

NYeCNews

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NYeC Releases 2021 Year-End Report

New York eHealth Collaborative

2021 YEAR-END REPORT



In June, NYeC released the 2021 Year-End report, spanning from January 2021 to April 2022. The report showcases important initiatives upon which the organization has been focused, including goals for the future, and a letter from new NYeC CEO, David Horrocks. We look forward to continued growth, success, and collaboration with New York State, our partners, and all our stakeholders this year.

As always, we remain in consistent pursuit of our vision: a dramatically transformed healthcare system where health information exchange is universally used as a tool to make lives better.

[READ THE REPORT](#)

The SHIN-NY and NYeC Submit Comment Letters to DOH and CMS

Over the past few months, the SHIN-NY and NYeC have submitted three comment letters:

[SHIN-NY Comment Letter to DOH on the NYS Proposed 1115 Waiver Amendment Request](#)

Recommendations from the SHIN-NY include:

- Strong consideration for establishing QEs as the HEROs or a formal relationship between the HEROs and the SHIN-NY, which would allow the HEROs to take advantage of the State's investments in the SHIN-NY technology infrastructure while ensuring that waiver funds are focused and directed where they can have the greatest impact — supporting the needs of the HEROs' communities.
- The State, in partnership with the SHIN-NY, engage in a multi-stakeholder planning process at the earliest possible opportunity to begin to identify and address issues such as policy and governance.

[NYeC Comment Letter to DOH on the NYS Proposed 1115 Waiver Amendment Request](#)

Our recommendations include:

- New York State should press for data collection and aggregation to be in a uniform statewide format and be centralized within a single statewide system.
- To effectively develop a "statewide IT social needs referral and data platform infrastructure", the new social needs referral and data platform must be tightly integrated with the existing SHIN-NY network of clinical data.
- Social factor data can be as sensitive as clinical records, and the data use policies for these data should be carefully developed, monitored, and maintained. Unifying data use policies between clinical and social factor data would be an efficient way to address the need.
- The SHIN-NY entities be asked to work collaboratively on a unified plan to support the waiver implementation across the nine regions, recognizing that their engagement can be extremely valuable if well-coordinated.

[NYeC Comment Letter to CMS on the Inpatient Prospective Payment System Proposed Fiscal Year 2023 Rule](#)

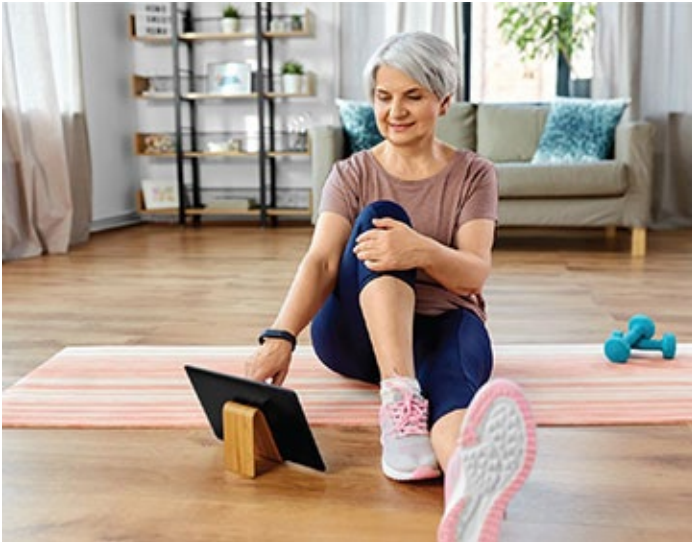
Our comments focus on three areas:

- The Medicare Promoting Interoperability Program, Advancing the Trusted Exchange Framework and Common Agreement (TEFCA), and Social Determinants of Health (SDOH) Diagnosis Codes.

Read the full comment letters at the links above or visit our website at the button below.

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Technology-Enabled Fall Prevention Program Partnerships Announced



In the March newsletter, NYeC announced that [Mother Cabrini Health Foundation](#) had selected our organization as a 2022 grantee. This award will facilitate implementation of the Technology-Enabled Fall Prevention Program for Older Adults, which will blend evidence-based virtual exercise with wearable health technology to help mitigate and prevent falls for New York’s senior population.

