

The logo consists of a cluster of white circles of varying sizes, arranged in a roughly circular pattern, positioned to the right of the text.

New Jersey
Innovation Institute
An NJIT Corporation



New Jersey Innovation Institute

Jennifer D'Angelo

Senior Vice President and General Manager Healthcare



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Casi Golaszewski

Department of Health

About the New Jersey Health Information Network - NJHIN



NJHIN is being utilized to reduce medical errors, improve data quality, make healthcare more efficient and ultimately, improve patient outcomes for all New Jersey residents.

The NJ Department of Health (NJDOH) owns the NJHIN, and the New Jersey Innovation Institute (NJII) is the state designated entity assigned to manage it. Currently, all 71 acute-care hospitals, six health information exchanges (including regional health hubs), over 6,000 physicians and Care-Teams, 91 long-term care providers, and 10 non-hospital facilities (Federally Qualified Health Centers, community clinics) have joined the NJHIN and are operating within its integrated network.

The NJHIN is the only network that has been built specifically to facilitate the exchange of patient data for all New Jersey patients with their healthcare providers. The NJHIN is unique in that it can connect directly to New Jersey's public health registries, allowing it to maintain a statewide patient identifying system. The goal of this information sharing and increased interoperability is to reduce the cost of healthcare and improve patient health by leveraging the network for a variety of situations.

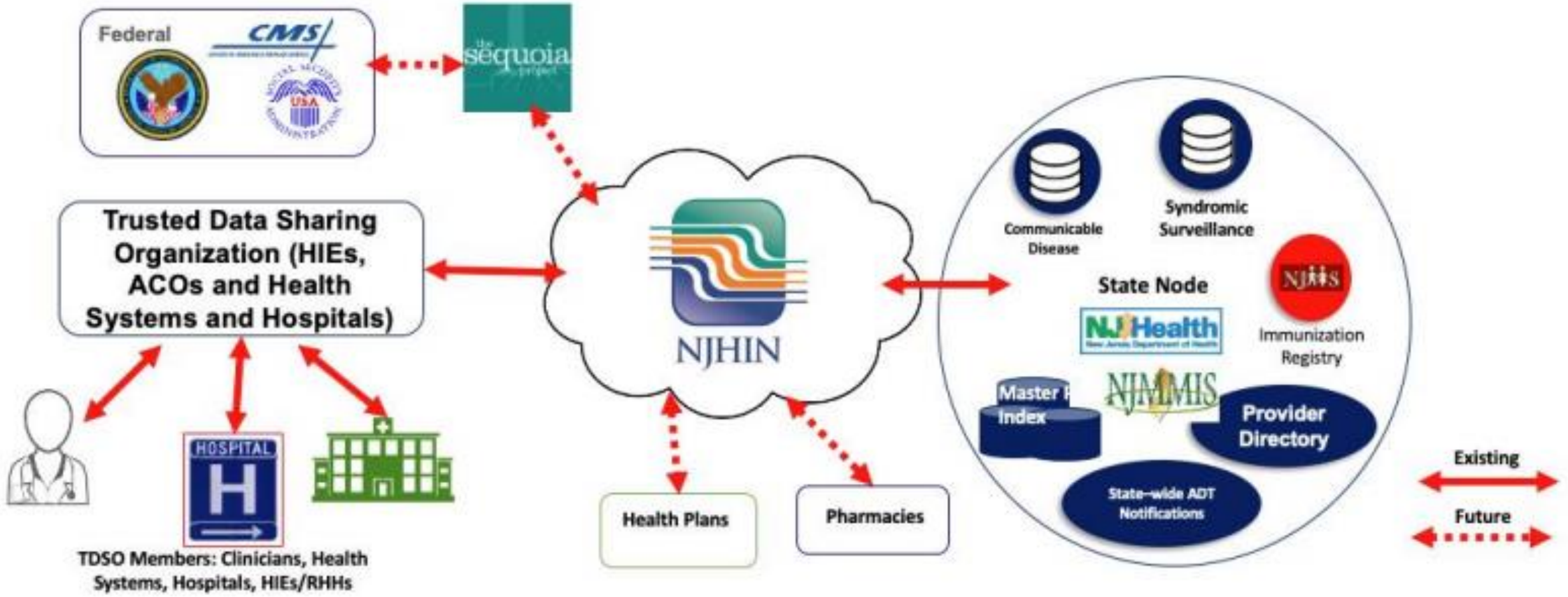
NJHIN use-cases and services

- State-wide Admission, Discharge, Transfer (ADT) Alerts
- Active Care Relationship Services (ACRS)
- Master Person Index (MPI)
- State-wide Consolidated Clinical Document Architecture (CCDA)
- Emergency Medical Services (EMS)
- NJIIS
- Patient Access and Provider Directory API for Medicaid's Fee=For-Service beneficiaries
- Provider Directory
- Consumer Access
- Electronic Consent for Behavioral Health
- Perinatal Risk Assessment (PRA)
- Fetal Birth and Death
- Lead Registry
- emPOLST



