

New York eHealth Collaborative Policy Committee Meeting
February 14, 2024
1:00 p.m. – 2:30 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on February 14, 2024. Present via telephone or videoconference were:

Policy Committee Voting Members:

Elizabeth Amato, HEALTHeCONNECTIONS
Dr. Lawrence Brown, Addiction Medicine and Public Health
Dr. David Cohen, Maimonides Health Center
David Finkelstein, RiverSpring Living
Dr. Sabina Lim, Mount Sinai Health System
Russell Lusak, Selfhelp Community Services
Natasha Pernicka, Food Pantries for the Capital District
Paul Pettit, Orleans County Health Department
Dr. Ram Raju, Health Disparities Consultant
Todd Rogow, Healthix
Paul Uhrig, Bassett Health
Louann Villani, RN, Clinical Informatics Consultant

Ex-Officio Members:

Jillian Annunziata, OHIP (Medicaid)
Patti Burandt, HealthLink
Samantha Delia, OASAS
Deirdre Depew, NYS DOH OQPS
Molly Finnerty, OMH PSYCKES
Thomas Hallisey, HANYS
Geraldine Johnson, NYS DOH (Public Health)
Puja Khare, GNYHA
Jim Kirkwood, NYS DOH OQPS
Karen Lipson, Leading Age NY
Meredith Locke, DOH OHIP
Chelsea Sack, NYS DOH OQPS
Alana Stelline, NYS Office for the Aging
Jennifer Unser, NYS DOH OQPS
Ken Wiczerza, NYS DOH OQPS

Other:

Carmen Barber, OMH
Zoe Barber, Sequoia Project
Alison Bianchi, NYeC
Nicole Casey, NYeC
Rebecca Coyle, NYeC
Vivienne Destefano, Healthix
Alexander Dworkowitz, Manatt
Nicholas Elcock, NYCDOHMH

Charlie Feldman, NYeC
Jen Freeman, OPWDD
Sara Haddon, NYeC
Hillel Hirshbein, DOH
David Horrocks, NYeC
Don Juron, NYeC
Jennifer Lane, HEALTHeLINK
Magdalena Mandziewska, Healthix
Molly Marra, NYeC
Astrid Marz, NYeC
Michael McBride, DOH
Kevin Melsert, DOH
Dan Porreca, HealtheLink
Liana Prosonic, HEALTHeCONNECTIONS
Leilani Prusky, NYSTEC
Tavia Rauch, MVP Health
Izabella Rivera, DOH
Samuel Roods, NYeC
Nance Shatzkin, Bronx RHIO
Jen Spencer, Rochester RHIO
Wendy Saunders, Hinman Straub
Matthew St. Pierre, DOH
Cindy Sutliff, NYeC
Juliana Vigorito, Manatt
Chantal Worzala, Alazro Consulting

The meeting was called to order by Dr. Cohen at 1:00 p.m.

I. Welcome and Introductions

Dr. Cohen welcomed the Committee members. Dr. Cohen introduced the new Committee members – Elizabeth Amato, David Finkelstein, Natasha Pernicka, and Paul Pettit – and described their backgrounds. Dr. Cohen outlined the meeting agenda.

The Committee approved the minutes from the November 2023 meeting.

II. DOH Update

Mr. Kirkwood said an update to the SHIN-NY regulation had been included in the New York State Register. Mr. Kirkwood said DOH was looking to update the regulation to reflect developments in national networks as well as modify the policy and technical infrastructure. He explained that the statewide data infrastructure would help support DOH's public health and waiver activity, and that this infrastructure would help the state in case another public health emergency like COVID-19 occurred. Mr. Kirkwood described other changes in the proposed regulation, including the statewide consent registry and the modification of which facilities must connect to the SHIN-NY. He added that previously all connections to the SHIN-NY had to go

through qualified entities, and now a facility could connect directly to the SHIN-NY instead of connecting to a QE.

Mr. Lusak asked how the SHIN-NY envisioned working with the HERO under the 1115 waiver. Mr. Kirkwood responded it has not yet been determined, although it is possible the HERO may use data from the SHIN-NY. He said there would be a procurement process for the HERO.

