NEW YORK eHEALTH COLLABORATIVE

NEW YORK STATE Department of Health

Statewide Health Information Network for NY (SHIN-NY) Support of Emergency Preparedness

SHIN-NY Background

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The SHIN-NY in a Nutshell

- A secure network for sharing electronic clinical records
  - The SHIN-NY consists of the eight regional RHIOs (also known as QEs)
- Records are accessed and exchanged securely between healthcare providers with appropriate consent
- Patients decide which entities can access or see their records
- Efficient access to clinical records helps providers better manage patient care
- The SHIN-NY can help reduce healthcare costs, improve healthcare coordination, and increase the quality of care for patients in New York State

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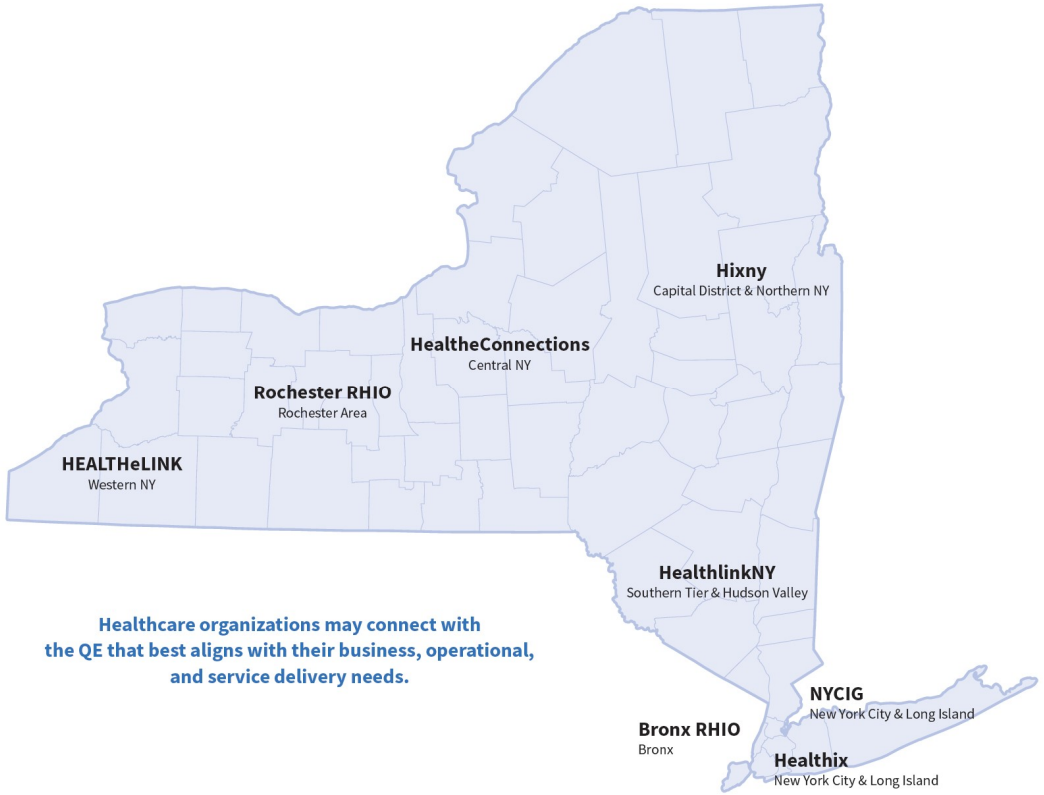
Qualified Entities (QEs)

The QEs are the backbone of the SHIN-NY, providing the services that make secure, vital access to a patient's health information possible statewide.

While QEs are primarily established within geographical regions (Upstate more so than downstate), healthcare organizations may connect with the QE that best aligns with their business, operational, and service delivery needs.



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How Does a QE Connect Providers Today?

