

New York eHealth Collaborative Policy Committee Meeting
October 19, 2022
12 p.m. – 3 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on October 19, 2022. Present via telephone or videoconference were:

Policy Committee Voting Members

Art Levin, Chair, Center for Medical Consumers
Dr. Ram Raju, Health Disparities Consultant
Dr. David Cohen, Maimonides Medical Center
Louann Villani, Ontrak
Taiymoor Naqi, Hixny
Steve Allen, HealtheLink
Alan Cohen, JASA

CBO Roundtable Attendees

Ashley Fitch, Mount Sinai
Yi-ting Chiang, Mount Sinai
Lola Simpson, AIRnyc
Zachariah Hennessey, Public Health Solutions
Lisa David, Public Health Solutions
Keisha Barr, Public Health Solutions
Wade Norwood, Common Ground Health
Charles King, Housing Works
Megan Shineman, New York City Department of Aging
Adam Wysocki, New York City Department of Aging
Natasha Pernicka, The Food Pantries for the Capital District
Russ Lusak, Selfhelp Community Services
Gilly Cantor, Institute for Veterans and Military Families
Laura Gustin, Monroe County Systems Integration Project
Erica Coletti, Healthy Alliance
Lynn Olney, Healthy Alliance
Dr. Liz Isackson, Docs for Tots
Dr. Paul Kaye, Sun River Health
Ann Morgan, Heart Network

Other Attendees

Nance Shatzkin, Bronx RHIO
Kathy Miller, Bronx RHIO
Liana Prosonic, HealtheConnections
Elizabeth Amato, HealtheConnections
Dan Porreca, HealtheLink

Patricia Burandt, HealtheLink
Sarah Cotter, HealtheLink
Todd Rogow, Healthix
Magdalena Mandziewska, Healthix
Teraisa Mullaney, Rochester RHIO
Marlene Bessette, Rochester RHIO
Amir Bassiri, NYS DOH
James Kirkwood, NYS DOH
Deirdre Depew, NYS DOH
Ken Wiczerza, NYS DOH
Chelsea Sack, NYS DOH
Meredith Locke, NYS DOH
Jennifer Unser, NYS DOH
Daniel Hallenbeck, NYS DOH
Selena Hajiani, NYS DOH
Amanda Lothrop, NYS DOH
C.J. Barber, NYS OMH
Tammy Harris, OPWDD
Jen Freeman, OPWDD
Puja Khare, GNYHA
Carla Nelson, GNYHA
Tom Hallisey, HANYS
Phil Salemi, Independent Health
David Horrocks, NYeC
Cindy Sutliff, NYeC
Alison Bianchi, NYeC
Donald Juron, NYeC
Kathryn Lucia, NYeC
Sam Roods, NYeC
Julia Sisti, NYeC
Marina Bluvshateyn, NYeC
Rebecca Coyle, NYeC
Bill Bernstein, Manatt
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 the meeting materials. A motion to approve the previous meeting's minutes was approved.

II. Federal and State Updates

Ms. Bianchi noted nine organizations have submitted letters of intent to become Qualified Health Information Networks (QHINs) under the Trusted Exchange Framework and Common Agreement (TEFCA). She also noted that CMS is seeking input on a national directory of health care providers.

III. DOH Update

Mr. Kirkwood said the revised SHIN-NY regulation has not yet been put on the Public Health and Planning Council's agenda, and that it was possible the regulation would be included on their December agenda. He explained that regulation would expand who must connect to the SHIN-NY and would also require implementation of all-in consent.

IV. CBO Roundtable

Dr. Cohen welcomed the community-based organization (CBO) roundtable participants. He explained that the roundtable was an opportunity to hear from the CBOs about their data needs, which would help the Policy Committee frame policy questions going forward.

The roundtable participants introduced themselves to the Committee members. Mr. Horrocks thanked them for attending, provided background information on the SHIN-NY, and introduced Mr. Bassiri, NY State Medicaid Director.

Mr. Bassiri informed the CBO attendees that they are intended to be the nexus of the DOH's new Medicaid waiver. He said that the new waiver demonstration is a successor initiative to the Delivery System Reform Incentive Payment (DSRIP) program, and the state's goal is to bring social care providers into the health care delivery system in a meaningful way. He described the role of health equity regional organizations (HEROs) and other organizations in the demonstration, and he noted that significant funds would be invested in social determinants of health networks (SDHNs) as part of the initiative.

Mr. Bassiri said that DOH's goal was to leverage all investments in existing technology, including the SHIN-NY. He added that some other states lacked the interoperability infrastructure that the SHIN-NY represents, and that DOH wanted to make sure that IT platforms used by waiver participants are interoperable with both the SHIN-NY and the Medicaid data warehouse.

Mr. Bassiri said that in all likelihood CBOs would be reimbursed under a fee schedule, and it was important that they are compensated for their work.

