

New York eHealth Collaborative Policy Committee Meeting
March 15, 2023
1:30 p.m. – 2:30 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on March 15, 2023. Present via telephone or videoconference were:

Policy Committee Voting Members

Chuck Bell, Advocacy-Consumer Reports
Dr. Lawrence Brown, Addiction Medicine and Public Health
Alan Cohen, JASA
Dr. David Cohen, Maimonides
Taiymoor J. Naqi, Hixny
Dr. Ram Raju, Health Disparities Consultant
Todd Rogow, Healthix
Paul Uhrig, Bassett Health
Louann Villani, RN, Clinical Informatics Consultant

Ex-Officio:

Deirdre Depew, NYS DOH
Molly Finnerty, OMH PSYCKES
Christie Hall, NYSTEC
Daniel P. Hallenbeck, OHIP (Medicaid)
Jonathan Karmel, NYS DOH
Puja Khare, GNYHA
Jim Kirkwood, NYS DOH
Leilani Prusky, NYSTEC
Chelsea Sack, NYS DOH
Jennifer Unser, NYS DOH
Meg Vijayan, OPWDD
Ken Wiczerza, NYS DOH

Other:

Sara Abrams, Rochester RHIO
Steve Allen, HealthLink
Elizabeth Amato, HealthConnections
Carmen Barber, OMH
Bob Belfort, Manatt
Alison Bianchi, NYeC
Nicole Casey, NYeC
Rebecca Coyle, NYeC
Vivienne Destefano, Healthix
Alexander Dworkowitz, Manatt
Jen Freeman, RD, CDN, OPWDD
John Kazukenus, NYS DOH

Rachel Kramer, HealthConnections
Dr. Sabina Lim, Mount Sinai Health System
Kathryn Lucia, NYeC
Russell Lusak, Selfhelp Community Services
Magdalena Mandziewska, Healthix
Stephanie Ostrowski, OPWDD
Dan Porreca, HEALTHeLINK
Liana Prosonic, HealthConnections
Sam Roods, NYeC
Wendy Saunders , Hinman Straub
Nance Shatzkin, Bronx RHIO
Julia Sisti, NYeC
Jen Spencer, Rochester RHIO
Cindy Sutliff, NYeC
Michele Warner, NYS DOH OHIP

The meeting was called to order by Dr. Cohen at 1:30 p.m.

I. Welcome and Introductions

Dr. Cohen welcomed the Committee members. Dr. Cohen provided brief biographies on three new members – Dr. Sabina Lim, Russell Lusak, and Pat Roohan – and said their names would be forwarded to the NYeC Board for approval.

The meeting minutes from the prior meeting were approved.

II. Federal and State Updates

Mr. Roods provided an overview of the Trusted Exchange Framework and Common Agreement (TEFCA). He presented a diagram of TEFCA, described the role of the Sequoia Project, and noted TEFCA relies on exchanges between Qualified Health Information Networks (QHINs).

Mr. Roods said that in recent news, six organizations had been approved for onboarding as QHINs. He added that QHINs can be approved on a rolling basis, so other QHINs may be approved as well.

Mr. Rogow noted that TEFCA permits exchange for payment purposes, which is not the focus of the SHIN-NY. Ms. Sutliff responded that the SHIN-NY does permit disclosures for payment purposes but requires a level 2 consent to do so.

III. DOH Update

Mr. Kirkwood said the most recent version of the SHIN-NY policies had been approved and placed on DOH's website.

Mr. Kirkwood said that the Office of Health Insurance Programs is currently in negotiations with CMS with respect to the proposed 1115 waiver, and the goal was to have those negotiations completed soon. Mr. Kirkwood added that they were hoping for the budget to be completed by the end of the month, and the budget contains extra funding for the SHIN-NY to address ways to improve public health reporting in light of the pandemic.

IV. Data Lake Presentation

Ms. Sisti explained that the data lake will be a single statewide data store aggregating data from the six QE repositories, with a focus on providing data for public health and Medicaid purposes. She said that DOH will contribute data as well, including public health data sets and Medicaid claims.

Ms. Sisti said the data lake would be enriched with race and ethnicity data to track disparities. She said one advantage of the data lake is that even if a particular record is missing race and ethnicity data, it can be matched with other records that have such data.

Ms. Sisti said all use cases will be approved by a governance board. Mr. Bell asked how the governance board would be constituted. Ms. Bianchi responded that that issue is being worked through now, and the expectation is that the board would include stakeholders such as NYeC and the QEs but also patient advocacy and consumer groups. Mr. Bell said he hoped the voices of patients would be represented.

Ms. Khare asked if DOH did not already have access to data for public health and Medicaid purposes. Mr. Kirkwood answered that screening and referral data doesn't exist right now, so there would be new data made available to DOH under the initiative.

Mr. Kirkwood noted that the SHIN-NY policies would apply to the data lake, and that DOH is a participant of the QEs.

Dr. Brown asked if data in the data lake would be available to CBOs and small providers. Ms. Sisti said that as of now, they would not have direct access to the data lake. Ms. Sutliff said there would be other ways to ensure that these organizations have the data they need to participate in the waiver.

V. Potential Policy Changes to Support the 1115 Medicaid Waiver

Ms. Bianchi explained that the 1115 waiver is still being negotiated and there is no final waiver. She said the Committee could help identify policies that are barriers to the process improvements embedded in the waiver.

Ms. Sutliff said they were outlining areas for discussion and that there were no solutions at this point in time. She explained an ad hoc workgroup would meet to help develop possible approaches to these issues for consideration by the Policy Committee.

Mr. Dworkowitz provided an overview of the three areas of potential reform: disclosures to DOH, disclosures by QE vendors, and the use of verbal consent.

Ms. Sutliff said there was a separate question of the broader consent framework which is subject to further discussions with DOH. Mr. Rogow said he agreed that they needed to keep in mind the overall picture related to consent.

Ms. Shatzkin said there are challenges in the current policies related to telehealth providers and verbal consent. Dr. Cohen said this would be addressed during deliberations.

Mr. Lusak asked about the need to get verbal consent from homebound people who already sign HIPAA authorizations. Mr. Belfort said that there can be value for verbal consent; for example, in the case of medically tailored meals there will not be a face-to-face encounter until the meal is delivered.

Dr. Cohen said there would be a couple of meetings of the ad hoc workgroup on these questions, and subject matter experts would be brought in to enhance the discussion.

VI. Closing

Dr. Cohen thanked the Committee members and adjourned the meeting. The next meeting of the Policy Committee is scheduled for April 12, 2023 from 1:30-2:30 pm.