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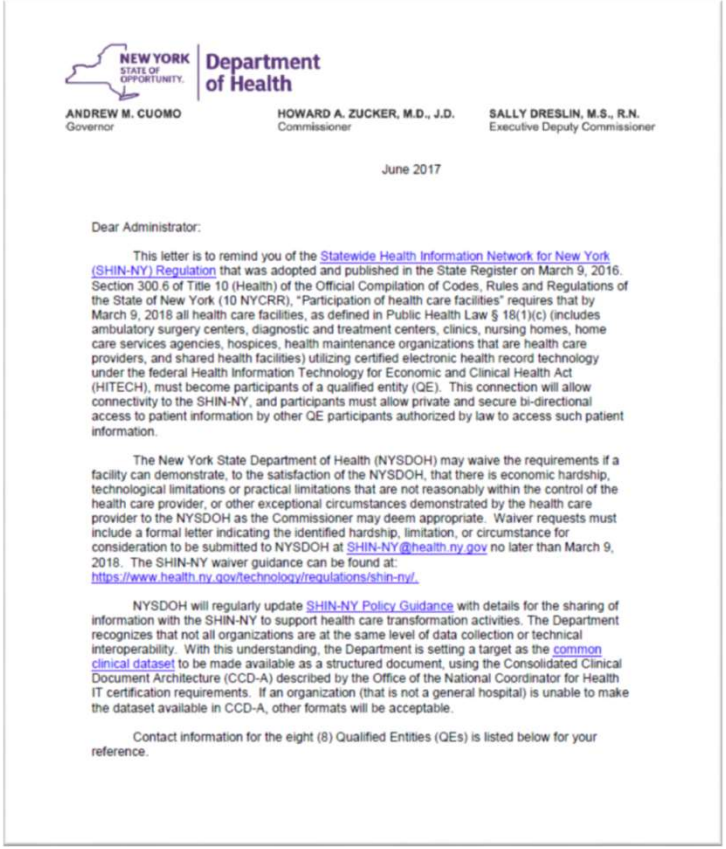
SHIN-NY Regulation – An Imperative to Connect



NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

June 2017

Dear Administrator:

This letter is to remind you of the Statewide Health Information Network for New York (SHIN-NY) Regulation that was adopted and published in the State Register on March 9, 2016. Section 300.6 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR), "Participation of health care facilities" requires that by March 9, 2018 all health care facilities, as defined in Public Health Law § 18(1)(c) (includes ambulatory surgery centers, diagnostic and treatment centers, clinics, nursing homes, home care services agencies, hospices, health maintenance organizations that are health care providers, and shared health facilities) utilizing certified electronic health record technology under the federal Health Information Technology for Economic and Clinical Health Act (HITECH), must become participants of a qualified entity (QE). This connection will allow connectivity to the SHIN-NY, and participants must allow private and secure bi-directional access to patient information by other QE participants authorized by law to access such patient information.

The New York State Department of Health (NYSDOH) may waive the requirements if a facility can demonstrate, to the satisfaction of the NYSDOH, that there is economic hardship, technological limitations or practical limitations that are not reasonably within the control of the health care provider, or other exceptional circumstances demonstrated by the health care provider to the NYSDOH as the Commissioner may deem appropriate. Waiver requests must include a formal letter indicating the identified hardship, limitation, or circumstance for consideration to be submitted to NYSDOH at SHIN-NY@health.ny.gov no later than March 9, 2018. The SHIN-NY waiver guidance can be found at: https://www.health.ny.gov/technology/regulations/shin-ny/.

NYSDOH will regularly update SHIN-NY Policy Guidance with details for the sharing of information with the SHIN-NY to support health care transformation activities. The Department recognizes that not all organizations are at the same level of data collection or technical interoperability. With this understanding, the Department is setting a target as the common clinical dataset to be made available as a structured document, using the Consolidated Clinical Document Architecture (CCD-A) described by the Office of the National Coordinator for Health IT certification requirements. If an organization (that is not a general hospital) is unable to make the dataset available in CCD-A, other formats will be acceptable.

Contact information for the eight (8) Qualified Entities (QEs) is listed below for your reference.

To continue advancing the SHIN-NY, on March 9, 2016 NYS Department of Health codified the SHIN-NY Regulation (Addition of Part 300 to Title 10 NYCRR (Statewide Health Information Network for New York (SHIN-NY)). Pursuant to the Regulation:

- **Article 28 Hospitals** were to be connected and contributing data to the SHIN-NY by March 9, 2017 (100% of NYS hospitals are participating)
- The following entities were to participate and contribute data to the SHIN-NY by March 9, 2018 (still making progress)
  - **Article 28** nursing homes and diagnostic treatment centers*
  - **Article 36** certified home health care agencies, long term home health care programs*
  - **Article 40** hospices*

* If using Certified EHRs

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Current Core Services Delivery and Participation

OVER 37 MILLION
Alerts Delivered

OVER 11 MILLION
Patient Record Returns
(Via EHR & Clinical Viewer)

Last 12 months as of August 2018

100% **of Hospitals**

65% **of Diagnostic and Treatment Centers**

68% **of Physician Practice Sites**

76% **of Certified Home Health Agency***

89% **of Long Term Home Healthcare Program***

77% **of Residential Healthcare Facility – SNF***

75% **of Hospice***

*Minimal data contribution due to not being traditional Meaningful Use providers; vast majority only have access to clinical viewer

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QEs Support Emergency Preparedness

