

# NYeC News

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## DOH Submits Final Version of 1115 Waiver Amendment Request to CMS

On September 2, 2022, [DOH submitted a final version of the 1115 Waiver Amendment request to CMS](#) entitled “New York Health Equity Reform (NYHER)”. Since the last version was released in April, DOH received many comments from the public and has made edits that reflect some of this feedback. Many of the program elements from the previous version remain and the total federal investment of \$13.53 billion over five years is still being requested. The final version also cites a central goal of reducing health disparities, advancing health equity, and supporting the delivery of social care. The four previous goals have now been renamed “strategies”.

In May of this year, the SHIN-NY entities (Bronx RHIO, HealtheConnections, HEALTHeLINK, Healthix, Hixny, Rochester RHIO, and NYeC) [submitted comment letters](#) in response to the New York State’s previous proposed 1115 waiver amendment request, which was entitled “Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic”. [NYeC also submitted a separate comment letter](#).

[READ THE FINAL VERSION](#)

## A Farewell to Two Members of NYeC’s Board of Directors and Welcome to Two New Members



This month, we say farewell to two esteemed members of the NYeC Board of Directors and thank them for their many years of leadership and dedication to the Board.

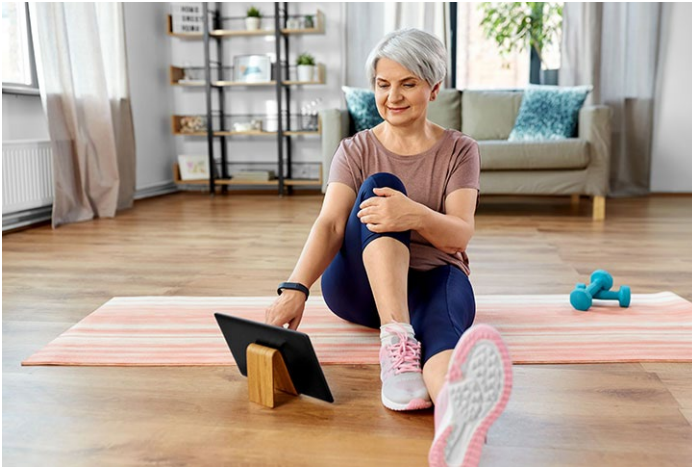
Ann Monroe has been on the NYeC Board since 2009, serving on the Executive Committee, Finance Committee, and as chair of the Compensation Committee. We thank Ann for her leadership, insight, and dedication during her time on the NYeC Board.

Art Levin has been a member of NYeC’s Board since 2008. He has served on the Executive Committee and as Chair of both the Audit & Compliance Committee and the SHIN-NY Policy Committee. His leadership and commitment have helped shape the organization and its policies in critical ways, and we are thankful for his contributions.

We are incredibly grateful to Ann Monroe and Art Levin for their many years of dedicated service and leadership. They will be missed as their terms as members of the NYeC Board conclude, and we wish them all the best.

As we say goodbye to Ann and Art, we are excited to welcome two new Board members – Wade Norwood, CEO of Common Ground Health, and David Cohen, MD, Executive Vice President, Population Health & Academic Affairs, Maimonides Medical Center.

## Fall Prevention Week and the Technology-Enabled Fall Prevention Program



This year, September 19-24 represents National Fall Prevention Week, a week dedicated to spreading awareness that falls are a preventable occurrence among senior and disabled individuals. NYeC supports this mission and is currently completing our own fall prevention program.

In previous NYeC newsletters, we shared updates on the Technology-Enabled Fall Prevention Program, which focuses on evidence-based exercise programs as well as wearable technology to better mitigate and prevent falls for New York's senior population. This program is funded thanks to a generous grant award issued by the Mother Cabrini Health Foundation. NYeC looks forward to sharing findings at the conclusion of this program to better support those in our communities at risk of falls.

## NYeC's Stakeholder Engagement Team Visits Albany Med

Following over a decade of foundation-building and evolution, the SHIN-NY now connects all hospitals in New York State, is used by well over 100,000 healthcare and community-based professionals, and supports the care of millions of people who live in or receive care in New York.

