



Health Information Technology in NYS:

“What Aging and Continuing Care Service Providers Should Know”

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Presentation Synopsis

After the presentation, the audience will have a better understanding of:

- the NYS goals and strategies for statewide health information exchange (HIE)
- the history and significance of HEAL NY
- Meaningful Use and how it supports coordinated care
- how efforts align with state Medicaid and Federal stimulus guidance/funding

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I. NYS HIT Strategy & Broad Goals

- Build health information infrastructure to support state health reform goals
 - Support clinicians and consumers with information at point of care
 - Advance care coordination
 - Strengthen public health surveillance and response
 - Enhance quality and outcome measures

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Major Elements of NY HIT Strategic & Operations Plans

- Promote broad adoption of HIT & HIE usage to drive statewide efficiencies in the delivery of care.
- Develop statewide HIE services, and where appropriate consolidate infrastructure to lower overall costs and reduce technical variability of commodity components (“public utility” model)
- Formalize Health Information Exchanges within the state by designating “Qualified HIT Entities” that provide HIE services and manage state HIT policy implementation.
- Build upon the state’s investment in “collaborative care organizations” through further development of technical services to support new care models
- Incorporate the expansion of public health and population health data services into the HIE infrastructure.

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Principles and Functions of Health Information Network

- Principles
 - Network operations and core services are a public good
 - Maximize information liquidity
- Functions
 - Accountability - Ensure adherence to common policies and standards (including compliance and enforcement activities)
 - Efficiency – Shared costs to develop and maintain networks, easy to add users and services
 - Effectiveness – Develop and maintain capacity to address social and individual needs

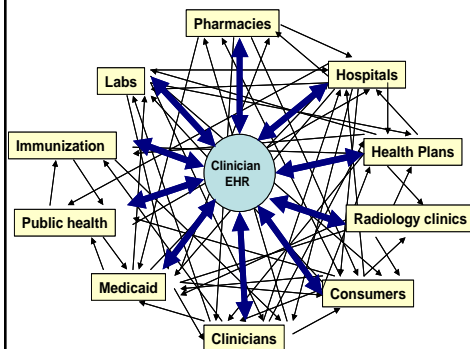
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Vision for New York's Health Information Infrastructure