Several roundtable participants provided comments to Mr. Bassiri. Mr. Hennessey expressed concern that CBOs already have burdensome reporting requirements. Mr. Bassiri responded that the Medicaid program did not have the CBO data it needs, and the program needs member-level data. Ms. Pernicka inquired about the potential revenue to CBOs to support the risk they would

take on. Mr. Bassiri answered that \$7 billion would be invested in the managed care system, and some of that money would go to interoperability costs and other operating expenses for new networks.

Ms. Sutliff thanked Mr. Bassiri for his comments. She explained to the CBOs that the goal for the upcoming discussion was addressing ways that the SHIN-NY policies could better address their participation. Ms. Lucia described the results of a survey of the attending CBOs on issues such as the nature of the services provided and their security practices.

Mr. Dworkowitz asked the CBO attendees about what data they need. Ms. Pernicka said it was important to obtain health outcomes data to understand the return on investment of their work. Ms. Morgan said lab values, such as HbA1c levels, are important to understand their client's baseline before initiation in their program. Ms. Morgan added that obtaining consent was a challenge to receiving such data.

Ms. Shineman said it was important for CBOs to have point-in-time knowledge about whether their client was hospitalized. Mr. Lusak agreed alerts can be valuable, but he noted that his organization was not equipped to manage all of the alerts received from Healthix, and added that CBOs often lack the funding to make the most of such connections. Mr. Hennessey said alerts may not be needed for food pantries, who only need information such as name and contact information. Ms. Pernicka added that medically tailored grocery providers need diagnosis information such as hypertension or diabetes. Mr. Alan Cohen said JASA's mental health clinics do currently receive alerts, but that it would be useful if other parts of the organization could learn whether a client was hospitalized. Mr. Lusak noted that it was important that there is bidirectional exchange between hospitals and CBOs, since the hospital discharge planner should know about the community resources providing services to a discharged patient.

Ms. Gustin said some CBOs work on more than 40 systems and it can be difficult to integrate information into a single record. She added that it was helpful to know whether an individual has applied for certain benefits, such as SNAP.

Mr. Dworkowitz asked the CBOs about their current security practices. Ms. Pernicka said that tens of thousands of dollars had been spent on training individuals on security requirements. She said that food pantry service information typically is not subject to business associate agreements, but that the requirements differ for medically tailored meals. She said funding was necessary to implement HIPAA security requirements. Mr. Hennessey agreed technical assistance was necessary, and that under the waiver perhaps SDHNs could provide such assistance.

Mr. Lusak said that software vendors should be responsible for security compliance, and that if HIPAA compliance is mandated, then software vendors could be required to be certified in accordance with certain requirements, such as SOC 2. Dr. Kaye agreed that it was important to put pressure on technology vendors, but it was also the CBO's responsibility to oversee the behavior of its own staff. Mr. Wysocki said security requirements depend on the nature of the data, and that accepting HIPAA data imposes additional requirements.

Mr. Dworkowitz asked about barriers to SHIN-NY participation. Ms. Olney said a CBO may connect to many different EHR systems, every one of which is configured differently, resulting in significant challenges to sharing information bidirectionally. Ms. Gustin said clients often have too many case managers, and they were being over assessed. Mr. Hennessey said it was important not to treat every piece of data that flowing from a SDHN as protected health information subject to HIPAA.

Dr. Cohen thanks the CBOs for their participation and asked about policy issues that need to be addressed. Dr. Kaye recommend that control of information be consumer driven. Ms. Gustin agreed, saying they need to look at consent from an equity perspective. Ms. Cantor said it was important that requirements for technology vendors be addressed at the state level to account for a market failure.

Ms. Sutliff thanked the CBO roundtable participants for a great discussion.

V. Utilization Review Proposal

Ms. Sutliff reminded Committee members that Independent Health had previously put forward a proposal to permit the use of SHIN-NY data for utilization review purposes. Ms. Sutliff said that the Committee is always looking to modernize the policies, and that the proposal reflects the role that health plans would play under an all-in consent model.

Mr. Belfort explained that the current policy permits a provider to check a patient's insurance coverage, but does not permit the health plan to engage in a medical necessity review absent a Level 2 consent. Mr. Belfort added that this use would be permitted by HIPAA, and he would be surprised if other states have a similar restriction on use of their data.

Mr. Allen said that a patient would either be okay with a health plan access to their records or not. Mr. Belfort said patients cannot stop plans from conducting utilization review; it is instead a question of whether the plans can get information through the SHIN-NY or not. Mr. Allen said that if plans cannot use the SHIN-NY, it may result in more burden on providers.

Mr. Levin asked if there were any objections to the proposal. Dr. Cohen said that he did not object to the proposal, but that he would not characterize utilization review as a type of care management. Mr. Levin said that the Committee would be presented with proposed policy language in the November meeting.

VI. Closing

Mr. Levin noted the next meeting would take place on November 16th. He thanked the Committee and adjourned the meeting.