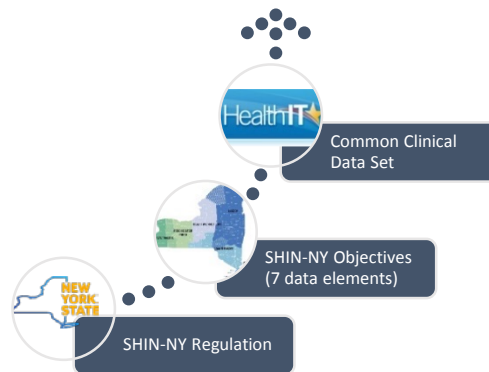


## Summary of Data Contribution + the SHIN-NY for QEs

Over the past year (or more) there have been various efforts occurring in parallel which set out to increase the quantity and quality of clinical data available in the SHIN-NY. The following is intended to clarify any misinformation or misunderstanding regarding the data contribution requirements for the SHIN-NY. *It should be emphasized that NYS healthcare transformation is moving in the direction of the Common Clinical Data Set as the standard for data contribution and data availability.*

### Continuum of Data Contribution Requirements



#### The SHIN-NY Regulation:

The Regulation requires certain NYS regulated entities to become QE Participants and allow for bi-directional access to patient information. The Regulation itself does not point to a specific minimum data set.

- By 3/9/2017: - general hospitals
- By 3/9/2018: - article 28 nursing homes and diagnostic treatment centers  
- article 36 certified home health care agencies, long term home health care programs  
- article 40 hospices  
- article 44 HMOs  
- article 46 shared health facilities  
- including Urgent Care providers

#### The 2016 SHIN-NY Objectives (BOC Objectives):

In May 2016, the BOC defined and ratified the seven (7) data elements that would be the standard for SHIN-NY data contribution for this calendar year. QEs have been tracking and reporting to NYeC and DOH the data contribution of hospitals and physicians against this data set. Transition of Care documents were initially contemplated for inclusion but ultimately not included in this data set at the time of BOC approval.

1. Demographics	5. Allergies
2. Encounters	6. Procedures
3. Medications	7. Diagnoses/problems
4. Labs	

#### DEIP and Other Initiatives:

To raise the bar on data quality and completeness in the SHIN-NY, the DOH has decided to leverage the **Common Clinical Data Set** (formerly referred to as Common MU Data Set) in C-CDA format for various DOH-sponsored initiatives, notably

DEIP (Data Exchange Incentive Program) and the Certificate of Need process (CON). The Common Clinical Data Set is very similar to the 7 SHIN-NY data elements defined and approved by the BOC, but is more expansive (see crosswalk).

The **Common Clinical Data Set** includes:

Common Clinical Data Set	
1. Patient name	11. Laboratory test(s)
2. Sex	12. Laboratory value(s)/result(s)
3. Date of birth	13. Vital signs – height, weight, blood pressure, BMI
4. Race	14. Care plan field(s), including goals and instructions
5. Ethnicity	15. Procedures
6. Preferred language	16. Care team member(s)
7. Smoking status	17. Encounter Diagnosis
8. Problems	18. Immunizations
9. Medications	19. Functional and Cognitive Status
10. Medication Allergies	20. Discharge Instructions

### Crosswalk of SHIN-NY Objectives data set and Common Clinical Data Set

	Common Clinical Data Set	SHIN-NY Objectives (7 data elements)
1. Name	X	X "Demographics"
2. Sex	X	
3. DOB	X	
4. Race	X	
5. Ethnicity	X	
6. Pref. Lang.	X	
7. Smoking Status	X	
8. Problems	X	X (Diagnoses)
9. Medications	X	X
10. Med. Allergies	X	X
11. Lab Test	X	X
12. Lab Values	X	
13. Vitals	X	
14. Care Plan fields	X	
15. Procedures	X	X
16. Care Team Members	X	
17. Encounter Diagnosis	X	X (Encounters)
18. Immunizations	X	
19. Functional & Cognitive Status	X	
20. Discharge Instructions	X	

### Communicating with Participants

To encourage QE Participants to contribute the most robust data sets possible and to be best prepared for enhanced requirements in the future, a guidance document has been prepared for QE use. This document references the SHIN-NY regulation and the requirement to connect, but leverages the Common Clinical Data Set as the high bar to reach for data contribution. See ***Guidance Document\_SHIN-NY Data Contribution\_112016***



## Guidance to Article 28 Hospitals: SHIN-NY Data Contribution

To continue advancing the Statewide Health Information Network for New York (SHIN-NY) and adhere to the SHIN-NY Regulation (*Addition of Part 300 to Title 10 NYCRR (Statewide Health Information Network for New York (SHIN-NY)) which was codified on March 9, 2016*), the Department of Health has set an objective to **increase the quantity and quality of data contributed to the SHIN-NY by hospitals and other healthcare providers**. In doing so, the network can better support statewide efforts to improve healthcare quality, coordination and efficiency of patient care, and reduce medical errors, amongst many other benefits.

Pursuant to the Regulation, all Article 28 Hospitals are to be **participating in** and **contributing data to** the SHIN-NY by March 9, 2017. To meet the objectives stated above, it is the Department of Health’s goal to have all Article 28 Hospitals contributing the **full dataset** below to the SHIN-NY by March 9, 2018.

### Common Clinical Data Set

- |                          |  |
|--------------------------|--|
| 1. Patient name          | 11. Laboratory test(s)                                   |
| 2. Sex                   | 12. Laboratory value(s)/result(s)                        |
| 3. Date of birth         | 13. Vital signs – height, weight, blood pressure, BMI    |
| 4. Race                  | 14. Care plan field(s), including goals and instructions |
| 5. Ethnicity             | 15. Procedures   |
| 6. Preferred language    | 16. Care team member(s)                                  |
| 7. Smoking status        | 17. Encounter Diagnosis                                  |
| 8. Problems              | 18. Immunizations  |
| 9. Medications           | 19. Functional and Cognitive Status                      |
| 10. Medication Allergies | 20. Discharge Instructions                               |

At this time, the Department of Health is concerned with increasing the **quantity and quality** of data that is contributed to the SHIN-NY. At this time the DOH is not mandating a specific transport method or mechanism (e.g. HL7 v2, HL7 v3, C-CDA) for contributing data to the SHIN-NY, however C-CDA is strongly encouraged in order to align with various other health care transformation initiatives in NYS. In the future, a specific transport mechanism may be required.