

**New York eHealth Collaborative Policy Committee Meeting
February 17, 2022
12 p.m. – 3 p.m.
Meeting Notes**

A meeting of the NYeC Policy Committee was held on February 17, 2022. Present via telephone or videoconference were:

Policy Committee Voting Members

Art Levin, Chair, Center for Medical Consumers
Dr. Laurence Brown, START Treatment & Recovery Centers
Dr. David Cohen, Maimonides Medical Center
Dr. Ram Raju, Health Disparities Consultant
Louann Villani, RN
Taiymoor Naqi, Hixny
Steve Allen, HealtheLink
Chuck Bell, Consumer Reports
Alan Cohen, JASA

Other Attendees

Judy Mendoza, Rochester RHIO
John Sheehan, Rochester RHIO, BOC Representative
Nance Shatzkin, Bronx RHIO
Karen Romano, HealtheConnections
Liana Prosonic, HealtheConnections
Dan Porecca, HealtheLink
James Kirkwood, NYS DOH
Deirdre Depew, NYS DOH
Chelsea Sack, NYS DOH
Kate Bliss, NYS DOH
Dan Schiller, NYS DOH
Ken Wiczera, NYS DOH
Carmen Barber, NYS OMH
Eric Weiskopf, NYS OMH
Tammy Harris, OPWDD
Meg Vijayan, OPWDD
Jennifer Freeman, OPWDD
Jennifer Rosenbaum, Office of the Aging
David Lee, New York City Department of Health and Mental Hygiene (NYCDOHMH)
Puja Khare, GNYHA
Zeynep Sumer King, GNYHA
Tom Hallisey, HANYS
Deven McGraw, Ciitizen
Renee Olmsted, Oneida Health Care
Valerie Grey, NYeC
Cindy Sutliff, NYeC

Alison Bianchi, NYeC
Don Juron, NYeC
Kathryn Lucia, NYeC
Ben Hanley, 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. Mr. Levin introduced the three new members of the Committee: Dr. Laurence Brown, Dr. Ram Raju, and Louann Villani, who each described their backgrounds and their work in health care. Other members of the Committee introduced themselves to the new members.

I. Federal and State Updates

Ms. Bianchi explained that the Trusted Exchange Framework and Common Agreement (TEFCA) had been released on January 18, and that the onboarding of Qualified Health Information Networks (QHINs) was expected to occur later in 2022. She said NYeC was continuing to review this new exchange to determine what role the SHIN-NY may play in the national network. She also noted that draft 3 of the USCDI had been released with new data classes and elements, and comments were due on April 30th.

Mr. Juron noted the state executive budget includes \$30 million for NYeC, which is consistent with the prior years' funding, and the budget continues to recognize NYeC as the state designated entity (SDE) for the SHIN-NY. He said NYeC was continuing to monitor the budget process.

II. DOH Update

Regarding the state budget, Mr. Kirkwood said DOH was waiting for the 30-day amendments to be released.

Mr. Kirkwood said that there would be two rounds of updates to the SHIN-NY policies in 2022. He said that changes recommended by the Policy Committee in the latter half of 2021 were currently being reviewed by DOH.

III. General Business Items

Mr. Levin explained that the Committee has adopted a more rigorous process for reviewing new policies. He presented a template that should be used for the proposal of policies that would amend SHIN-NY policy provisions.

Ms. Sutliff provided an overview of policies adopted in 2021, noting that it had been an active policy cycle. She described the changes adopted, including those related to de-identified data, cross-QE research, and break the glass.

Mr. Levin described the areas of policy priorities for 2022. He noted the all-in consent framework would be a focus of the Committee, but other topics would be addressed as well, such as the role of health plans and disclosures to community-based organizations.

Dr. Raju noted that providers are struggling with the digital divide in the telemedicine context. Ms. Sutliff responded that several waivers were adopted in response to the pandemic, including one related to telehealth that was adopted by the Policy Committee and is included in the SHIN-NY Privacy and Security Policies and Procedures and that permits verbal consent for telehealth visits up until the patient physically presents in the providers office at which time written consent would be required.

IV. 2022 Policy Agenda Key Areas of Focus

Health Equity and Social Determinants of Health

After a break, Mr. Kirkwood spoke about DOH's efforts to address health equity and promote social determinants of health. Mr. Kirkwood noted that DOH was examining how the state can have an equity centered system, given the focus on disparities and the disparate impact of COVID-19. He explained that the state was also looking at the need to obtain better data on race and ethnicity: if there is a lack of data, then it is difficult to measure disproportionate effects.

Mr. Kirkwood noted that the state was also examining how information can be represented for social determinant of health activities, such as housing instability and food instability. He said the goal was to find a way for that information to be represented in an electronic health record system so that physicians can make use of it.

Patient Engagement and Access

Ms. McGraw provided a background on Ciitizen, an app which helps patients obtain medical records. She explained that Ciitizen had purchased software that provides data management and analytics for HIEs, which is designed to help HIEs provide data to patients and apps. She noted the problem was that HIEs want to provide their patients with access to data, but there are challenges: (1) many do not have patient portal accounts; (2) many do not have an existing mechanism for identity proofing patients, and (3) many do not have customer service

departments accustomed to communicating with patients. She said the Cures Gateway was designed to address these problems.

Ms. McGraw explained how the Cures Gateway works. She described the identity proofing process used, which was developed in accordance with NIST standards. She said that patients were asked to take a photo of a government issued photo ID and upload that ID to the site for verification.

Ms. McGraw noted that their system was designed to help HIEs comply with information blocking requirements, which require HIEs to respond to patient requests for information.

All-in Consent

Ms. Grey provided a history of consent requirements under the SHIN-NY. She noted that two years ago, the Policy Committee had endorsed the concept of all-in consent, under which one consent form could provide consent to all SHIN-NY participants. She said the consent could be obtained electronically, in a similar manner as is done with organ donations.

Ms. Grey said the all-in consent is more efficient, and its use can also result in better health.

Ms. Grey said that a multi-year rollout for the All In Consent framework was planned and that phase one of the rollout is underway and in the beginning stages. She said the consent will need to coexist with provider-by-provider consent for a period of time. She added that some policies have been identified that may need to be modified in order to support implementation of the model.

V. Oneida Proposed Policy Proposal on Break the Glass

Ms. Olmsted of Oneida Health Care presented a proposal for revising the break-the-glass provision of the SHIN-NY policies. Ms. Olmsted explained that a physician with Oneida Health Care had provided care to an unresponsive patient who had not provided written consent and broke the glass to access that patient's information. She said the patient had been transferred from Oneida to another facility, and the physician wanted to know what type of care the patient had received after the patient had been transferred for purposes of quality improvement.

Ms. Olmsted said Oneida was seeking a policy change to permit this use case. She said this information could be valuable to a provider for peer review processes, and providers could really learn from this information.

Mr. Allen said that since the patient had already been transferred, the purpose of accessing the data is really for quality improvement, not for treatment. Ms. Olmsted agreed. Dr. Cohen said they may want to consider the issue more broadly to address cases where further treatment may be needed.

Mr. Naqi said Oneida was proposing an interesting use case. He noted the Epics of the world do not require consent for disclosures for quality improvement purposes that comply with HIPAA, and there is a valid argument that a treatment relationship still exists between the transferring facility and the patient, although an emergency treatment relationship no longer exists. He added that the Committee creates exceptions to consent carefully.

VI. Closing

Mr. Levin said the next meeting would take place on March 15. He thanked the Committee and adjourned the meeting.