Visit www.njii.com/njhin for detailed descriptions

NJHIN – Statewide Interoperability





LTC Specific Regulatory Mandates and NJHIN Compliance

NJ Long-Term Care Emergency Operations Center (LTCEOC) September 16, 2020 Assembly Bill 4476 Deadline June 16, 2021

- Long-Term Care Organizations of New Jersey are required to connect to NJHIN to satisfy the state's mandate outlined in Assembly Bill 4476. The Long-Term Care Emergency Operations Center (LTCEOC) states "Use cases built on this technology shall include the bi-directional capability for admission discharge and transfer and continuity of care through the clinical data architecture. Long-term care facilities interoperability for these use cases shall be achieved by connecting to the New Jersey Health Information Network."
- **There is no cost for Long-Term Care Organizations to connect to the NJHIN, the services are 100% HIPAA compliant, and no third-party solutions are necessary.**
- For more information visit <https://www.njii.com/long-term-care-organizations-provide-interoperability-adts-information-blocking-via-njhin/>

Assembly Bill 4476 – September 16, 2020

26. a. No later than **270** days after the effective date of this act, each long-term care facility shall implement or upgrade to an electronic health record system certified by the Office of the National Coordinator for Health Information Technology in the U.S. Department of Health and Human Services that is capable of information sharing through industry standard data interoperability, including application programming interface Health Level 7 or fast healthcare interoperability technology. Use cases built on this technology shall include the bi-directional capability for admission discharge and transfer and continuity of care through the clinical data architecture. Long-term care facilities interoperability for these use cases shall be achieved by connecting to the New Jersey Health Information Network.

b. Subject to the availability of funding for this purpose, the Department of Health shall make grants available to long-term care facilities to provide assistance in implementing or upgrading to an electronic health record system that meets the requirements of subsection a. of this section, which grants shall be distributed to long-term care facilities based on demonstrated need.

Compliance Checklist NJHIN, ADT, CCDA



Step 1 – NJHIN Connectivity

Step 2 – SFTP (Secure File Transfer Protocol) with NJII

Step 3 – ACRS (Active Care Relationship Service – matching of patients to providers) file provided by the organization to SFTP

Step 4 – Facility will begin to receive state-wide ADT and CCDA notifications

Step 5 – Facility EHR to send outbound ADT to NJHIN

Step 6 – Facility EHR to send outbound CCDA to NJHIN

Step 1 – NJHIN Connectivity

Direct connection via NJII by executing DURSA (Data Use and Reciprocal Use Agreement)

Existing Trusted Data Sharing Organizations (TDSOs) connected to the NJHIN include

- Regional Health Hubs (RHH):
 - Camden Coalition
 - Trenton Health Team
 - Greater Newark Healthcare Coalition
 - The Health Coalition of Passaic County
- *Health Information Exchanges*
 - *HealthShare Exchange (HSX)*
 - *Jersey Health Connect (JHC)*
 - *Keystone (KeyHIE)*
 - *OneHealth New Jersey*
 - *Southern New Jersey Health Information Organization (NJSHINE)*

If you have a connection listed above, you are connected to NJHIN



NJHIN Connectivity – RHH



Regional Health Hubs (RHH/HIE)

Camden, Newark, Passaic, Trenton

If your organization is located in a region with a Regional Health Hub, you can explore connecting to the NJHIN via their regional health information exchange (counties included: Camden, Gloucester, Burlington, Salem, Mercer, Essex, Passaic)

Joining the RHH provides benefits such as locally tailored add-on services and support, and opportunities for regional collaboration. Services vary by each region but may include real-time encounter notifications and clinical reports that include more local health and SDOH data.

