Patient alerts, which provide participating SHIN-NY healthcare professionals real-time notifications when a patient is admitted to or discharged from a hospital or emergency department, [were expanded and became available statewide across all QEs](#). These alerts have become increasingly important tools for care management as evidenced by a study we published that showed that Patient Alerts volume doubled over a one-year period and prompted the usage of additional SHIN-NY services.

Our [provider assistance programs](#), which are critical to practice and provider transformation, continued to expand and excel this year. These programs support providers across the healthcare technology landscape, from EHR adoption and usage, through connection to the SHIN-NY, to value-based care and pursuing the Quadruple Aim. We successfully concluded our work on the [Behavioral Health Information Technology \(BHIT\) program](#) and began a new Medicaid Eligible Professional Program grant to help providers take the next step with their EHR and achieve quality-care milestones. The [Data Exchange Incentive Program \(DEIP\)](#) provided much needed funding to eligible healthcare providers to connect to QEs and the [New York State Patient Centered Medical Home Recognition Program](#), which supports the state's initiative to improve primary care through the medical home model, was launched.

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We've been actively engaged at a federal level to further advance and align state and national efforts on interoperability and I am grateful to Senator Charles Schumer for appointing me to the [Federal Health Information Technology Advisory Committee \(HITAC\)](#) that was created by the Cures Act. We have continued to engage our stakeholders at the Statewide level to leverage their expertise and to better understand their needs and challenges. This work included the launch of new NYeC advisory groups.

Our NYeC Board has helped guide us and we had the opportunity to honor several industry pioneers for their groundbreaking work to advance healthcare through technology at our [annual Gala](#). We value our partnership with the State of New York and are thankful for all for the work that you, our stakeholders, partners, community members, and friends, have done to move healthcare forward and for your support of our organization.

The future is bright and looking ahead to next year, we will continue to execute on the objectives laid out in the Roadmap to ensure that we're improving healthcare delivery to, ultimately, create healthier patients and communities. We look forward to continuing our work together!

Take care,



Valerie Grey  
Executive Director  
New York eHealth Collaborative

## Join Our Team!

Healthcare is undergoing an unprecedented transformation through digital health—do you want to be at the center of it in New York State?

### Albany Opportunities

- [Compliance Auditor](#)
- [Program Specialist](#)

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## HealthConnections Introduces HIE Usage Dashboard



HealthConnections' participants have asked for an easier way to see health information exchange (HIE) usage within their organization. We've responded by rolling out the HIE Usage Dashboard.

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(Source: HealthConnections)

## Get Social



## Healthix Provides New Alerts to Help Providers Care for People Living with HIV



Healthix has just completed a major milestone in the New York State Department of Health (NYSDOH) Grant, [Linkage to Care](#). This program designed for the NYSDOH AIDS Institute, seeks to identify those HIV patients who have been “lost to care” (defined as a patient with no primary care encounter for 12 months or more). Once identified as “lost to care”, if a patient registers at an ER, Healthix delivers a real-time alert to the patient’s provider. The goal is to re-engage these patients with the appropriate primary care provider or care management program. The Linkage to Care pilot project launched in September at NYU Lutheran in Brooklyn. Once refined, the pilot will be available to sites such as emergency rooms, prisons and homeless service centers—anywhere patients may present, and there is the opportunity for intervention. In time, the goal is to make this customized alert available city-wide to organizations that focus on HIV care.

In October, Healthix began providing real-time [Viral Load Clinical Alerts](#) to Housing Works, a New York City based non-profit fighting AIDS and homelessness. These alerts use patients CD4 counts to inform providers when viral loads reach dangerous levels for patients in their care. This helps speed intervention to ensure that viral load suppression is achieved and maintained.

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(Source: Healthix)

## HEALTHeLINK and BlueCross BlueShield Partner to Improve Community Health Through Data Exchange



HEALTHeLINK and BlueCross BlueShield of Western New York recently announced an innovative partnership to support physicians and improve health outcomes for BlueCross BlueShield members. Using HEALTHeLINK's well-established transparent and secure data exchange platform, specific claims data will be available to local participating physicians.

“The spirit of collaboration in which we were formed continues as we explore the next steps in leveraging HEALTHeLINK to support the health of our community,” said Daniel E. Porreca, HEALTHeLINK Executive Director.

“Combining clinical and claims data from across the community gives treating providers a more complete picture of their patient's health using input from all care settings. Bringing in the first stream of claims from BlueCross BlueShield represents a significant step to enhancing our ability to support the community for quality of care reporting”

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(Source: HEALTHeLINK)

## How Saratoga Hospital Leveraged Patient Monitoring to Reduce Transfers to ICU by 63%

For many hospitals, the shift to value-based care is adding pressure to deliver quality care and achieve the best clinical outcomes while reducing costs. Saratoga Hospital in Saratoga Springs, NY, was one such hospital facing these challenges as they tried to adapt to delivering higher quality, accessible and affordable care to aging populations with increasing incidences of chronic diseases.

This case study shows how the hospital integrated the patient monitoring technology with its EHR, sending vital signs to clinicians directly and avoiding cumbersome manual processes.

[READ MORE](#)

(Source: *Healthcare IT News*)



## Digital Health's Secret Weapon: Behavioral Science

Tech has the potential to transform healthcare, and behavioral science can give it just the boost it needs to reach people in the right place and at the right time.

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(Source: *Health Tech*)

## Get Social



## **Attention NY Medicaid EHR Incentive Program Participants!**

The Medicaid Eligible Provider Program (EP2) is up and running! The 2018 attestation reporting period for the NYS Medicaid EHR Incentive Program will be approaching soon and the EP2 Program, offering its complimentary support services, can help you successfully report on the necessary Promoting Interoperability (formerly known as Meaningful Use) objectives to receive your incentive payment.

Additionally, 2019 will bring many changes for those participating in the program. Meaningful Use Stage 3 and 2015 edition Certified Electronic Health Record Technology (CEHRT) will be required. The EP2 team can help you prepare for Stage 3 and the corresponding CEHRT upgrade through various outreach and education events, as well as workflow and attestation advisement.

To enroll and receive the complimentary support services offered through the [EP2 program](#), please contact NYeC's EP2 team at [EP2Info@nyehealth.org](mailto:EP2Info@nyehealth.org).