

## DSRIP Meeting Agenda

<b>Date &amp; Time</b>	9/15/17 @ 9:00 – 10:00AM	<b>Meeting Title</b>	IT – Clinical Operations Committee
<b>Location</b>	NYP Milstein Heart Center Room 4	<b>Facilitator</b>	Alvin Lin & Elaine Fleck
<b>Go to Meeting</b>	<a href="https://global.gotomeeting.com/join/676507237">https://global.gotomeeting.com/join/676507237</a>	<b>Conference Line</b>	Dial +1 (408) 650-3123 Access Code: 676-507-237

Invitees	
<b>Chair:</b> Elaine Fleck (NYP)	<b>Chair:</b> Alvin Lin (NYC DOHMH PCIP/REACH)
Gil Kuperman (NYP)	Terri Udolf (St. Christopher's Inn)
Alissa Wassung (God's Love We Deliver)	Sandy Merlino (VNSNY)
Susan Wiviott (The Bridge)	Amy Shah (NYC DOHMH)
David Chan (City Drug & Surgical)	Maria Lizarzo (Northern Manhattan Improvement Corp.)
Jean Marie Bradford, MD (NYPSI)	Catherine Thurston (SPOP)
Genevieve Castillo (Methodist)	Stuart Myer (VillageCare)
Dan Johansson (ACMH, Inc.)	Renato Leonel (Isabella)
Julissa Nunez (IT – VNSNY)	Mitze Amoroso (ArchCare)
Theo Figurasin (NYSNA)	Todd Rogow (Healthix)
Steven Lam (CBWCHC)	Priscilla Pena (1199 SEIU)
Andres Pereira, MD	Patricia Hernandez (NYP)
Nelson Mesa (NYP)	Andrew Missel (NYP)
Isaac Kastenbaum (NYP)	Rachel Naiukow (NYP)
Linda Reid (Workforce – VNSNY)	Sarah McNabb (NYP)

Meeting Objectives	Facilitator	Time	Start	End
Welcome & Roll Call	Elaine Fleck	5 min	9:00	9:05
Pediatrics Population Line Presentation	Adriana Matiz, Connie Kostacos, Maura Frank, Maria Burke	40 min	9:05	9:45
Discussion of Feedback Received Re: Healthix Implementation	Todd Rogow Jason Thaw Patricia Hernandez	15 min	9:45	10:00

Action Items				
Description	Owner	Start Date	Due Date	Status
Present draft integrated committee charter	Co-Leads / Andrew Missel	4/21/17	TBD	Not Started

**AMAZING  
THINGS  
ARE  
HAPPENING  
HERE**

# **Pediatric Population Line**

**PPS Governance Committee Review  
September 15, 2017**

# Population Line Team Members

## Pediatric Population Line

### Columbia Campus

- ***Adriana Matiz***, Associate Professor of Pediatrics, Medical Director of NYPH's Center for Community Health Navigator and Community Health Worker Program
- ***Connie Kostacos***, Assistant Professor of Pediatrics

### Cornell Campus

- ***Maura Frank***, Assistant Professor of Pediatrics, Medical Director of General Pediatric and Adolescent Practices
- ***Allison Gorman***, Assistant Professor of Pediatrics
- ***Maria E. Burke***, Manager of Integrated Delivery System

# Agenda

- 1. Population Line Strategy & Scope**
- 2. NYS Performance Metric Focus & Strategies**
- 3. Quality Improvement Successes & Challenges**
- 4. Population Line Collaborator Engagement**
- 5. Next Steps**

# Population Line Strategy & Scope: Pediatric Population Line

## ■ Strategy of the Population Line

- Improve the health and well-being of pediatric patients and families serviced by NewYork-Presbyterian and its community partners in the following domains:
  - Access
  - Behavioral Health
  - Patient Experience
  - Utilization
  - Sexual Health/Substance and Alcohol Abuse

## ■ Scope of the Population Line

- Pediatric Medicaid patients treated at five of the ACN PCMH practices on the East and West campuses
- Internal partners include care management, social work, Integrated Mental Health Program (IMP), Emergency Departments (ED)
- *External partners are those within the community who provide CHWs and Collaborative for Children and Families (CCF), a Health Home serving children*

# NYS Performance Metric Focus

Metric	Unit of Measurement	MY3 Goal	Current Performance	Status of Intervention
Follow-up care Children Prescribed ADHD medications- Initiation Phase	Percentage	73.99%	79.3%	Planning
Follow-up care Children Prescribed ADHD medications- Continuation Phase	Percentage	91.52%	88.9%	Planning
Chlamydia Screening (16- 24 years)	Percentage	75.06%	75.9%	Planning/ Intervention