Costly, High Risk and non-Interoperable EHRs

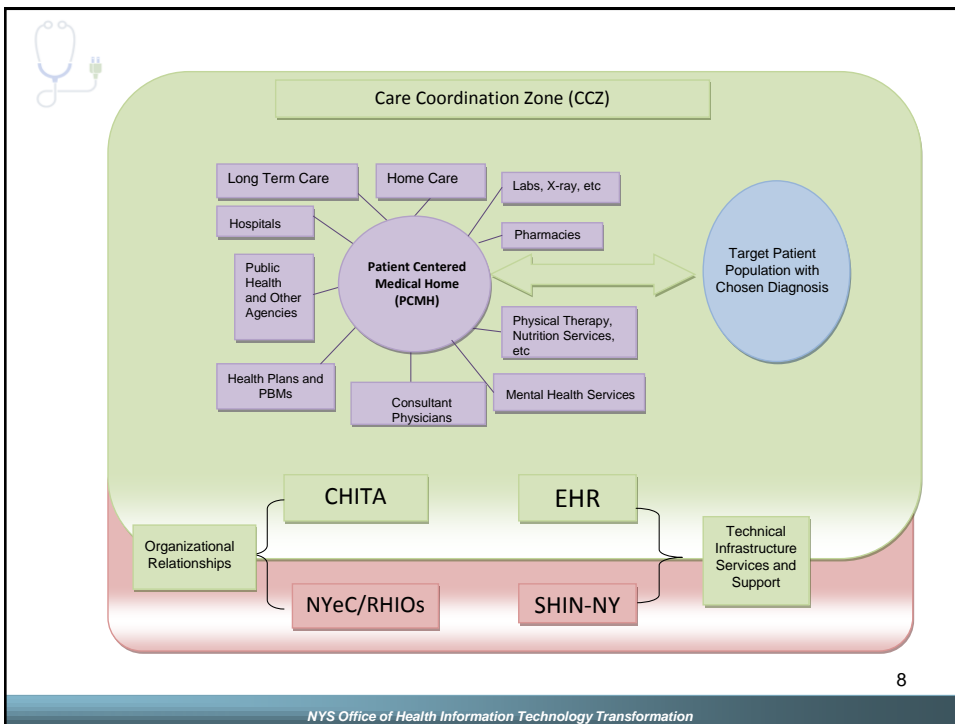
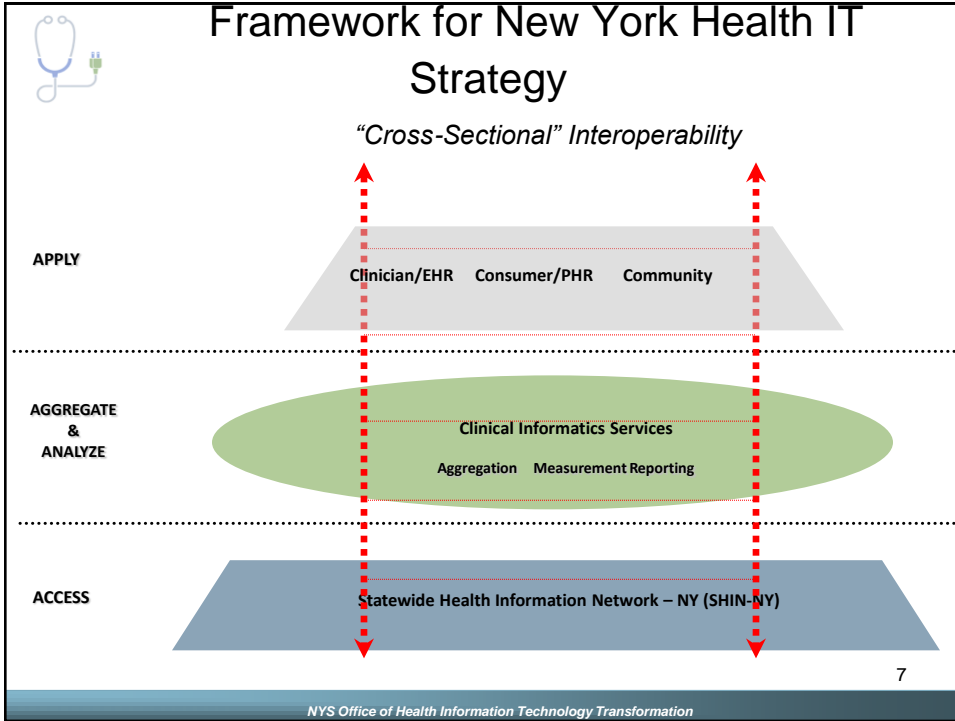


