

New York eHealth Collaborative Policy Committee Meeting
June 21, 2021
12 p.m. – 3 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on June 21, 2021. Present via telephone or videoconference were:

Policy Committee Voting Members

Art Levin, Center for Medical Consumers, Chair of Policy Committee
Nance Shatzkin, Bronx RHIO
Steve Allen, HealthLink
Dr. Tom Mahoney, Common Ground Health
Dr. John-Paul Mead, Cayuga Medical Associates
Dr. Glenn Martin, Queens Health Network
Alan Cohen, JASA

Other Attendees

Amy Warner, Rochester RHIO
Karen Romano, HealtheConnections
Todd Rogow, Healthix
Jonathan Karmel, NYS DOH
James Kirkwood, NYS DOH
Deirdre Depew, NYS DOH
Chelsea Sack, NYS DOH
Dan Schiller, NYS DOH
Kate Bliss, NYS DOH
Molly Finnerty, NYS OMH
Carmen Barber, NYS OMH
Erica VanDeWal, NYS OMH
Tammy Harris, OPWDD
Marybeth Babcock, OPWDD
Laurie Pferr, Office for the Aging
Zeynep Sumer King, GNYHA
Tom Hallisey, HANYS
Linda Adamson, NYSTEC
Jill Eisenstein, BOC Representative
Shoshanah Brown, AIRnyc
Jacob Reider, Alliance for Better Health
Valerie Grey, NYeC
Cindy Sutliff, NYeC
Alison Bianchi, NYeC
Zoe Barber, NYeC
Alexandra Fitz Blais, NYeC
Nate Donnelly, NYeC
Sam Roods, NYeC

Bob Belfort, Manatt
Alex Dworkowitz, Manatt

The meeting was called to order by Mr. Levin at 12 p.m.

I. Welcome and Introductions

Mr. Levin welcomed the Committee members and provided an overview of the agenda and meeting materials. He noted the Committee members may submit corrections to the meeting minutes.

II. Federal and State Update

Ms. Grey said the New York Legislature recently finished their session, and although none of the privacy bills received action in both houses those bills are still in play.

Ms. Grey noted that at the federal level, CMS has released their proposed IPPS rule, and NYeC plans on commenting on a request for information in such proposed rule. She said that NYeC had submitted detailed comments on the HIPAA proposed rule; such comments emphasized the need to align different federal agencies on rules regarding disclosures to personal health applications.

Ms. Sumer King noted that the Joint Commission was enforcing the alert requirement in the CMS interoperability rule and providing some citations based on the lack of consent, which appears to be in conflict with the rule itself. Ms. Grey responded that it is a brand-new rule and enforcement is being refined, and that NYeC can help to clarify any misunderstanding with CMS.

III. DOH Update

Mr. Kirkwood said there is still plenty of activity regarding DOH's COVID-19 response, which has shifted towards ensuring the availability of vaccines in provider offices. He said DOH was hoping to further leverage the SHIN-NY on disease surveillance.

IV. OMH Ad Hoc Workgroup Report Out

Ms. Sutliff reviewed the work of the OMH Ad Hoc Workgroup, which had examined whether OMH should be provided access to SHIN-NY information in its role as a public health agency. She said the workgroup had met four times and had settled on a compromise approach.

Mr. Dworkowitz described the proposed policy language that the workgroup had agreed to, which allows OMH to access SHIN-NY data for monitoring disease trends, investigations aimed at reducing morbidity and mortality, and responding to public health emergencies.

Mr. Barber said OMH had concerns about the proposed language that stated that OMH may access SHIN-NY information “for the same public health purposes” for which DOH accesses data. He said that such language could be interpreted to mean that OMH can only view the same data that is provided to DOH. Ms. Finnerty suggested a friendly amendment to remove the words “the same” and added that she otherwise agreed that the proposed language reflected the three priority use cases. Dr. Martin suggested revising the language to emphasize that OMH access is permitted so long the access is authorized under the law. Mr. Allen agreed with Dr. Martin’s recommendation.

