

<b>Date and Time</b>	8/18/15	<b>Meeting Title</b>	NYP PPS IT/Data Governance Committee
<b>Location</b>	CB12 Conference Room, 6 <sup>th</sup> Floor	<b>Facilitator</b>	Steven Kaplan, Niloo Sobhani
<b>Go to Meeting</b>	<a href="https://global.gotomeeting.com/join/121616565">https://global.gotomeeting.com/join/121616565</a>	<b>Conference Line</b>	Dial +1 (646) 749-3122 Access Code: 121-616-565

Attendees	
Andres Pereira, MD	<b>Chair:</b> Niloo Sobhani, Steven Kaplan, MD (NYP)
Angela Martin (VNSNY)	Daniel Lowy (Argus)
Betty Cheng (CBWCHC)	Greg Fortin (Isabella)
Anname Phan (NYC DOHMH PCIP/REACH)	Todd Rogow (Healthix)
Taeko Frost (WH CORNER Project)	Isaac Kastenbaum (NYP)
David Albert (NYP)	Gil Kuperman (NYP)
Sam Merrick (NYP)	Jyoti Parth (NYP)
Adriana Matiz (NYP)	Jordan Foster (NYP)
David Alge (NYP)	

Action Items				
Description	Owner	Start Date	Due Date	Status
Investigate opportunity for cross-PPS meeting	I. Kastenbaum	6/23/15	7/10/15	In-Progress
Review funding streams (PTN and SHIP)	A. Lin	6/23/15	7/10/15	?
Schedule On-Going Monthly Meetings for PPS Committee; though likely meet bimonthly	I. Kastenbaum	8/18	9/1	Complete
Distribute Healthix-accepted EHRs	I. Kastenbaum / T. Rogow	8/18	9/1	In-Progress
Check-in on NYS-wide Patient Portal	A. Phan	8/18	9/1	In-Progress

### Meeting Minutes:

- I. Kastenbaum started the meeting with review of the action items from the previous meeting. There were no updates on the PTN and SHIP funding streams; I. Kastenbaum had distributed the NYS/KPMG Connectivity Survey and had collected Committee member interest in specific milestones
- S. Kaplan introduced and Anname Phan as the new Collaborator Co-Chair. A. Phan is a Director on the NYC DOHMH PCIP and REACH team. She will serve a year-long term and help guide the activities of the Committee.
- S. Kaplan went through the agenda. He also covered the four main Organizational Deliverables that are related to this Committee -> Data Security and Confidentiality Plan, IT Current State Assessment, Define an IT Change Management Strategy, Develop Roadmap to Achieving Clinical Data Sharing across Network. The meeting will focus on the current state assessment and roadmap.
- S. Kaplan reviewed the NYP PPS interoperability strategy, including use of Allscripts Care Director, Healthix, and Direct Messaging.
- N. Sobhani reviewed the proposed needs-drive approach to the assessment. Projects and collaborators will identify patient care and communications challenges; PPS IS will synthesize potential solutions; PPS collaborators will be assigned to two groups (Highly Connected, Connected); collaborators will be assessed for HIE readiness; HIE workflows will be developed and IS will be implemented.
- N. Sobhani reviewed how the survey/assessment would be tailored to the degree of connectivity for a collaborator

## DSRIP Meeting Agenda

- T. Rogow gave an overview of Healthix; mentioned that Interboro, BRIC, and Healthix will be able to exchange information at the end of August. T. Rogow reaffirmed that Healthix only needs to know what product a collaborator has before they start the implementation.
- T. Rogow also confirmed that there might be one-time setup fees for EHRs and that direct messaging (with Healthix platform) would also be an extra charge.
- D. Lowy had questions about what patient identifier is used within the Healthix system; they had to identify the appropriate identifier for use with BRIC.
- A. Phan asked a question about how long it would take a non-Healthix supported HER vendor to connect to the RHIO. T. Rogow responded that it depended on the type of connection and the willingness/ability of the vendor.
- N. Sobhani went over the Allscripts Care Director (ACD) implementation process. Several suggested that we look at the Health Home process and see how it might be adapted/adopted for DSRIP.
- I. Kastenbaum went over the Security and Confidentiality Plan milestone – NYS emailed on 8/14 that a series (18) workbooks would need to be completed for the deliverable. More information is coming.
- S. Kaplan asked the group about their desired meeting frequency. Group suggested that we keep monthly meetings, but actually go bimonthly.
- D. Lowy had final questions about whether care managers can be notified of patient utilization; T. Rogow said yes.
- Group had questions about patient access to data; T. Rogow mentioned that NYeC was working on a statewide patient portal. Healthix is looking to just support existing provider patient portals.
- D. Lowy also suggested that the PPS confirm with OASAS as to whether they could also notify providers of patients using OASAS services.