You could also have the opportunity to co-design improved workflows with your local hospital partners and to access analytic capabilities to better understand patient utilization metrics and outcomes

NJHIN Connectivity – HIE



Health Information Exchanges (HIE)

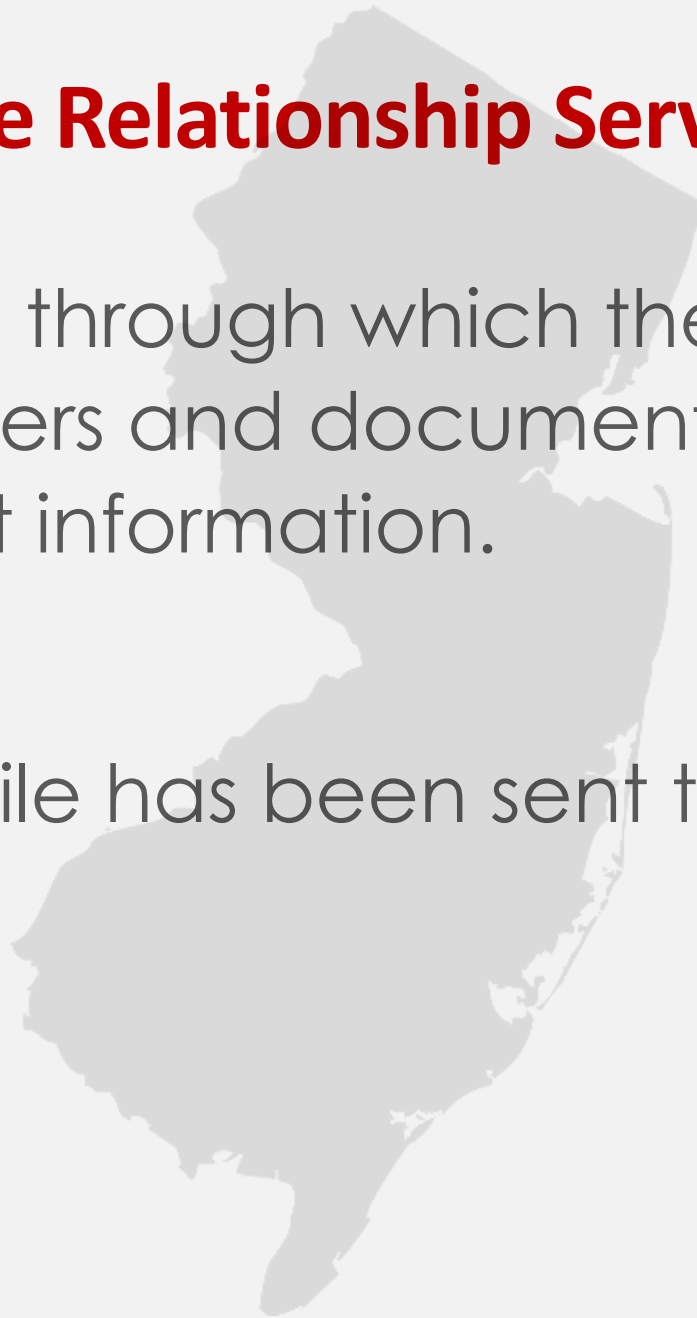
Coordinated care that improves the accuracy and quality of care, enhancing patient privacy, offering faster access to medical data, and reducing costs through unnecessary and duplicative care. Utilizing secure electronic networks provided by a collaboration of health care organizations, ultimately streamlining health care information for health professionals and patients.

HIEs link the electronic medical record (EMR) systems of different hospital health systems and other healthcare providers to make this information accessible at inpatient and outpatient points of care (including medical practice offices) and for care management. Services also provide recent clinical care information, and alert providers and health plans to care events.

Step 3: Active Care Relationship Services (ACRS) – Required

The ACRS is a tool through which the NJHIN assigns patients to providers and documents how providers prefer to receive patient information.

Template for this file has been sent to Point Click Care and MatrixCare.



Statewide Admission, Discharge and Transfer (ADT) Alerts



ADT data limited to patient demographics, some diagnosis and insurance information, the tool is powerful in its ability to keep providers informed about the hospitalizations of their patients.

This use case also includes tools that are configurable to normalize certain data fields (such as race, discharge disposition and hospital service).

Providers receive alerts about their patients' hospital events and follow-up to improve patient outcomes and reduce hospital readmissions.

Master Person Index (MPI)

Over 8 million identities have been collected through hospital uploads and interfaces. Patient identification has long been a barrier to interoperability and the MPI Use Case provides benefits to participants by assisting in the identification of patients within local EHRs. A Common Identifier across all NJHIN participants also provides a safe way to ensure that information transferred across the state represents the correct patient. **Approximately 9,071,888 lives in NJHIN.**

State-wide CCDA exchange

NJHINs newest use case utilizes the existing data transfer components of ADT notifications and applies them to the more robust Consolidated Clinical Document Architecture (CCDA) transfers. This new use case represents a major milestone in the sharing of clinical data between NJHIN members.