Mr. Levin asked if the Committee approved the language, subject to the suggestions of Ms. Finnerty and Dr. Martin. Hearing no objection, Mr. Levin said the proposal was approved. Ms. Sutliff said the language would be provided to the NYeC board and DOH for approval, and they would continue to discuss how to implement the proposal with DOH.

V. SDoH/CBOs and the SHIN-NY: Continuing the Discussion

After a break, Mr. Levin introduced Mr. Reider and Ms. Brown to discuss the role of community-based organizations (CBOs).

Dr. Reider described his background as a family physician and his work in health information technology, including his role as Deputy National Coordinator at the Office of the National Coordinator (ONC).

Dr. Reider said he believed that consumer directed exchange is the solution to the challenge of sharing data with non-covered entities such as CBOs. He said the primary use cases involve homeless shelters, food pantries, benefits navigation, and transportation. He noted many CBOs sign business associate agreements (BAAs) with health care providers, but they often do not understand what they are committing to and lack a security officer or a privacy officer. He said consumer directed exchange helps address this issue, in that the CBO does not have to get consent and instead the patient can provide the data directly to the CBO.

Dr. Reider emphasized the importance of providing information to CBOs, saying they cannot adequately address health care needs if they cannot be given access to medical information.

Ms. Shatzkin said she had been overwhelmed by the number of provider portals she has had to sign up for, and that this has been a barrier to information exchange. Dr. Reider agreed that this was a policy mistake, in that ONC’s ambiguity in the meaningful use requirements led every provider to believe that they had to develop their own portal.

Dr. Martin said CBOs may need access to data more broadly, and asked how CBOs were providing privacy training. Dr. Reider said that this is a tricky issue, and it needed to be addressed in a thoughtful, non-paternalistic manner.

Ms. Brown introduced herself and described her background as the founder of AIRnyc, a data driven organization that addresses the upstream social drivers of health. She described the

different levels of CBO integration in New York, noting some CBOs have no integration with providers, others send referrals but do not coordinate care, and still others are part of care teams.

Ms. Brown said CBOs play a significant role on issues like medication adherence and reducing gaps of care, and they need data to do so. She said the private platforms connecting CBOs to providers do not fully address the needs of CBOs, and there is an opportunity for the state to play a role in standardization and making financial commitments.

Ms. Brown said that the current system is broken. She noted that three Performing Provider Systems (PPSs) were connected to three different RHIOs and none of the consents were at the right health literacy level. She said the focus should be on the core CBO services of food, nutrition, supportive housing, and transportation.

Mr. Levin thanked Dr. Reider and Ms. Brown for their presentations, saying they were very informative to the work of the Policy Committee.

VI. Password Requirements

Ms. Bianchi said NYeC and the QE CISOs had been examining changes to the QE password requirements to bring them in-line with the NIST standards. She said the current requirement to change passwords every 90 days is no longer followed by NIST out of concerns that frequent changing of passwords is less secure because it encourages re-use of the same passwords. She added that HITRUST was also changing its current requirement of a 60-day password change policy to align with NIST.

Ms. Eisenstein said hospitals want to see a change in the policy to align with NIST so that they can use a single sign-on for their EHRs and the QEs.

Mr. Allen said he was supportive of the proposed change. Mr. Levin asked if there were any objections and, hearing none, said the new language would be provided to the NYeC board for approval.

VII. Secondary Use of Cross QE Data

Ms. Eisenstein said that when the policies were first developed, the QEs operated more independently. Today, data moves between QEs, but participants still sign data sharing agreements only with one QE. She said they need to avoid a scenario where data is duplicated between different QEs. She explained that this can occur in cases where a researcher seeks to obtain data from multiple QEs, and therefore the Policy Committee should develop rules of the road to address this scenario.

Dr. Martin noted that there already exists a mechanism for distribution of statewide data in the form of SPARCS. Mr. Allen said data suppliers will need to understand how their data will be used.

Ms. Sutliff said the Policy Committee will create an ad hoc workgroup to address this issue and report back to the full Committee.

VIII. Closing

Mr. Levin thanked the Committee and adjourned the meeting.