**Date of performance data:** 12/31/16

**Source:** MAPP, accessed 6/30/17

# NYS Performance Metric Focus Strategies

## ADHD (Bi-Campus)

- Created care protocol for newly diagnosed ADHD patients (bi-campus)
- Created ADHD registry/report (bi-campus)

## Chlamydia – East

- IT changes to make data “pullable” and improve flow
  - Sexual activity check box moved to “Sexual History” section in EPIC
  - Chlamydia screening to be included in a “Health Maintenance” alert in EPIC

## Chlamydia – West

- Created an alert in iNYP Pediatric dashboard showing when a patient is due for chlamydia screening
- Work with SCM team to leverage ACO obesity/depression alert for chlamydia screening

# NYS Performance Metric Focus

Metric	Unit of Measurement	MY3 Goal	Current Performance	Status of Intervention
Children w/PCP visit in the last year (12-24 months)	Percentage	95.47%	95.19%	Discovery/ Planning
Children w/PCP visit in the last year (25 months-6 years)	Percentage	93.93%	95.19%	Discovery/ Planning
Children w/PCP visit in the last year (7-11 years)	Percentage	98.44%	97.8%	Discovery/ Planning
Children w/PCP visit in the last year (12-19 years)	Percentage	97.49%	97.3%	Discovery/ Planning

**Date of recent performance data:** 12/31/16

**Source:** MAPP, accessed 6/30/17



# NYS Performance Metric Focus Strategies

## Access – West

- Collaboration between Adult and Pediatric Population lines in developing access proposal and presenting to ACN leadership

## Access – East

- Expanding
  - Evening hours one night a week
  - Special Needs Clinic block time from bi-weekly to weekly
  - New daytime Attending sessions

# Quality Improvement Successes & Challenges

## ■ Successes

- Leveraging expansion of hours for pediatric patients
- Collaboration between Adult and Pediatric Population lines in working with ACN leadership to improve access
- Referrals made to CCF Health Home Serving Children
- Approval of a dedicated EPIC FTE for the East campus

## ■ Challenges

- Matching Medicaid definitions for metrics with clinical practice definitions
- Ensuring data reflects our needs
- Achieving consensus with diverse faculty body on workflows

# Collaborator Engagement in Pediatric Population Line

## ■ Current Engagement Efforts

- Dr. Maura Frank and HT5 staff to present a series of talks for staff at Northern Manhattan Perinatal Partnership (NMPP)
- Community Partners include:
  - **Collaborative for Children & Families (CCF, Health Home Serving Children)**
  - **St. Mary's Hospital for Children**
  - **Blythedale Children's Hospital**
  - **Community Based Organizations providing CHWs**
    - *NMPP, Coalicion Mexicana, and Fort George Community Enrichment Center*