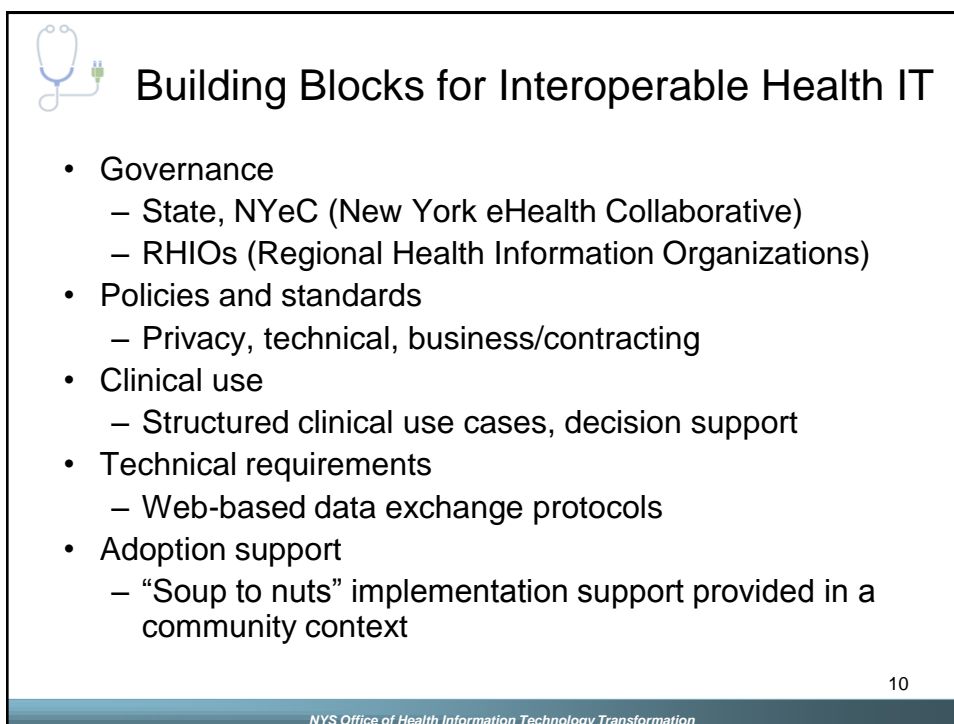
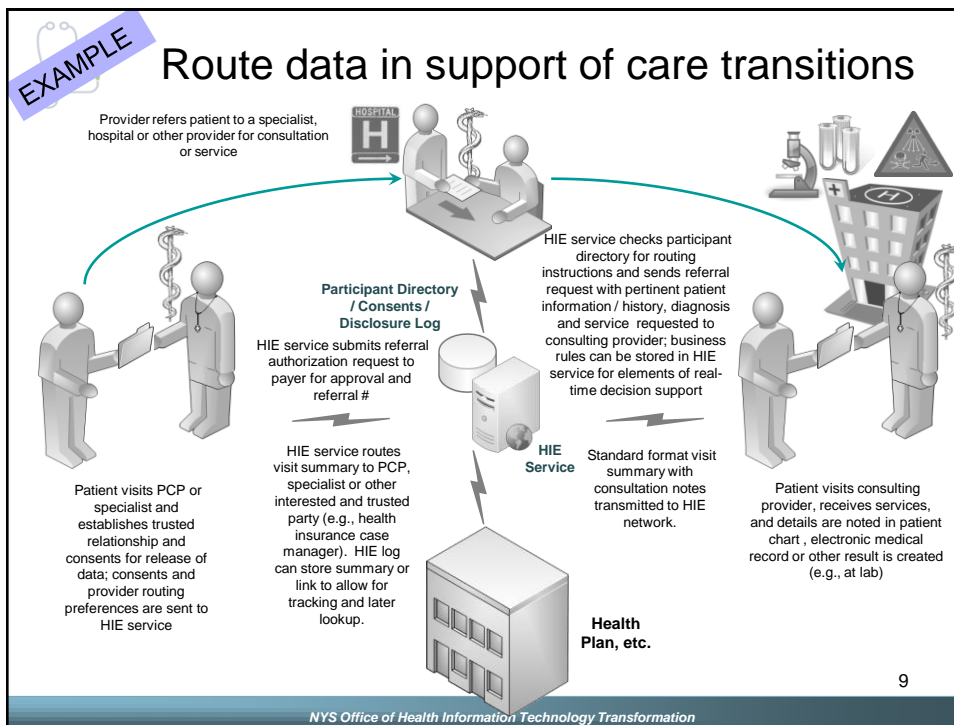
Interoperable EHRs



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NYS Health IT Strategy: Governance Model