A Sampling of QE Efforts Across New York

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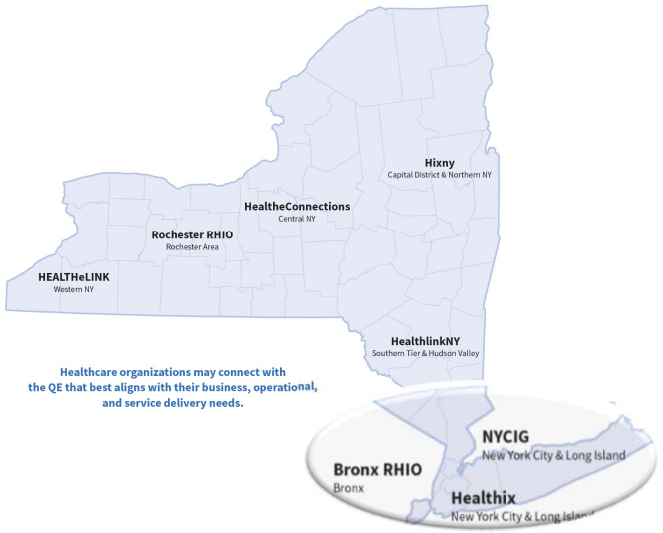
New York City Coordinated Approach

The three NYC QEs are working with the NYC Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response to support family reunification efforts in the aftermath of a mass casualty incident by sharing data to allow real-time patient searches.



The following slides are provided by Tamer Hadi, Director of Strategic Technology Office of Emergency Preparedness and Response

BronxRHIO Connecting for Better Health

Healthix

NY Care Information Gateway

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What is NYCEPS?

- Conceptualized and developed by NYC DOHMH
- Emergency Use Only
- No access to clinical data
- Displays patient demographic data, hospital name/address and patient status
  - *ER Admit, Registered, Inpatient, Discharge*

NYCEPS – NYC Emergency Patient Search

OVERVIEW

- Mass Casualty Incident Family Reunification Tool
- Search for reported missing persons immediately after incident in coordination with NYPD and OCME
- Leverages QEs/RHIOs to allow real-time search of all NYC hospitals
- Displays patient demographic data, hospital info and patient status (ER Admittance, Registered, Inpatient, Discharged)
- Most effective in an incident where patients are transported to several hospitals and/or lots of self transports (e.g. Las Vegas shooting)

BENEFITS

1) Families / Friends
- Avoid calls and visits to multiple facilities

2) Healthcare Facilities
- Reduces call and walk-in volume
- No additional data entry
- Frees up resources to focus on healthcare

3) NYC Agency Resources
- Reduces # of missing persons for NYPD investigation
- Reduces # of Family Assistance Center family interviews
- Frees up other responder resources helping search

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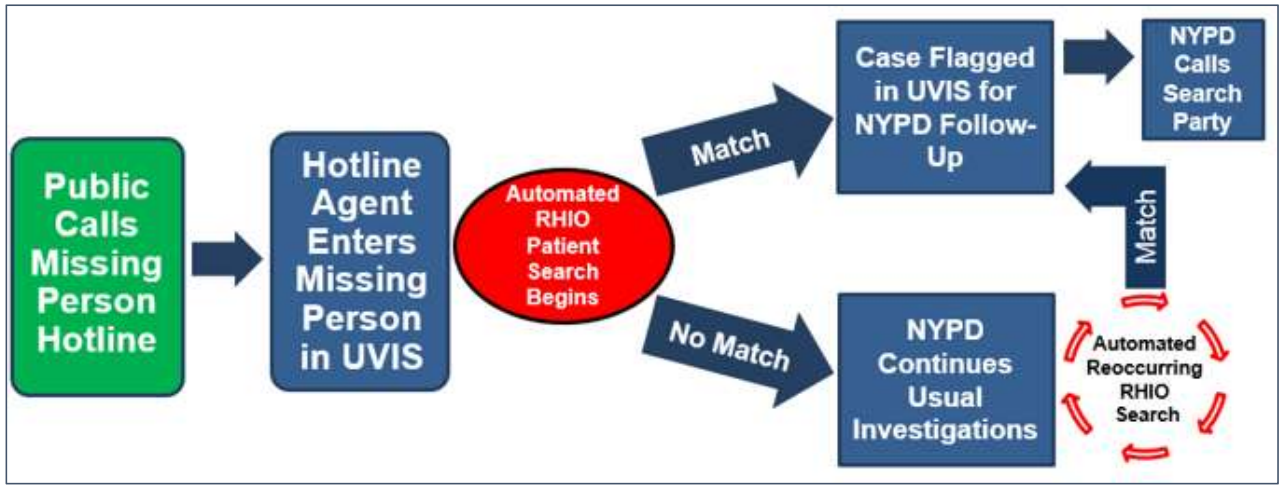
Integration with Unified Victim Identification System (UVIS)



From left to right: Missing Person Search Process

- 311 agent captures missing person information from public
- Triggers an initial RHIO patient search
- Automated recurring searches if there is no match
- NYPD notified as soon as a match found so a missing persons detective can reach out to the search party immediately.