## ■ Future Engagement Efforts

- Further collaboration and engagement with CCF

# Collaborator Engagement in Pediatric Population Line

- CHW referral volume and outcomes

Patients referred	238
Patients enrolled	154
Patients completed program	33

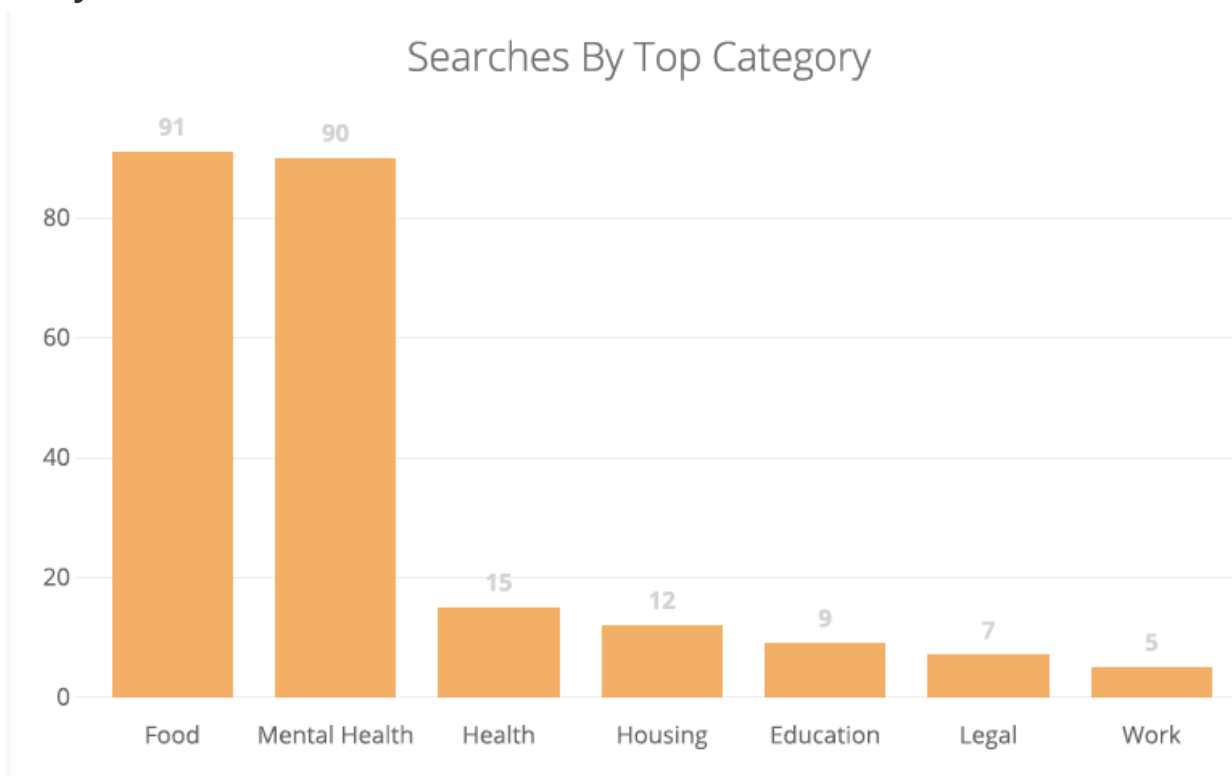
- Types of referrals to social services made by CHWs

Social Service Type	# of referrals
Housing	56
Food Pantry	51
Food Stamps	31
ESL/Education	28
Pest Control	23
Health Insurance/ SSI/Public Assistance	22

# Collaborator Engagement in Pediatric Population Line

- **Social Determinants of Health platform**

- 4 out of the top 10 users are from the pediatric discipline and made a total of 115 searches last month alone leading to referrals to community resources



# Pediatric Population Line Next Steps

- Workflow standardization across practices
- Educate providers on new protocols
- Outreach to patients due for annual check-up
- Follow-up meeting with ACN Leadership on Access Proposal



# Overview 2017

NewYork-Presbyterian PPS

IT/Clinical Operations Committee



Strategic  
Health  
Information  
Exchange  
Collaborative



# Adoption Challenges & Solutions

## ■ Organizational & Provider Workflow

- *Methods of Access*
  - Web-Portal
  - Single Sign-On
  - CCD/C-CDA Query
- *Automated Delivery of Data*
  - Clinical Event Notifications
  - CCD/C-CDA Delivery

## ■ Technology Stability & Security Impact

- Multifactor Authentication
  - NYS QE Requirements
  - MFA Bypass
- Recent Downtime
  - System & Functionality Upgrades
  - Security Improvements



# Contact Us



If you have questions,  
would like to see a demonstration or  
are interested in connecting with  
**Healthix**

Jason S. Thaw

Senior Director, Member Services

646.432.3677

[jthaw@healthix.org](mailto:jthaw@healthix.org)