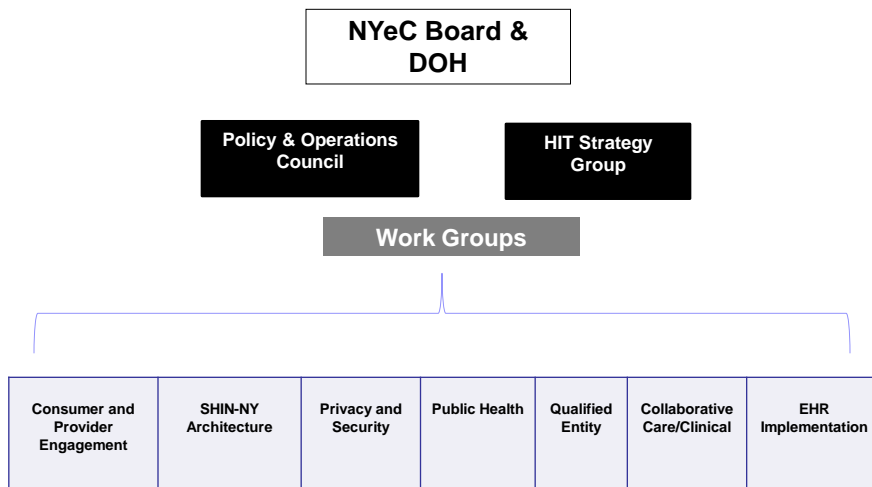
- Public private partnership between State, NY eHealth Collaborative and diverse stakeholders
- Balance of top-down and bottom-up
- Policy and implementation are directly linked so aspirations and practical considerations can be balanced
- Common problems are identified and resolved as much as possible through a collaborative process
- Leverage common requirements for purposes of contracting

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The Statewide Collaboration Process



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II. HEAL NY

Health Efficiency and Affordability Law

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HEAL NY Funding for HIT

- **HEAL 1** – formation of regional health information organizations (~\$50 million = 26 projects)
- **HEAL 5** – (\$106 million = 19 projects)
 - Development of statewide network infrastructure
 - Development and support of the NYeC state wide collaborative process
 - Implementation of EHRs in physician practices
 - support of EHR implementation for clinical use cases including medication management, quality reporting, clinical decision support, connecting NYers to clinicians and connectivity to NYS DOH to improve public health
 - Support of evaluation through HITEC
- **HEAL 10 + 17** – (\$240 million = 20 projects)
 - EHR implementation with increased interoperability via RHIOs to achieve improved care coordination through support of the patient centered medical home (60%)
 - Continuation of the NYeC state wide collaborative process (5%)
 - Further development and support of the SHIN-NY infrastructure (30%)
 - Continuation of HITEC evaluation (5%)

HEAL 17: added focus on mental health, long term care and home care

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HEAL 17 Example....

Anthony L. Jordon Health Center serves a low-income population in three zip codes in the northeast quadrant of Rochester and includes 33 primary care providers, 182 mental health providers, and three home care agencies. The project will focus on a patient population with affective disorders. Award: \$4.5 million

*http://www.health.ny.gov/technology/efficiency_and_affordability_law/heal_ny_17_awards.htm

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III. Meaningful Use (MU)

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Focus of MU Measures

Health Outcomes Policy Priorities:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients & families in their health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security