Program participants will join a live virtual exercise program designed to improve strength and balance from the comfort of their own homes. They will be monitored via a wearable Personal Emergency Response System (PERS) that monitors activity and notifies the participants’ care team of any falls. These critical and potentially life-saving notifications will occur as long as the participant is wearing this device—even if a fall occurs outside of their virtual exercise sessions.

NYeC is delighted to announce a partnership with [Americare](#) and [UR Medicine Home Care](#), who will lead the recruitment efforts for patients participating in the program and provide guidance and subject matter expertise to help drive success and positive outcomes.

2021 I/DD Agencies Technology Pilot Program Concludes

In 2021, NYeC partnered with the [New York Alliance for Inclusion and Innovation](#) on a Health Information Technology pilot project for Intellectual and Developmental Disability (I/DD) agencies. As a collaborative effort between both organizations, New York Alliance for Inclusion and Innovation offered its members the opportunity to participate in the pilot program and NYeC provided a range of services to the pilot group to advance the usage of health information technology and leverage the SHIN-NY where appropriate and valuable.

At the conclusion of this pilot, NYeC designed the Intellectual & Developmental Disabilities (I/DD) SHIN-NY Connections Grant which aimed to help participants of the pilot project offset the costs of connecting or enhancing their existing connection to the SHIN-NY; it was the first time that NYeC offered a grant.

NYeC is overjoyed to report that the grant has successfully concluded, knowing that Health Information Exchange through the SHIN-NY will enable better person-centered care coordination, support care delivery, and improve outcomes for the individuals the grantees serve.

NYeC Announces Participation in the Health Center Coaching Pilot Program

NYeC is excited to participate in the Health Center Coaching Pilot Program which funds short-term technical assistance to health centers aiming to achieve Patient-Centered Medical Home (PCMH) recognition.

Our on-staff NCQA PCMH Certified Content Expert (CCE) will partner with a health center to begin the process of a Transforming Review and will support the health center in conducting a self-assessment and gap analysis of the health center's readiness for NCQA PCMH Recognition, prepare an action plan to identify activities or work needed for the health center to meet PCMH requirements, assist the health center to enroll in the NCQA PCMH Recognition Program, and schedule the first Virtual Review with the health center.

The Health Center Coaching Pilot Program is funded by Health Resources and Services Administration (HRSA) and will run from now through November of 2022. NYeC encourages health centers interested in partnering with us to reach out via email at PCMHinfo@nyehealth.org to get started right away.

HealtheConnections Letter to the Community: Using Data to Improve Health, 2021 Year in Review



HealtheConnections leverages data quality, volume, and access to deliver impactful outcomes in new ways.

Over the past twelve years, HealtheConnections has focused intensely on a singular vision: An expansive network of high-quality, accessible health information services and data to help health and care organizations improve patient care for healthier communities. Driven by collaborative partnerships within and beyond our 26-county region, a team committed to a high-performance culture, and a shared vision of what health information exchange can do, the past year has carried us further in our pursuit to build an innovative, valued health information exchange (HIE).

In the letter, Rob Hack, President & CEO, also speaks about HealtheConnections' primary focus for the upcoming year; data-centricity and broadening the health information exchange scope to further support the region as an integrated, agile data company.

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HEALTHeLINK Launches ED Summary Report



Utilizing intelligent query, HEALTHeLINK has launched a new Emergency Department Summary Report with Erie County Medical Center (ECMC). HEALTHeLINK can immediately generate specific queries for a pre-defined set of data when a patient has been registered at ECMC's emergency department. In this use case, data elements including patient demographics, allergies, immunizations, medications, conditions/programs, social history, results, and vital signs are generated as a PDF and delivered to ECMC's EHR. A user does not need to be logged in to HEALTHeLINK, and the summary report retrieves only the pre-defined information as opposed to returning the entire patient record. HEALTHeLINK is working to expand this functionality to other participating emergency departments.