NYeC's Stakeholder Engagement Team visited Albany Med earlier this month to learn firsthand about Emergency Department clinician experiences and use of SHIN-NY services including:

- Routine use and awareness of SHIN-NY services for patient care
- Usefulness of the information obtained via the SHIN-NY
- Potential improvements to SHIN-NY services that would increase the usage and value of the data

NYeC will continue to gather meaningful feedback from across the continuum of care to learn how end-users interact with, and rely upon, SHIN-NY services. If your organization is connected to the SHIN-NY and you want to share your experiences with us, please email us at [info@nyehealth.org](mailto:info@nyehealth.org).

## Webinar for Article 28 Facilities Interested in Connecting to the SHIN-NY

On Wednesday, September 28th, from 2-3:00pm, NYeC held a SHIN-NY overview webinar specifically tailored for Article 28 facilities interested in learning more about the SHIN-NY and how health information exchange could help their organizations.

Article 28 facilities who are already connected to the SHIN-NY also found value in this webinar as a refresher on how health information exchange can improve care coordination and patient care.

A webinar recording and slides will soon be available on our website.

[VISIT OUR WEBSITE](#)

## Hixny: Creating an Easy Button to Improve Social Care

The Hixny logo features the word "Hixny" in a serif font. The letter "i" is lowercase and has a blue dot above it. The letter "y" is lowercase and has a black dot below it. A registered trademark symbol (®) is located to the upper right of the "y".

In a previous Hixny blog, CEO Mark McKinney introduced the importance of addressing SDOH within the context of interaction between a medical provider and a patient, and the necessity of making an efficient and simple process for providers to refer patients for social care. In the latest blog, he continues:

“Hixny has created an innovative and valuable ‘easy button’ that gives providers the ability to connect a patient to these services—or to refer a patient for social assessment and assistance through Healthy Alliance—from within their own workflow.

We’re solving a problem many providers didn’t even realize they had—that is, knowing how and where to refer patients who need assistance overcoming SDOH. Oftentimes, medical providers may recognize a patient has needs that extend beyond the exam room—like food insecurity—but either aren’t sure how to go about getting the patient help or don’t have access to existing systems that connect to those resources.

With Hixny available in every hospital and most medical care provider offices in the greater Capital Region and North Country, our broad reach into the community meant building a social referral capability into the health information network (HIN) made sense. And it’s working. Nearly all referrals so far have come from providers who do not have access to other social resource referral systems.”

Read the full blog post at the link below.

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## Rochester RHIO Appoints Bessette as Interim Chief Executive Officer



ROCHESTER 

Rochester RHIO announces the appointment of Marlene Bessette as interim chief executive officer. She brings over 20 years of leadership experience in non-profit administration, business operations and strategy. She is a leader in cross-sector data sharing innovations. Bessette led the formation and expansion of both Your Health Partners of the Finger Lakes Behavioral Health Care Collaborative and the 360 Collaborative Network, a closed-loop referral network of social determinant of health providers in the Finger Lakes Region.

Bessette retired from Catholic Family Center in January 2022 where she served as the Chief Executive Officer for eight years. During her tenure, she served in various community data leadership roles including RMAPI and the Systems Integration Project. Prior to joining CFC, Bessette worked for Xerox Corporation for 28 years where she held several executive positions including Vice President, Strategy for US Technical Services.

Bessette has been recognized for her leadership and collaboration throughout her career. She was named Non-Profit Executive of the Year by the Rochester Business Journal and the United Way of Greater Rochester in 2015. She is also a recipient of the Xerox President's Award and the 2020 Council of Agency Executives Member of Distinction.

Bessette holds a B.A. from the University of Rochester, and an MBA in finance and operations management from Duke University. She also is a member of the M&T Directors Advisory Council and the University of Rochester Medical Center Board.

## HealthConnections Demonstrates Value of HIE Data by Assisting the CDC with Public Health Surveillance Case



In April, the Centers for Disease Control and Prevention (CDC) issued an advisory about a cluster of pediatric cases of severe hepatitis and adenovirus infection first presented in October 2021. The CDC asked clinicians and state health departments to report cases of hepatitis of unknown origin among patients less than 10 years old since October 1, 2021.