III. Federal Update

Mr. Dworkowitz described the finalized changes to the federal substance use disorder confidentiality regulation, 42 C.F.R. Part 2. He outlined the material impacts of the regulatory change on the SHIN-NY, including modifications on (1) how consent forms must describe information recipients, (2) the expiration date on consent forms, and (3) the ability of data recipients to re-disclose Part 2 data. He further noted the final rule was an effort to align the regulation more closely with HIPAA.

Ms. Khare asked if the SHIN-NY Policies would need to be modified to reflect the new rule. Ms. Sutliff said they would discuss the issue in future meetings.

IV. 1115 Waiver Update

Ms. Vigorito provided an overview of the New York Health Equity Reform Waiver. She noted that the waiver had received CMS approval in January, and the term is from April 2024 through March 2027. She described the key components of the waiver: health related social needs (HRSNs) and a social care network (SCN) infrastructure, a health equity regional organization (the HERO), a Medicaid hospital global budget initiative, and efforts to strengthen the workforce.

Ms. Vigorito said the HRSN and SCN efforts were the most significant development for the Committee, and that the waiver is taking a key step forward regarding the provision of housing, case management, nutrition, and transportation services under the Medicaid program. She explained that every Medicaid beneficiary will be eligible for baseline services of screening and case management, while some populations will be eligible for HSRN services that will be coordinated by the SCNs. She added that the HERO will provide a range of services, including data aggregation and analytics, and that the HERO cannot duplicate services provided by NYeC or the SHIN-NY.

Dr. Raju asked if the waiver would involve investment in health information technology. Ms. Vigorito responded that the major investment dollars would flow through the SCNs.

Ms. Pernicka said CBOs are concerned about the fact that the referral platforms typically track only referrals, not the services provided. She questioned whether the waiver would require the platforms to provide this data.

V. Policy Committee Processes

Ms. Sutliff provided an overview of the current members of the Policy Committee and how the Committee selects new members. She described the work of the Committee, the process for

submitting policy proposals, and the process for the policy agenda. She described the policy areas of focus for 2024, which include the consent framework, Medicaid waiver support, public health access and reporting, and modifications to account for national networks.

VI. Trusted Exchange Framework and Common Agreement (TEFCA) Presentation

Ms. Worzala and Ms. Barber were introduced to provide a background on TEFCA. Ms. Barber said it was an exciting time for TEFCA, and there were lots of opportunities for New York State to engage with TEFCA.

Ms. Worzala noted that on December 5, five qualified health information networks (QHINs) became operational. She said there are three goals of TEFCA: universal governance, simplify connectivity, and enable individuals to gather their own health information. She described the key rules governing TEFCA, including the permitted purposes for exchanging information.

Ms. Barber explained that Version 1 of the Common Agreement was a huge step forward, but their approach is evolving. She explained that Version 2 was addressing feedback received on Version 1. She described the key differences between Version 1 and Version 2.

Mr. Rogow asked about the duplication of data among QHINs. Ms. Barber said it was a conversation they were having, and the intent is that an organization can participate in multiple QHINs, but they may only do so if different systems connect to each of those QHINs.

VII. Duration of Consent

Mr. Dworkowitz explained that the model statewide consent form indicates it expires upon death, instead of expiring 50 years after death as permitted under the current form. Mr. Dworkowitz explained the rationale for the change. He noted the concern from QEs that they do not immediately know when an individual has died. He explained that the Policies could be amended to permit disclosures without authorization after a person has died for quality improvement purposes.

Mr. Rogow asked how this would impact research consents. Mr. Dworkowitz responded that the model statewide form did not permit disclosures for research purposes. Research is a level 2 use case that requires a separate level 2 consent form.

VIII. Utilization Review Policies

Mr. Rogow noted that some providers have expressed concern about the use of SHIN-NY data for utilization review purposes. He said that health information exchanges do not have complete information, and that a health plan could look at a QE's data for utilization review purposes but the plan could be reviewing data that has not been fully coded or has missing information. He said he wanted to make sure all QEs are consistent on the issue, and it is difficult for a health plan to use a QE for utilization review purposes if another QE has a contradictory policy.

Ms. Sutliff said there is a broader issue of reciprocity, and that health plans need to provide data to the SHIN-NY if they are going to extract data. Dr. Cohen agreed.

IX. Closing

Dr. Cohen thanked the Committee members and adjourned the meeting. He noted the next meeting was scheduled for March 13, 2024 beginning at 2 pm.