

New York eHealth Collaborative Policy Committee Meeting
July 19, 2023
1:30 p.m. – 3:00 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on July 19, 2023. Present via telephone or videoconference were:

Policy Committee Voting Members

Dr. Lawrence Brown, Weill Cornell Medical College
Alan Cohen, JASA
Dr. Sabina Lim, Mt. Sinai Health System
Russell Lusak, Selfhelp Community Services
Taymoor J. Naqi, Hixny
Dr. Ram Raju, Health Disparities Consultant
Todd Rogow, Healthix
Pat Roohan, MVP Health
Paul Uhrig, Bassett Health
Louann Villani, RN, Clinical Informatics Consultant

Ex-Officio

Patti Burandt, HealtheLink (BOC Rep)
Deirdre Depew, NYS DOH
Emily Engel, OHIP (Medicaid)
Molly Finnerty, OMH PSYCKES
Christie Hall, NYSTEC
Puja Khare, GNYHA
Jim Kirkwood, NYS DOH
Meredith Locke, DOH OHIP
Leilani Prusky, NYSTEC
Chelsea Sack, NYS DOH
Jennifer Unser, NYS DOH
Ken Wiczerza, Esq., NYS DOH

Other

Elizabeth Amato, HealtheConnections
Carmen Barber, OMH
Bob Belfort, Manatt, Phelps & Phillips, LLP
Marlene Bessette, Rochester RHIO
Alison Bianchi, NYeC
Nicole Casey, NYeC
Rebecca Coyle, NYeC
Alexander Dworkowitz, Manatt, Phelps & Phillips, LLP
Jessica Eber-Young, OMH
Jen Freeman, OPWDD
Charlie Feldman, NYeC
David Horrocks, NYeC
Ryan Howells, Leavitt Partners

Donald Juron, NYeC
Kathryn Lucia, NYeC
Magdalena Mandziewska, Healthix
Astrid Marz, NYeC
Deven McGraw, Invitae
Liana Prosonic, HealthConnections
Sam Roods, NYeC
Wendy Saunders, Hinman Straub
Julia Sisti, NYeC
Cindy Sutliff, NYeC
Sarah Torosyan, NYC DOHMH
Michele Warner, DOH OHIP

The meeting was called to order by Ms. Sutliff at 1:30 p.m.

I. Welcome and Introductions

Ms. Sutliff noted Dr. Cohen was out of the country and welcomed the Committee members. Ms. Sutliff outlined the meeting agenda. The Committee approved the meeting minutes from the prior meeting.

II. DOH Update

Mr. Kirkwood said that DOH was still working through negotiations with CMS about the 1115 waiver. He added that he hoped that approval would come within the next few weeks.

III. HIE Gateway Program and Carin Alliance

Ms. Sutliff introduced Ryan Howells and Deven McGraw. Mr. Howells said he helps lead the Carin Alliance, which focuses on giving consumers more access to their digital health information. He explained that a related issue is the digital identity ecosystem: instead of patients matching their identity with two separate organizations, what if patients proved their identity one time? He said it would be a single sign on for health care, similar to the concept of a mobile driver's license or the TSA allowing identity proofing through one's phone. Mr. Howells went on to describe how this concept can be implemented, noting that patients could choose from a handful of pre-vetted identity broker services. He added that digital identity solutions are critical to making interoperability work.

Ms. McGraw said HIEs are an important use case for this identity pilot. Through a centralized gateway, HIEs can connect with apps chosen by patients. She said in order for apps to connect to the gateway they need to be screened to ensure they are personal health apps, and that each app needs to identity proof patients at the NIST industry standard of IAL2. These apps will be responsible for identity proofing patients. She said HIEs have a choice to either build their own infrastructure or use a provider or patient portal.

Mr. Rogow said that Ms. McGraw has done some amazing work related to patient access. He added that the identity proofing can still be expensive. Mr. Howells agreed, saying that the

identity proofing organizations know it is expensive and they are trying to create a federated model to lower the cost for everyone.

Mr. Uhrig asked if it was possible to achieve NIST level 2 completely remotely? Ms. McGraw said yes, NIST Level 2 can be achieved remotely, but it is hard to reach Level 3 remotely.

In response to a question, Ms. McGraw said that the Gateway acts a business associate of each HIE, even though there is an argument that it is acting on behalf of patients. She added that the apps themselves are not business associates.

Ms. Sutliff thanked Ms. McGraw and Mr. Howells for their input.

IV. DOH Disclosures

Ms. Sutliff said the goal of the meeting was to get to final agreement on the policy reform related to the disclosure of SHIN-NY data to DOH. Mr. Kirkwood said one of the primary purposes of the 1115 waiver is the screening and referral for social care services, which can be used to improve health outcomes. He said that the SHIN-NY will be the information exchange backbone of the waiver. He said that the expectation is that social care networks (SCNs) will assemble community-based organizations (CBOs) and that data related to the SCNs will be shared with DOH. Mr. Kirkwood said DOH will use the data for its own analysis and to report information to CMS. For instance, he said the data could be used to analyze whether a Medicaid enrollee had an effective outcome after being referred for a particular service, or whether medically tailored meals for those with diabetes were leading to fewer hospitalizations.

Mr. Kirkwood said a request for applications related to SCNs will have a requirement to connect to the SHIN-NY so that data could be sent to the data lake.

Ms. Burandt asked if other entities such as health plans would have access to the data. Mr. Kirkwood said that the SCNs would have access to the data in their own platforms.

Mr. Belfort described the proposed policy language related to permitted disclosures to DOH. He explained that the language currently allows disclosures for HEDIS and QARR as well as payment purposes, and the change would clarify an ambiguity to allow for disclosures for other purposes.

Mr. Rogow asked if the change was limited to the 1115 waiver. Mr. Belfort said the change was motivated by the 1115 waiver and is necessary for the proper oversight for the waiver, but the language is not limited to the waiver and would be applicable to other Medicaid evaluations.

In response to several questions, Mr. Belfort noted that the provision applies to payers only, and that there are other provisions in the policies that address provider access to data for quality improvement purposes.

Dr. Lim noted there is often misunderstanding on the ground regarding the sharing of behavioral health data. Ms. Eber-Young responded that there is no prohibition in the mental hygiene law regarding sharing information with the state for purposes of Medicaid administration.

Mr. Naqi said he thought the language as proposed made sense, and the QEs need to show the value of the SHIN-NY to the waiver. Ms. Sutliff asked if there were any other comments. Hearing none, she said the proposal would move forward.

V. Telehealth and Verbal Consent

Mr. Dworkowitz recounted the prior debate regarding the durability of verbal consent for telehealth and the different options. Mr. Rogow recommended a time period of either 24 or 72 hours. Ms. Sutliff said she thought the preference was for an encounter based time period. Ms. Burandt said she was concerned about audits under a time-based approach.

Ms. Villani said it needs to be a time period beyond the actual conversation, so that the practitioner can access lab results after the encounter ends.

Mr. Naqi questioned the need for a policy change. Mr. Rogow agreed, saying that the last item – about recognizing electronic consents – seemed the most important. Ms. Sutliff said they would return with revised language in September.

VI. Closing

Ms. Sutliff thanked the Committee members and adjourned the meeting. The next meeting is scheduled for September 13, 2023 beginning at 1:30 pm.