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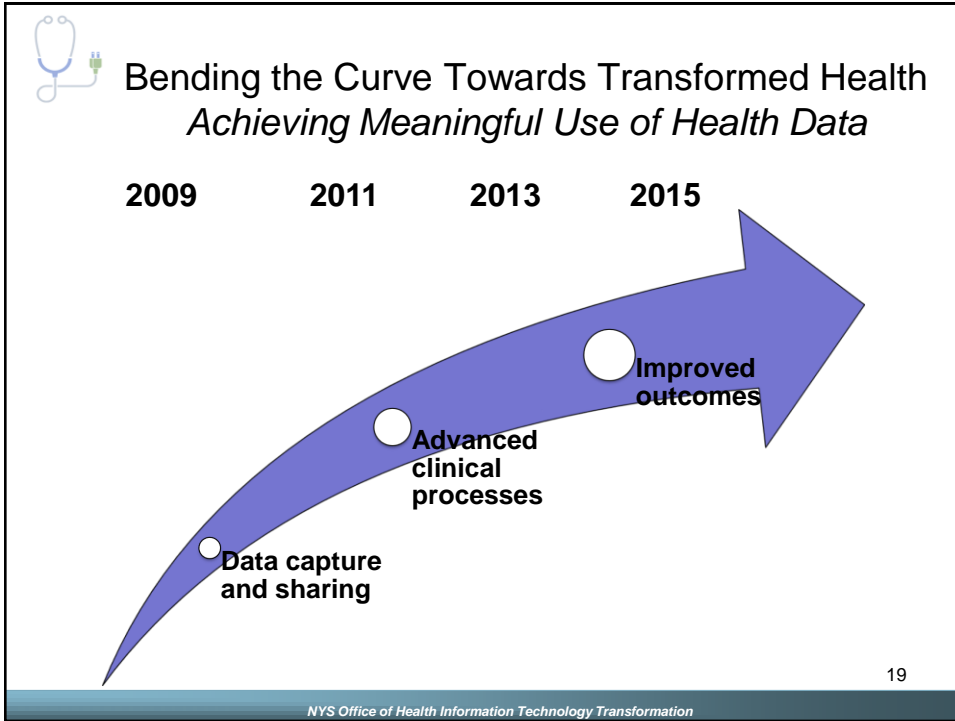
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Key Components of MU

- Eligible providers
- Payment incentives
- Definition of measures
- Phase in of requirements
- Link to EHR certification

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IV. Alignment with State Medicaid and Federal Stimulus Funding

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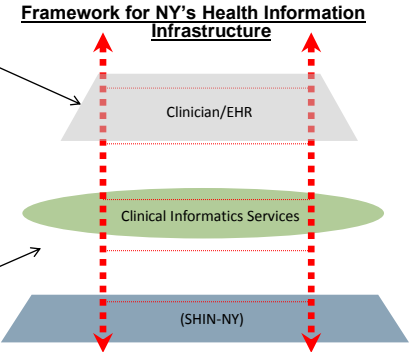
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 **Definition of “Meaningful Use” of EHRs**
Crosswalk to NY’s Health Information Strategy

Three Components


- Uses an EHR in a meaningful manner, which includes electronic prescribing as determined to be appropriate by the HHS Secretary
- Uses an EHR that is “connected in a manner” that provides for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination (in accordance with law and standards applicable to the exchange of information)
- Submits information on clinical quality measures and other measures as selected and in a form and manner specified by the Secretary