AMAZING  
THINGS  
ARE  
HAPPENING  
HERE

# PPS IT/Data Governance Committee

*August 18<sup>th</sup>, 2015*

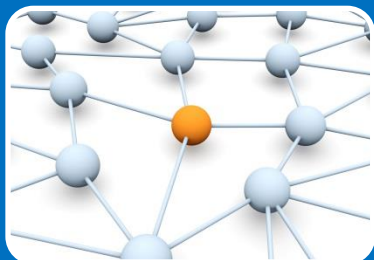
# Agenda

- **Follow-Up from Last Meeting**
  - **NYS HIE Readiness Survey**
- **Review Required Milestones**
- **Review Proposed HIE and Assessment Strategies**
  - **Identify Unmet Needs by Projects**
  - **Assess CBOs Current HIE Capabilities/Readiness**
  - **Implement HIE Solutions Based on Needs/Readiness**
- **Review Process for Remaining Milestones**
- **Next Steps**

# Milestones

Milestone	DSRIP Year	Calendar Year
Develop a data security and confidentiality plan	DY1, Q4	March 2016
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	DY1, Q4	March 2016
Develop an IT Change Management Strategy.	DY2, Q2	September 2016
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	DY2, Q2	September 2016

# NYP PPS Interoperability Strategy



## Leverage RHIO

- Sharing of clinical data
- Support for event notification



## Spread Allscripts Care Director

- Collaborative care management
- Similar to Health Home



## Implement Direct Messaging (future state)

- Supports one-to-one referrals
- May be relevant when want to send data to one party but not make it available to all, e.g., mental health

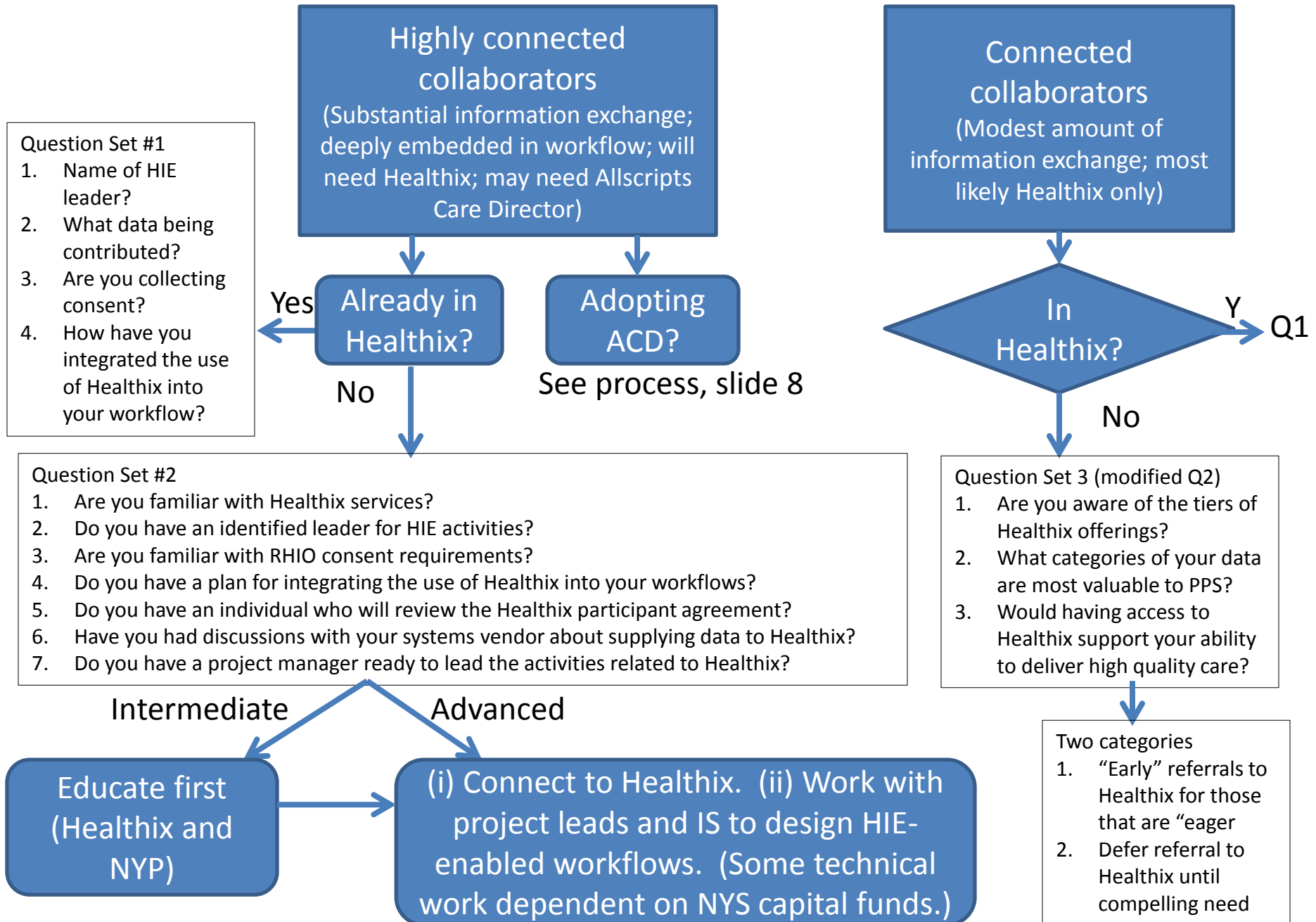
# HIE: Identifying Unmet PPS Project Needs

