

**New York eHealth Collaborative Policy Committee Meeting**  
**Nov. 15, 2019**  
**2 p.m. – 4 p.m.**  
**Meeting Notes**

A meeting of the NYeC Policy Committee was held on Nov. 15, 2019. Present either in person or via telephone were:

Art Levin, Center for Medical Consumers, Chair of Policy Committee  
Nance Shatzkin, Bronx RHIO  
Steve Allen, HealthLink  
Karen Romano, HealthConnections  
Todd Rogow, Healthix  
Amy Warner, Rochester RHIO  
Geraldine Johnson, NYS DOH  
James Kirkwood, NYS DOH  
Jonathan Karmel, NYS DOH  
Christie Allen, NYS DOH  
Deirdre Depew, NYS DOH  
Carmen Barber, NYS OMH  
Dan Tietz, AIDS Institute  
Dr. John-Paul Mead, Cayuga Medical Associates  
Dr. Tom Mahoney, Common Ground Health  
Dr. David Cohen, Maimonides Medical Center  
Laura Alfredo, GNYHA  
Linda Adamson, NYSTEC  
Val Grey, NYeC  
Cindy Sutliff, NYeC  
Nate Donnelly, NYeC  
Alison Birzon, NYeC  
Bob Belfort, Manatt  
Alex Dworkowitz, Manatt

The meeting was called to order by Mr. Levin at 2 p.m.

**I. Welcome and Introductions**

Mr. Levin welcomed the Committee members, provided an overview of the meeting materials, and described the meeting agenda. He reminded Committee members that they may submit any corrections or additions to the meeting minutes.

**II. Executive Director Update**

Mr. Levin introduced Ms. Grey to provide an update. Ms. Grey explained that NYeC had made public comments on the DSRIP 2.0 proposal with themes on the need to leverage the SHIN-NY as much as possible and the need for statewide governance, among others. Ms. Grey said NYeC

had also asked for assistance in modernizing the SHIN-NY, noting that DSRIP had adopted an opt out policy.

Ms. Grey said that on the federal side, rules regarding pricing and transparency for health plans were recently released, and that a more comprehensive update could be provided in future meetings.

### **III. Consent Recognition Decision Memo**

Mr. Levin informed the Committee that a NYeC board of directors meeting was scheduled for Tuesday, November 19th and that board approval for the consent recognition policy was being sought. Mr. Levin presented the slide deck that was to be presented at the board meeting. He said that they were recommending a two-year rollout of the SHIN-NY consent form to address the legitimate concerns of QEs regarding implementation.

Dr. Mead asked if the SHIN-NY form could be used prior to the two-year implementation date. Ms. Sutliff said early use of the form could raise broader issues regarding statewide patient record lookup, but that the issue could be discussed further.

### **IV. Non-Covered Entity SHIN-NY Participation**

Mr. Dworkowitz outlined the proposed principles for non-covered entity community-based organization (CBO) participation in the SHIN-NY, which includes abiding by the HIPAA security rule and minimum necessary disclosures requirement.

Ms. Alfredo asked what the current participation agreement says about compliance with the HIPAA security rules, and expressed that if there is not robust auditing of CBOs on this rule then the policy requirement could be meaningless. Mr. Belfort said that this was a good point, and he asked whether QEs have the capacity to monitor CBO compliance with the HIPAA security rule. Ms. Warner said that Rochester RHIO had been working with CBOs for a while, and has been working to get everyone comfortable with disclosures to CBOs.

Mr. Kirkwood asked what type of information is needed by a CBO like a food pantry. Ms. Warner said that they work to ensure only the minimum necessary data is provided to CBOs; for example, a transportation provider may need to know that a patient being transported needs oxygen supplies. Mr. Donnelly said in the case of food pantries, one health information exchange in Texas found it helpful to know who had diabetes as well as food allergies. Mr. Belfort noted that the minimum necessary policy is driven more by policy than law, as the minimum necessary requirement does not apply in cases where there is a written authorization.

Mr. Kirkwood said he assumed that CBOs would not be able to access a clinical portal, and that they would receive pushes of data. Dr. Mahoney agreed, but added there is also an assumption that CBOs would be able to contribute information to fulfill goals such as closed loop referrals. Mr. Donnelly said alerts were of high value to CBOs. Ms. Shatzkin agreed that the higher priority was pushes of data, but said she did not think they should make queries illegal. She

added it may be a viable option to have more than one portal, one for community uses and one for clinical uses.

Ms. Alfredo said if there is not a robust auditing requirement, then at least some guidance to QEs regarding auditing of CBOs would be helpful. She said she assumed auditing would be driven by risk, which would require more frequent auditing of CBOs. Ms. Shatzkin said she was a huge fan of auditing, and she said that all staff members of CBOs are required to take HIPAA training. Ms. Warner agreed that the auditing process is critical. Mr. Allen added that he didn't think it made sense to give CBOs access to the entire portal.

Ms. Sutliff said that there was a general consensus to allow CBOs to become participants. She said more input from the CBO advisory group was needed, and then they would come back to the Committee with recommendations.

#### **V. 2020 Policy Agenda Planning**

Ms. Sutliff said the internal leadership group was meeting in December to plan the 2020 policy agenda. She asked Committee members to forward any policy development ideas so they could be considered by the leadership team. She explained that key topics on the list are opt-out, patient access, and continued discussion on the role of community-based organizations.

#### **VI. Closing**

Mr. Levin thanked the Committee members for their time and adjourned the meeting.