Framework for NY’s Health Information Infrastructure



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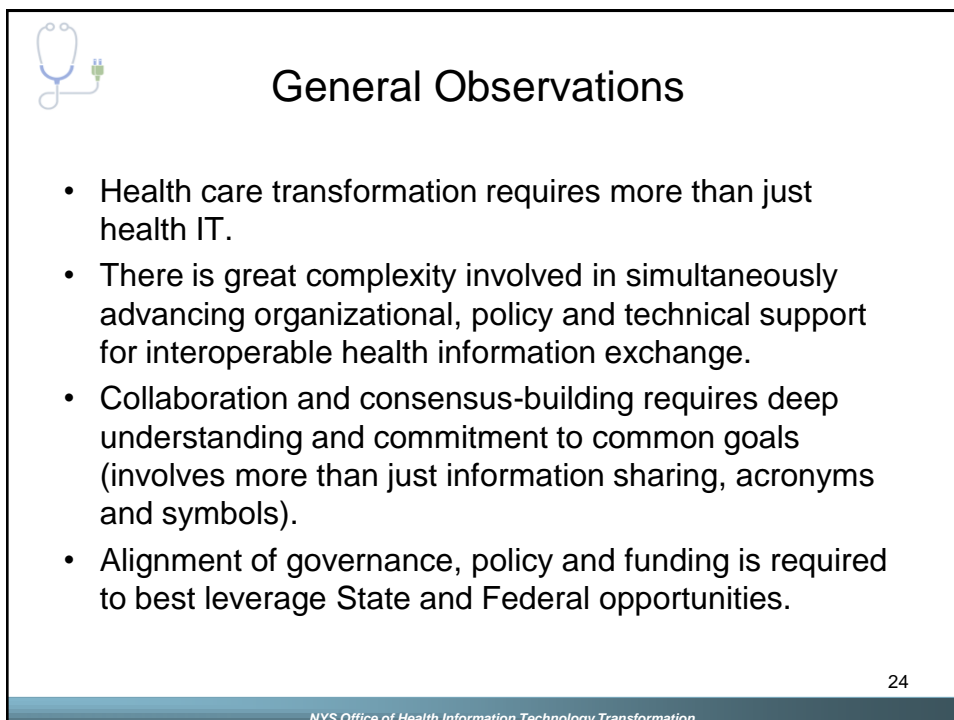
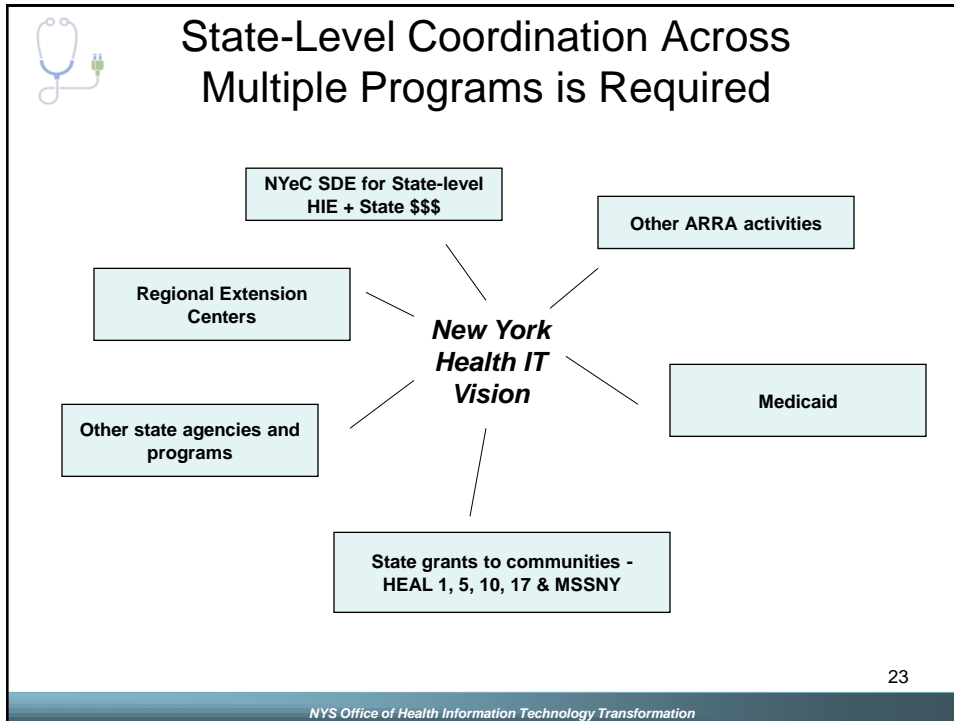
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 **Federal Policies and Funding:**
Alignment with NYS Efforts

- NYeC and NYC PCIP contracts as regional extension centers – 10,000 physicians (\$48 million)
- Funding for HIE Implementation – build on current state efforts (NYeC HIE Grant \$22 million)
- WNY Beacon Grant (\$16 million)
- Columbia University Workforce Training Grants (>\$5 million)
- FCC rural broadband grants in Northern and Western parts of state
- FEDERAL HEALTH REFORM

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“The age of meaningful use is only partly about the use of EHRs and the major financial incentives now available to support this. Even more, this new era creates opportunities to revolutionize the work of health professionals and health care. “

David Blumenthal, MD, MPP
National Coordinator for
Health Information Technology

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Thank You

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