

New York eHealth Collaborative Policy Committee Meeting
May 21, 2021
2 p.m. – 4 p.m.
Meeting Notes

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

Policy Committee Voting Members

Nance Shatzkin, Bronx RHIO
Steve Allen, HealthLink
Dr. Raul Vazquez, Urban Family Practice
Dr. Tom Mahoney, Common Ground Health
Dr. Glenn Martin, Queens Health Network
Chuck Bell, Consumer Reports
Alan Cohen, JASA

Other Attendees

Amy Warner, Rochester RHIO
Todd Rogow, Healthix
Jonathan Karmel, NYS DOH
James Kirkwood, NYS DOH
Deirdre Depew, NYS DOH
Dan Schiller, NYS DOH
Molly Finnerty, NYS OMH
Erica VanDeWal, NYS OMH
Tammy Harris, OPWDD
Laurie Pferr, Office for the Aging
Puja Khare, GNYHA
Linda Adamson, NYSTEC
Jill Eisenstein, BOC Representative
Valerie Grey, NYeC
Cindy Sutliff, NYeC
Zoe Barber, NYeC
Alexandra Fitz Blais, NYeC
Elizabeth Amato, NYeC
Nate Donnelly, NYeC
Sam Roods, NYeC
Bob Belfort, Manatt
Alex Dworkowitz, Manatt

The meeting was called to order by Ms. Sutliff at 2 p.m.

I. Welcome and Introductions

Ms. Sutliff welcomed the Committee members and provided an overview of the agenda.

II. DOH Update

Mr. Kirkwood explained DOH was focusing on new, inventive ways to encourage vaccinations. In response to a question, Mr. Kirkwood said the expiration date for the Excelsior Pass may extend beyond the current 6-month time period. Dr. Vazquez asked how the state was ensuring these passes are accurate. Mr. Kirkwood answered that it was difficult to counterfeit the QR code on such passes.

III. Break the Glass and Death Investigator Revisions

Mr. Dworkowitz described the revisions to the break the glass policy, intended to clarify the ability of emergency medical technicians (EMTs) to access SHIN-NY data in cases of emergency. Ms. Shatzkin asked if notice from the EMT was necessary given that the hospital would be providing notice. Dr. Mahoney responded that there are many cases where an EMT would treat a patient but the patient would not go to the emergency room; this might occur if the EMT was checking to see if an unconscious patient was diabetic and needed glucose. Mr. Allen agreed, saying that about 25% of EMT calls do not result in ambulance transport. Ms. Eisenstein also agreed, saying ambulance providers therefore should have the responsibility of providing break-the-glass notice to their patients. Dr. Martin said ambulance companies have billing systems and should be able to include notices with their bills.

Ms. Sutliff asked if the committee approved the break-the-glass revisions, and Committee members agreed to the changes. Ms. Sutliff noted the changes regarding death investigators had been approved at the prior meeting.

Ms. Sutliff said she understood the QEs were anxious to get the EMT changes operationalized, and therefore NYeC would work with DOH on implementation. Ms. Eisenstein and Mr. Rogow thanked NYeC for acting on their requests.

IV. Patient Engagement and Access

Mr. Dworkowitz outlined the proposed changes to Section 5 of the policies, which governs patient engagement and access. Ms. Sutliff noted that Mr. Naqi had proposed alternative wording which recognized that QEs may not be in the position to say who is a neutral third party providing educational resources. Ms. Warner agreed with Mr. Naqi's recommended revision. Dr. Martin provided other recommendations regarding the use of the word "education," and Ms. Shatzkin agreed with Dr. Martin's suggestion.

Ms. Sutliff asked if the committee agreed to the Section 5 changes, inclusive of the recommendations from Mr. Naqi and Dr. Martin. Hearing no objections, Ms. Sutliff said the language changes would be provided to the NYeC board.

V. The Office of Mental Health (OMH) as a Public Health Agency

Mr. Dworkowitz described the issue being discussed by the OMH workgroup: is OMH a public health agency, and if so, when does it act as a public health agency?

Ms. Finnerty said the workgroup had concluded that OMH does have a public health role, but also has a health oversight role, and they needed to figure out a way to distinguish between the two.

Mr. Karmel said DOH has an Office of Public Health that includes the AIDS Institute. He said DOH also has the Office of Primary Care and Health Systems Management which acts as a health oversight agency in their role of overseeing health care facilities. He noted DOH also has a health plan office- managed by the Office of Health Insurance Programs- as well an Office of Quality and Patient Safety which manages the All Payer Database.

Mr. Karmel observed that OMH also had different roles: they are an oversight agency in their regulation of health facilities, they engage in public health related to mental health, and they also engage in treatment related activities. Ms. Finnerty said OMH was not asking for a waiver of the consent rules regarding OMH's treatment role.

Mr. Karmel added that DOH has accessed SHIN-NY information in its role as a public health agency but has not done so in its role of a health oversight authority. He said health oversight is an enforcement authority, and the agency's enforcement personnel prefer to obtain information directly from clinical records held by the providers subject to regulation rather than from the SHIN-NY.

Ms. Finnerty said OMH could potentially have access to information as a public health agency if it was acting under an agreement with DOH. Mr. Karmel responded that if OMH was acting as a public health agency it would have to do so under its own authority, in which case an agreement with DOH may be unnecessary.

VI. Closing

Mr. Sutliff said the next meeting was scheduled for June 21. She thanked the Committee and adjourned the meeting.