# Appendix

# About Us



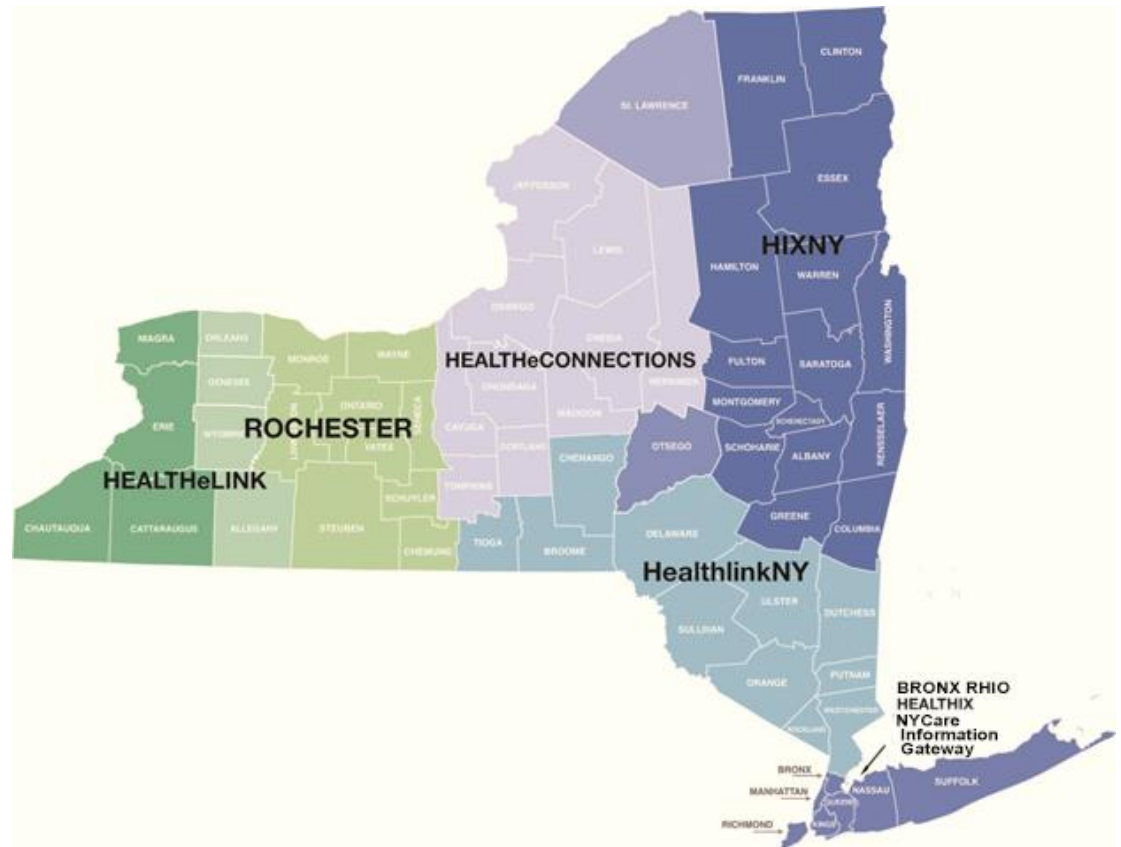
Hundreds of healthcare organizations at more than 1,500 facilities across New York City and Long Island participate in Healthix.

## Healthix Monthly Statistics (June 2017)

- 46 Million inbound clinical messages
- 485,000 Real-time clinical alerts
- 121,524 Patient Summary Documents Shared (CCDs)