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Hixny: If You See Something, Say Something



In a recent blog post from Hixny, CEO Mark McKinney shares thoughts about health equity and addressing social determinants of health (SDoH).

“Now that the pandemic has exposed the [disparity in health equity](#) — the ability for all individuals to achieve their full health potential — it's time for the healthcare community to adopt a “see something, say something” mentality to improve population health.

As a broad healthcare community, we recognize the 80/20 rule applies to health, with 80 percent determined by social, environmental, behavioral and lifestyle factors and only 20 percent by medical services. For that reason, we are increasingly recognizing that community-based organizations (CBO) play an important role in addressing a community's social determinants of health (SDoH) — and that their efforts must be integrated with care provided in a clinical setting.”

Read the full blog post at the link below.

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Healthix Alerts Elevate Primary Care for New York Health



Healthix Alerts are among the most fundamental services provided by one of the nation's largest public health information exchanges, yet their simplicity can disguise immense power.

Until recently, Dr. Razia Jayman-Aristide, New York Health's Chief Medical Officer, had limited visibility of her patients who were being admitted. That news usually arrived as a call from hospital staff, family members, or patients themselves — and not always in a timely fashion. She began receiving Healthix Alerts in early 2022 and quickly realized the benefits.

"I love Healthix Alerts — they help us to quickly and effectively bridge that middle ground. A provider's familiar face can assist the hospital medicine team in building the rapport with a patient, speeding informed decisions on everything from a biopsy to a DNR/DNI."

—Razia Jayman-Aristide, MD MS-HPPL FACP,
Chief Medical Officer, New York Health

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Rochester RHIO Appoints Jennie Spencer as Rochester RHIO's Chief Information Officer



Rochester RHIO announces the appointment of Jennie Spencer as Chief Information Officer. Spencer first joined the organization in March 2022 as Chief Privacy and Security Officer bringing with her more than 20 years of experience in managing teams, overseeing technical and regulatory compliance initiatives, as well as designing, implementing, and leading cyber security and data protections programs.

In the years prior to joining Rochester RHIO, she was manager of Information Security at Excellus BlueCross BlueShield, a manager of Security standards and Quality at Payment Card Industry Security Standards Council (PCI SSC) and a manager of Privacy and Cyber Security at Avangrid.

Spencer has a master's degree in Information Technology from RIT (Rochester Institute of Technology). She will also continue to serve as the organization's Chief Privacy and Security Officer.

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Bronx RHIO and Members Collaborate on SDoH related Data-Driven HIV Care Coordination Improvements



Bronx RHIO is working with clinical caregivers and community based organizations (CBO) to utilize SDoH and clinical data to improve care and care coordination for people with HIV. There are two use cases described here: one at Montefiore Medical Center's CICERO program and another at a CBO that works with HIV+ people.

CICERO identified approximately 200 patients who had received SDoH assessments and, using both local facility and Bronx RHIO data, evaluated whether there was a relationship between social needs and viral load. Their analysis identified that patients assessed to have two or more needs were six times more likely to have detectable viral loads. These identified patients are the focus of an intensive intervention being implemented by the CICERO program.

Bronx RHIO is also working with a CBO which delivers Social Needs Care, by providing data that helps the CBO identify patients qualifying for various programs such as shelter, supportive housing, HIV+ Living support, etc. When the CBO receives HIV+ diagnosis data on consented patients, they can expedite moving a homeless client into supportive housing. Providing the HIV+ Living program with increasing viral load data triggers them to have a case conference with the patient and caregivers to create a plan to reduce viral load.

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Join Our Team!

Healthcare technology and digital health has never been more important as it is today. Do you want to be in the middle of the action here in New York State?

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[SHIN-NY Contract](#)

[Management Specialist](#) – Full Time | Albany Office

[Public Health Intern](#) – Internship | Albany or NYC Office

[Operations Center Analyst](#) – Full Time | Albany or NYC Office

[Director, IT Operations](#) – Full Time | Albany or NYC Office

[Project Manager](#) – Full Time | Albany or NYC Office

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