

# HIE Case Study: Patient and Caregiver Engagement Strategies New York Care Information Gateway

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NY Care Information Gateway (NYCIG) is a Regional Health Information Organization (RHIO). NYCIG facilitates the exchange of electronic health records (EHRs) to enable access by providers at the time treatment is rendered. Access to patient health information in a RHIO requires patient consent to be kept on file. In the state of New York, there are presently eight (8) state funded, not-for-profit RHIOs. In May 2015, Interboro Regional Health Information Organization and eHealth Network of Long Island combined operations and became NY Care Information Gateway. NYCIG has since successfully merged onto one technical platform and has increased its number of participants steadily and doubled in size administratively to support the business demands of its membership.

NYCIG's Board of Directors comprises members from a broad spectrum of stakeholders. Directors include representatives from hospitals, physician practices, long-term care facilities, a payer organization and a patient support/advocacy organization. NYCIG's Participants include health care providers from across New York City, Nassau and Suffolk Counties including all of the NYC Health & Hospitals, Diagnostic & Treatment Centers, Stony Brook University Hospital, Southampton Hospital, Eastern Long Island Hospital, Peconic Bay Medical Center and NYU Winthrop Hospital. The HIE platform currently houses over 6 million unique patient records.

For more information on RHIOs in NY State, visit [www.NYeHealth.org](http://www.NYeHealth.org).

For this case study, **Sue-Ann Villano, MPA**, *Senior Director of Client Services, Marketing & Outreach, NY Care Information Gateway* was interviewed about the technical, financial, regulatory, and political barriers to use of the HIE as a successful patient and caregiver engagement vehicle to improve care quality and outcomes.

### How has your organization worked to engage patients and caregivers?

NYCIG's Provider Relation Specialists make every effort to attend patient-centric outreach events. NYCIG team members often engage clinicians and end users of the RHIO and educate them through the NYCIG on boarding process or end user training program. NYCIG's widespread geographic distribution of Participants and large patient population add to the challenge of successfully engaging patients more often than we would like.

NYCIG works closely with the NY State Department of Health, the NY eHealth Collaborative (NYeC) and the other seven (7) RHIOs in New York to communicate with the public about RHIOs. NYCIG believes that communicating the value of the RHIO is required in order to create greater patient awareness, leading to more patients requesting the participation of their own care providers. We also strongly believe that with increased awareness of RHIOs by patients, more patients will consent to allow the sharing of their health data.

The NY RHIOs work closely with one another to ensure that policies and procedures are uniform across each organization; this allows for consistency of patient experience and effective sharing of information across the region and state. All RHIOs in New York are required to comply with statewide certification requirements in order to facilitate and maintain enhanced security of shared patient health information to positively impact health outcomes.

### What are some of the barriers you have encountered as a patient/caregiver engagement vehicle?

We have witnessed a deficit in engagement when a health organization has high turnover in leadership. This results in needing to re-orient the providers at that organization to the RHIO's purpose and value. Once a Participant is on boarded and end users are identified and trained, continued support by leadership in the organization is the best way to ensure optimized utilization and promotion of the RHIO.

In many healthcare organizations, front desk staff also have a high rate of turnover, which presents a challenge for the organization. They are less able to build a rapport with the patients through which engagement becomes easier. This is the most critical element for the success of a RHIO – without patient consent; clinicians cannot access patient information (with the exception of emergency care).

Ensuring that our Provider Relations Specialist Liaisons effectively communicate with patients is key to successful engagement as well. For example, a hospital may have 30,000 patients in a

year, but only 2,000 of those patients may give consent to the RHIO to share their information. When this type of reporting is received by the Provider Relations Specialist, they should use this information to target communications more effectively about the benefits of participating in the RHIO, leading to increased engagement of patients and thus increased consent rates. This information should be received on a regular basis. If healthcare organizations and RHIOs work together, the goal of achieving consent for all patients can be realized. This will lead to easier access of healthcare information by clinicians.

### **What improvements in care quality and outcomes have you been able to realize through patient/caregiver engagement?**

One major improvement has been the implementation of a process known as “Breaking the Glass.” This process occurs when a clinician determines that a situation is an emergency and gains access to vital information through the RHIO. In the Emergency Department, the doctor may encounter an unconscious patient and only know his or her name from identification found on their person. If there is not a consent form on file in the RHIO for the patient or if there is “emergency only” consent status on file, the clinician may attest in the system that this is an emergency and access information from the RHIO until that patient is no longer considered in an “emergency state.”

All “Break the Glass” activity is audited to ensure the privilege is not abused and this ability is only issued to clinicians working in organizations that provide emergency services. Once the situation is no longer an emergency, RHIO representatives are required to follow up with the clinician and document the account. There have been countless occasions when “breaking the glass” has enabled clinicians to treat patients more effectively. The NYCIG RHIO is always looking to better understand and meet the needs of providers who are granted this role in the system.

### **Why and how have you developed the approaches you have taken?**

Most of the approaches we have implemented were due to statewide guidelines. These implementation guidelines are evidence-based, honed through many in person meetings, and researching pre-existing laws such as HIPAA. NYCIG, along with our colleagues at the other NY RHIOs, is committed to improving the quality of patient care through increased access to information. NYCIG believes that better outcomes for patients should always be the goal whether the endeavor is funded publicly or privately.

## Summary:

NYCIG wants to achieve five different criteria:

- 1) The first is to advance interoperable health information technology to improve the quality and safety of healthcare and reduce costs.
- 2) Second, they want to advance, develop and operate a health information infrastructure based on a community-driven model. This model is open to all healthcare providers and facilitates the secure exchange of patient health information among disparate clinicians, other authorized entities and patients in real-time.
- 3) Third, they are working to facilitate the exchange of clinical information among health information users enabling clinicians to have access to the information necessary to guide clinical decisions and care coordination.
- 4) The fourth criterion is to promote a system where information follows the healthcare consumer so they are at the center of their care.
- 5) Finally, they wish to engage in the Statewide Health Information Network of NY (SHIN-NY) to create the ability to share data across the continuum of care, resulting in higher quality and better health outcomes in a more cost-effective environment for patients within the state of New York.

## Acknowledgements

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