*To ensure the best use of health information exchange and PPS resources, the NYP PPS is proposing a bottom-up discovery process to drive its interoperability infrastructure.*

*This follows a five step process:*

- Projects determine initial patient care and communication challenges with collaborators (e.g. lack of information availability, no confirmation of referral receipt, etc.)
- NYP PPS IS staff synthesize potential interoperability solutions
- NYP PPS collaborators assigned to two groups: 'highly-connected' and 'connected'
- NYP PPS collaborators assessed for HIE readiness
- HIE workflows developed and infrastructure implemented, using RHIO, ACD, and Direct Messaging

# Milestone: Assessing CBO HIE Readiness/Capabilities





# Milestone: Interoperability Roadmap

- 1 *Projects identify unmet patient care and communication needs*
- 2 *NYP PPS IS/PMO synthesize HIE opportunities*
- 3 *NYP PPS IS/PMO identify highly-connected and connected collaborators*
- 4 *NYP PPS IS assesses collaborator readiness*
- 5 *NYP PPS IS education collaborators on HIE* *Projects/collaborators develop workflows*
- 6 *Develop implementation plans and timelines*
- 7 *Implement RHIO connectivity, Allscripts Care Director, and/or Direct Messaging*

# What is required for a partner organization to be a member of Healthix?

- Most important -- A senior leader is identified who (i) understands why Healthix membership is important, (ii) serves as the organization's sponsor and (iii) facilitates next steps
  - Projects need to identify this individual
- Healthix will have an Account Manager who will work with the organization
  - PPS will have “Healthix CBO Integration Manager” for additional assistance
- Organization will need to:
  1. Sign the Healthix Participant Agreement that establishes the legal relationship w/ Healthix
  2. Facilitate discussions between its vendor and Healthix
  3. Implement processes to capture patient consent
  4. Integrate Healthix into its workflow
  5. Have a project manager to handle all the above

# ACD implementation process at a CBO

1. Identifying relevant team members (project team, CBO, IS, PMO)
2. NYP sponsor required to grant ITA and system access to end users
3. Identify system roles for each end user
4. Create ACD attribution lists
5. Initial site assessment
  - Review of existing workflows
  - Technical assessment (hardware, connectivity, browser, etc.)
6. Hardware / software remediation
7. Design ACD-related workflows
8. Identification / implementation of any relevant contracting activities
9. Assessment and Care Plan template design and development
10. Training and Go-live Support

# Other Milestones: Security and Confidentiality Plan

As of Friday, August 14<sup>th</sup> 6PM:

The New York State Department of Health (DOH) Office of Health Insurance Programs is responsible for providing oversight for Medicaid related information systems. This responsibility includes defining business, information, and technical guidance that will create a common baseline and standards for these IT system implementation activities, including required security policies and standards. In order to create this baseline, the DOH is releasing Systems Security Plan (SSP) workbooks for each Performing Provider System to report on the implementation of security controls and standards.

The Department requires that all PPSs complete these SSPs in order to formalize a complete data security and confidentiality plan, milestone #5 within Section 5 "IT Systems and Processes" of the DSRIP Implementation Plan Project (IPP). The workbooks should be uploaded as attachments to milestone 5, Section 5 of the IPP beginning Quarter 2 DY1 within the October 2015 Quarterly Report.

There are 18 SSP workbooks that will complete the PPS' Systems Security Plan, which will be broken out over the Quarterly Reports over the next year. Four of these 18 are attached to this message:

1. System and Communications Protection (SC)
2. Identification and Authorization (IA)
3. Configuration Management (CM)
4. Access Controls (AC)

These four will be the first SSPs to be completed by PPSs to be returned in October's QR, as they review the policies and standards that are aligned most closely with those policies and standards iterated in the DEAA, DEAA Addendum, and Security Assessment Affidavit. The Department asks that the PPS also send in the Identification and Authorization (IA) SSP & the System and Communications Protection (SC) SSP along with the Security Assessment Affidavit when the PPS if and when the PPS choses to complete the Security Assessment Affidavit. The PPS does not have to complete these SSP workbooks twice, but should upload the same SSP workbooks with the October QR if completed prior.

## **Other Milestones: Change Management Plan**

**TBD**

**(Due September 2016)**