Exchanging Problem Lists, medications, diagnosis, patient history, visit summary, allergies, and results on COVID and Flu.

EHR Vendor Statements



"MatrixCare is committed to our customers successfully meeting the June deadline for compliance with New Jersey Public Law, C.26:2H-12.95. MatrixCare understands the importance of sharing clinical data so our customers can do good and do well. We are actively collaborating with NJII on the mechanics to make compliance possible."



"PointClickCare is aware of the requirements created in New Jersey by Assembly Bill 4476. We are actively working with the NJHIN, sub-state HIEs, regional health hubs and our customers to ensure we support our customers with their compliance with the requirements around interoperability, including CCD and ADT notifications. We will be reaching out to our customers shortly with more information on next steps."

What are we doing to help?

- Assist you in understanding NJHIN and benefits of the network
- We are here to support you through this process by helping answer your questions, guide you in the process, and be your support system for compliance
- Tracking of facilities current state
- Possible funding available to offset EHR costs
- Assistance with legal documents to ensure cyber security and privacy requirements
- Identifying appropriate workflows with Electronic Health Record System
- Outreach and assisting with onboarding process
- Facilitating in receiving and sending Admit, Discharge, Transmit (ADT) alerts
- Facilitating in receiving and sending Continuity of Care Architecture (CCDA)

FAQs

- What are the benefits of connecting to NJHIN/NJII?
 - State-wide Master Person Index (MPI) platform to uniquely identify patients to ensure safety and assurances of accurate interoperability
 - This integration to NJHIN allows New Jersey Long-Term Care Organizations to align with CMS requirements surrounding ADT notifications and information blocking
 - Improve care coordination, streamline transitional care management, conduct timely patient follow up, and improve patient outcomes.
 - State-wide notifications for ADT and CCDA
 - Connection to state registries
 - emPOLST access
- Are you able to integrate with PAC EMR? Yes – please have them contact NJII
- What organization types are included with LTC? The statutory definition of long-term care facility is: "Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L. 1971, c.136 (C.26:2H-1 et seq.).

FAQs

- Are LTC providers able to query CCDA's upon enrollment? **NJHIN is based on "push" technology to automate delivery.**
- What's the difference between NJII vs Jersey Health Connect vs Carequality? **NJII is State designated entity to manage the NJHIN. JHC is one of the HIEs in NJ. Carequality is an operational framework to connect to existing networks.**
- If participants are connected via Carequality what are the onboarding steps we can skip/eliminate? **NJHIN is not currently cross connected with Carequality.**
- Does NJII have plans to accept ADT feeds from Carequality/Jersey Health Connect? **Yes, this is in place today.** Would this eliminate the need for providers to maintain duplicate feeds and connect with multiple data sharing exchanges? **It depends on the connection pathway.**
- Are certified home care agencies part of NJHIN/NJII? **They count as a facility and are capable to connect if they choose to.**
- If providers do not share or query through NJHIN will the provider be penalized? **Yes, all LTC facilities are required to connect to NJHIN.**

FAQs

- **DOH**

- Funding – we are working on a funding model along with the vendors to identify the potential costs associated
- Penalty – There are no penalties now, but compliance will be closely monitored
- What if we cannot meet the 120-day timeline due to high demand to get this done?
- Are there grace periods that can be built in?
- Will good faith efforts be taken into consideration if the deadline is not met?

- **Vendor Questions**

- Do vendors like PCC know of this regulation? Yes – we have been in communication with them on the requirements and they are developing the solution.
- Since most of the industry uses PCC can the state assist in expediting this linkage to the HIE network? Yes – they have indicated they are currently working on this.

Contact Information

- RHH Camden: Kathleen Noonan
knoonan@camdenhealth.org
- RHH Trenton: Greg Paulson
gpaulson@trentonhealthteam.org
- RHH Newark: Amy Grandov
agrandov@greaternewarkhcc.org
- RHH Passaic: Kim Birdsall
birdsallk@sjhmc.org
- JHC: Van Zimmerman
van.zimmerman@njii.com
- OneHealth: Larry Downs
ldowns@msnj.org
- HSX: Jennifer Natale
jennifer.natale@healthshareexchange.org
- KeyHIE: Joseph Fisne
jbfisne@geisinger.edu
- NJSHINE: Robin Settle
rmsettle@ecgmc.com

Contact us



Jennifer D'Angelo

Senior Vice President, General Manager Healthcare Division



(201) 394-2765



Jennifer.Dangelo@njii.com



211 Warren Street, Newark, NJ

Thank You

New Jersey 
Innovation Institute
An NJIT Corporation