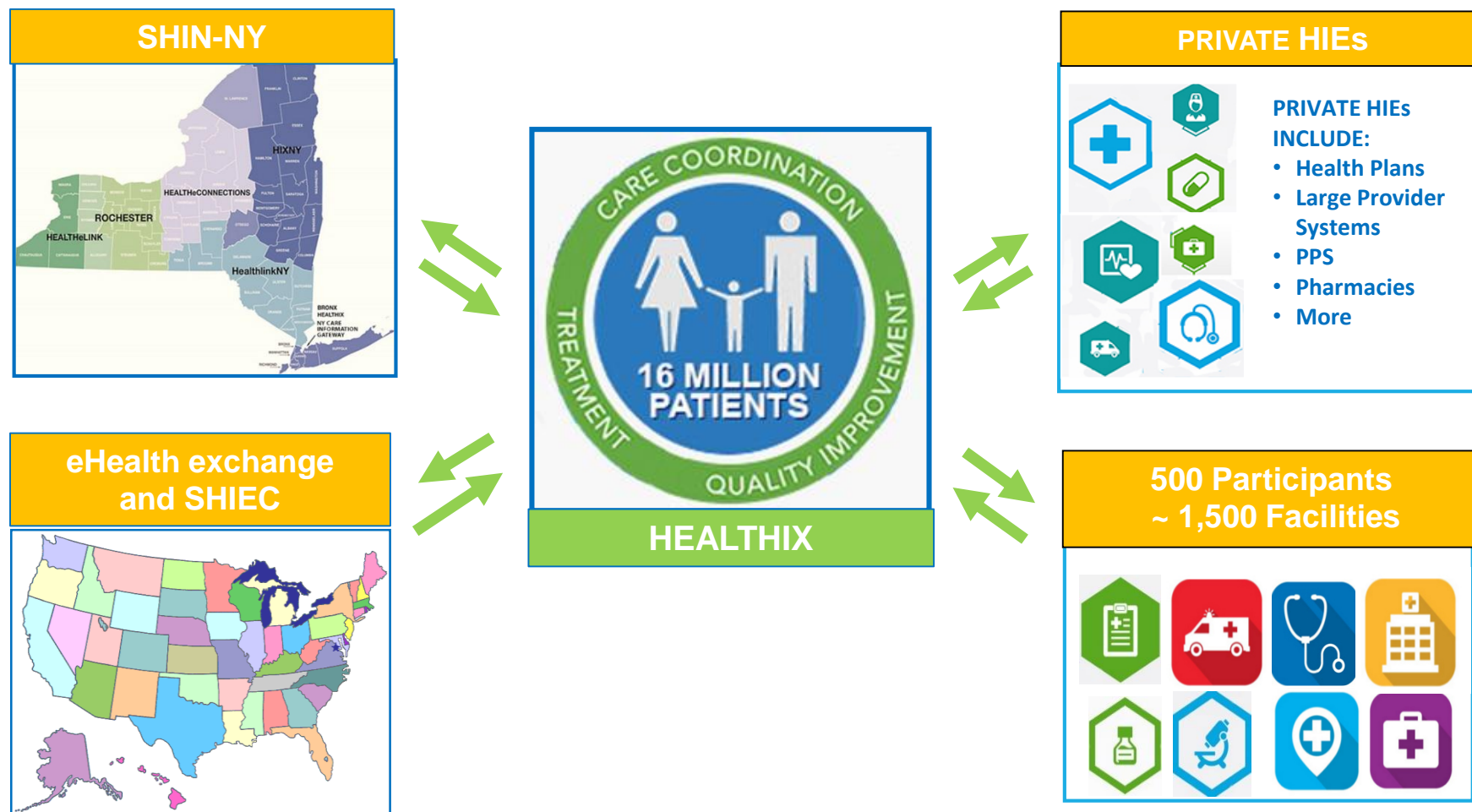
# Healthix and the SHIN-NY

The SHIN-NY is composed of 8 HIEs or Qualified Entities (QEs). The NYS DOH establishes common services, privacy and security policies, and technical standards for interoperability.



When a user queries for patient data, Healthix automatically returns data from both Healthix and the SHIN-NY.

# Role of Healthix in Exchanging Information



# Sources of Data

The breadth of data in Healthix is expanding in the number and type of contributors



# Types of Data

- Demographics (Name, Gender, DOB, Race, Ethnicity, Language)
- Allergies
- Medications
- Medication Allergies
- Smoking Status
- Immunizations
- Encounters
- Observations
- Vital Signs (Hgt, Wgt, BP, BMI)
- Pharmacy Fill Data
- Lab Tests, Values / Results
- Radiology Reports / Images
- Other Diagnostic Results
- Diagnoses
- Problem Lists
- Procedures
- Functional / Cognitive Status
- Care Plans / Team Members
- Discharge Instructions / Clinical Summaries
- Advanced Directives

## In development

- Care Plans
- eMOLST
- EMS Run Sheets
- Image Exchange
- Medicaid Claims Data
- Social Determinants of Health

# Healthix core services



## Patient Record Search:

Access to a more comprehensive patient profile Statewide



## Delivery of Clinical Summaries:

Ability to push clinical summaries (CCD, C-CDA) and lab results



## Clinical Event Notifications (CENs):

24/7 Custom alerts provide real-time updates for patients in care



## Direct Messaging:

Secure HIPAA-compliant messaging



## Predictive Analytics:

Assessing risk and managing patients to optimize care

June 2017  
USAGE

PATIENT RECORDS SEARCHED  
VIA PORTAL

**3,097**

CLINICAL SUMMARIES  
DELIVERED

**121,524**

CENs SENT TO:  
CLINICAL PROGRAMS

**125,319**



# Patient Consent & Engagement

- Consent to a Single Participant Organization
- Healthix Community Consent
- One-to-One Exchange
- Supporting Patients' Access to their Health Data

## IN DEVELOPMENT

- Working with Employers to Increase Access and Consent for Employees

AS OF June 2017

3,875,200

HEALTHIX UNIQUE  
PATIENT CONSENTS GRANTED

19,965

PROVIDERS WITH  
ACCESS TO  
PATIENT DATA

# State Policies

- Healthix and State Policy governs how providers and patients engage in health information exchange, and how they access patient information
- Compliance with policy facilitates data sharing across RHIOs
- Obtaining Consent
- Consent Audit, User Audit
- Password Strength / Failed Attempts
- User Roles, Patient Notices
- SAMHSA / Sensitive Data Re-disclosures



<http://healthix.org/who-we-are/healthix-policies/>