The New York eHealth Collaborative (NYeC) is pleased to provide these comments in response to the New York State's proposed 1115 waiver amendment request, "Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic" (SHERPA). NYeC is a 501(c)(3) and New York's State Designated Entity (SDE) charged with the governance, coordination, and administration of the Statewide Health Information Network for New York (SHIN-NY). In this capacity, NYeC works in a public/private partnership with the New York State Department of Health (NYS DOH) on the development of policies and procedures that govern health information exchange through the SHIN-NY.

1. NYeC notes that the State's vision for the HERO entities aims to create coordination and engagement at the community level and, based on our experience promoting Health Information Exchange (HIE), we agree that such engagement happens best at the local level. However, we are concerned that the "*the State expects HEROs will play an important role in centralizing data collection and aggregation.*" We strongly suggest that a distributed data strategy would be difficult to implement, costly to maintain, and hard to integrate with clinical information. We believe NYS should press for data collection and aggregation to be in **a uniform statewide format** and be centralized within a **single statewide system**. The local HERO organizations could in turn leverage an efficient, unified platform for the important work of **analyzing data**, identifying equity priorities, building consensus around interventions, and applying lessons learned. NYS DOH will also find a single statewide system a much better solution for capturing measures which will inevitably necessary to report to CMS and for ensuring accuracy of important demographics including race and ethnicity. It is worth recognizing here that, in certain selected communities, there are organizations which represent pockets of excellence for data management. The burden should be on the implementation team to avoid bringing down those several communities to a least common denominator.

2. The waiver proposes to develop a "statewide IT social needs referral and data platform infrastructure" to support the provision of social care services, and notes that this platform will "connect to existing state systems like the Statewide Health Information Network for New York (SHIN-NY)". In our experience many systems "connect" but badly fail to interoperate. We suggest that to be effective, the new social needs referral and data platform must be tightly integrated with the existing SHIN-NY network of clinical data. Ideally, the social needs referral and data platform would have a fully shared joint governance structure with the SHIN-NY. If the systems are separately governed, there will inevitably be meaningful divergences in policies and functions that will impede the ability to make combined use of social care data through this platform and health data through the SHIN-NY.

3. The waiver application does not directly address policies and mechanisms to protect consumers' information and privacy. Yet, social factor data can be as sensitive as clinical records, and the data use policies for these data should be carefully developed, monitored,

and maintained. Unifying data use policies between clinical and social factor data would be an efficient way to address the need. In some circumstances consumer consent may also be necessary to carry out data tasks under the envisioned plan. The difficulties NYS experienced managing consent under DSRIP suggest that thought should also be given to this topic, which again could be synergized with the policy for clinical records.

4. The regional HIEs within New York (the Qualified Entities – QEs) that make up the SHIN-NY possess the talent, skills, and connectivity to play a very helpful role implementing the vision of the 1115 waiver application. Beyond core interoperability, existing infrastructure, and clinical data aggregation, the QEs could assist in connecting CBOs, enhance telehealth efforts, and provide local support to the closed-loop referral system. We strongly recommend that the SHIN-NY entities be asked to work collaboratively on a unified plan to support the waiver implementation across the nine regions, recognizing that their engagement can be extremely valuable if well-coordinated.

We applaud the state for setting forth an ambitious agenda to address health disparities and systematic health care delivery issues that exist in New York State. Achieving an equitable health care system requires commitment and collaboration across all sectors of the health care delivery system and health care safety net. We are confident that we can be a partner in the implementation of the waiver in New York State and help to drive further improvements in the health of our communities.

Thank you for the opportunity to provide comments.

Sincerely,

David Horrocks
Chief Executive Officer
New York eHealth Collaborative (NYeC)