Journal article forthcoming this month

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Contact Information for NYCEPS

Tamer Hadi

Office of Emergency Preparedness and Response

NYC Department of Health and Mental Hygiene

thadi@health.nyc.gov

347.396.2769

Other Healthix Plans and Work in Progress

- Healthix currently receives feeds from the 12 NYC jails which support incarceration and release alerts to providers and others such as health home care managers

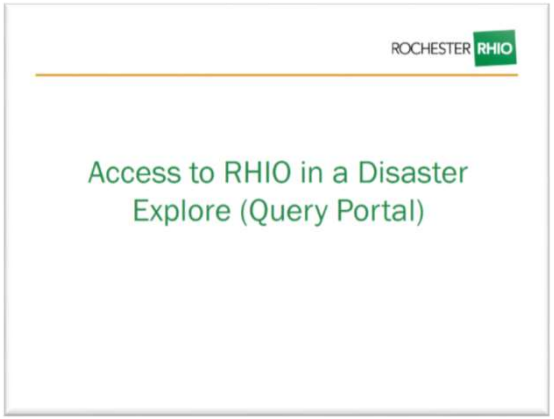
- In the near future Healthix be receiving data from NYC Department of Social Services including the following units:
  - HIV-AIDS Service Administration (HASA)
  - Department of Homeless Services (DHS)
  - WeCare (serves public assistance clients who have medical or psychological barriers to self-sufficiency)

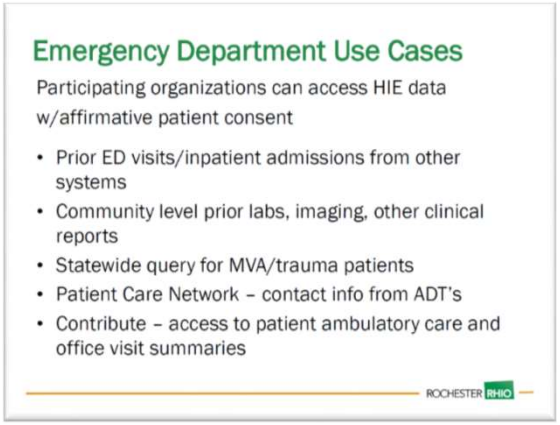
Rochester RHIO – Coordinated Outreach and Planning

Rochester RHIO proactively works with community partners and providers to promote the use of the health information exchange as a resource during an emergency (Rochester International Airport Fire Department, Emergency Nurses Association, health systems, hospitals and other data providers)

Key Messages:

- If patients need to be evacuated from inpatient or ED, the RHIO data can provide historical patient information for care
- In the case of a mass casualty, the RHIO can be the source of information for where patients were transported.
- Models for consent management support Emergency use cases
  - Break the Glass
  - Public Health type access





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HEALTHeLINK Recent Support of Crisis Situation

Situation: All information systems at Erie County Medical Center (ECMC) were unavailable to clinicians starting April 9, 2017

- No access to patient ECMC electronic medical records
- No access to patient medical records from other facilities

What HEALTHeLINK provided:

- Support for existing users to access HEALTHeLINK directly, versus via Meditech (EMR)
- On-site user credentials and training for new users
- Restore the clinical data for about 150 patients whose data was not in the ECMC backups

HEALTHeLINK

ECMC Response Timeline

- April 9
  - 2am – systems unavailable
  - 11:14am – Text to HEALTHeLINK Exec. Dir and Operations Director from off duty ED doctor
  - 11:47am –staff person on-call
  - 1:00pm – HEALTHeLINK staff person on-site in ED
- April 10 – 7 HEALTHeLINK staff on-site
- April 10+ - Some on-site presence

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HEALTHeLINK Recent Support of Crisis Situation

Key Factors in ECMC Success

- ECMC has been a supplier of data to HEALTHeLINK for years, specifically encounter data (CCD)
- ECMC staff were already active users of HEALTHeLINK – low to no learning curve during the crisis

Where HEALTHeLINK Provides Value

1. Access to the ECMC's own clinical records
2. Access to patient's clinical records from other sources
3. Restore clinical records to ECMC's EMR where the system back-ups had a gap

Lessons Learned

- HEALTHeLINK needs to be written into every hospital, and practice, crisis response plan
- Every Health Care facility in WNY must upload their clinical data to HEALTHeLINK
- HEALTHeLINK should be a part of every health care facility workflow

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