HealthConnections was asked to assist the New York State Department of Health (NYSDOH) in identifying these pediatric cases of severe hepatitis. HealthConnections queried the hospital data from its 26-county region and identified several cases of hepatitis that met the CDC's case definition. From this query, HealthConnections reported an additional case that was not part of the original investigation disclosed to the NYSDOH. Once HealthConnections demonstrated the value of using health information exchange (HIE) data for identifying the hepatitis cases, the NYSDOH expanded the effort by enlisting all of the HIEs in NYS to replicate our approach.

HealthConnections was pleased to have the opportunity to support New York State's public health surveillance efforts actively. Visit the CDC's website to learn more about the advisory and investigation.

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## With the Help of their Customers, Healthix is Now Adapting Alerts to Address Specific Needs



In Healthix's most recent newsletter, the focus is on adapting alerts to address specific needs with the help of their customers. Key areas include:

**Care Coordination** – Receiving alerts in real-time for patients is essential. When alerts are triggered (Admit and Discharge to ED, Hospital, Skilled Nursing), outreach begins. Often, value-based contracts pay for successful patient outreach in a given timeframe (48 hours, 7-14 days post discharge). **Timeliness is key.**

**Clinical Care** – For clinicians with limited time, high volumes of alerts can be inefficient. They seek relevant patient information, when and where they need it. **Specificity is key.**

**Quality Based Metrics** – Having the full picture of patients/members assists in ensuring key health measures are met. Alert data is delivered into a system that can analyze and use the data to improve care. **Comprehensiveness is key.**

“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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## Bronx RHIO Has Started a Partnership with Advanced Health Network/Recovery Health Solutions Independent Practice Association



The Bronx RHIO recently began a partnership with Advanced Health Network/Recovery Health Solutions AHN/RHS Independent Practice Association (IPA) in support of optimizing health information exchange and developing a data warehouse in support of business intelligence capabilities for care coordination, quality management and population health.

Throughout this collaboration, AHN/RHS and the Bronx RHIO have invested in data quality, standardization, normalization while developing actionable, measurable quality measures. The Bronx RHIO, AHN/RHS and its provider network are investing in building a culture of data across executive, management, and staff to provide and utilize quality healthcare information in improving health and healthcare for their patients.

Investments to date have focused on building a data warehouse ingesting data from over five EMRs, SDOH data, 837 files, claims data, and assessments. This investment is supporting the advancement of more robust, real-time alerts providing a better understanding of each patient's mental health, substance use, medical and SDOH conditions for care coordination, quality improvement, and patient engagement. The Bronx RHIO is proud to be working with AHN/RHS to promote a more data-driven approach to quality medical care and looks forward to continuing this partnership.

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## HEALTHeLINK Announces Affiliation with Population Health Collaborative



HEALTHeLINK recently announced the merger with Population Health Collaborative (PHC) to drive higher quality care, control costs, and improve local health, wellness, and health equity.

“The clinical data alone doesn’t create value; it is what’s done with the data to improve health while recognizing and working on social determinants of health in support of community-based organizations’ efforts,” said Dan Porreca, Executive Director, HEALTHeLINK.

Merging the regional health improvement mission into HEALTHeLINK will further expand the utilization of data supporting a regional network of community-based organizations to inform, support, and promote strategies to improve the health status of Western New Yorkers, increase access to care, and reduce health disparities. An increased focus on SDOH through this partnership will serve to improve health equity in communities with the worst health outcomes. It will also enhance the delivery of health care services among providers who are already connected with the SHIN-NY.

“This combination of HEALTHeLINK and PHC is a real opportunity to create a powerful, and data driven organization for this community that will support lots of community stakeholders from community-based organizations to businesses to doctors’ offices with the data and supports they need to make real improvement in the health of WNY,” said Thomas Schenk, M.D., Interim Executive Director and past Chair, Population Health Collaborative Board of Directors.

The respective boards of both HEALTHeLINK and PHC have agreed in principle and have submitted the signed paperwork for final approval under state law.

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## Join Our Team!

Healthcare technology and digital health has never been more important as it is today. Come join our team and be in the center of it all in New York State!

### Current openings:

[Cloud DevOps Engineer](#) – Full Time | Albany Office

[Healthcare Data Analyst](#) – Full Time | Albany or NYC Office

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

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

[Data Scientist](#) – Full Time | Albany or NYC Office

Please continue to visit the NYeC Careers button below for future job opportunities. NYeC is an equal opportunity employer.

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