

New York eHealth Collaborative Policy Committee Meeting
May 8, 2024
2:00 p.m. – 3:00 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on May 8, 2024. Present via telephone or videoconference were:

Policy Committee Voting Members:

Dr. David Cohen, Maimonides Health Center (Chair)
Elizabeth Amato, HealtheConnections
Kate Beck, Healthfirst
David Finkelstein, RiverSpring Living
Dr. Sabina Lim, MD, Mount Sinai Health System
Russell Lusak, Selfhelp Community Services
Paul Pettit, Orleans County Health Department
Dr. Ram Raju, Health Disparities Consultant
Todd Rogow, Healthix
Louann Villani, Athena

Ex-Officio Members:

Carmen Barber, OMH
Patti Burandt, HealtheLink (BOC Representative)
Gladys Crawford, NYS DOH OHSQA
Samantha Delia, OASAS
Deirdre Depew, NYS DOH OHSQA
Thomas Hallisey, HANYS
Geraldine Johnson, NYS DOH (Public Health)
Karen Lipson, Leading Age NY
Meredith Locke, DOH OHIP
Tavia Rauch, MVP Health
Chelsea Sack, NYS DOH OHSQA
Meg Vijayan, Esq., OPWDD
Ken Wiczzerza, Esq., NYS DOH OHSQA

Other:

Marlene Bessette, Rochester RHIO
Alison Bianchi, NYeC
Nicole Casey, NYeC
Rebecca Coyle, NYeC
Alexander Dworkowitz, Manatt
Charlie Feldman, NYeC
Jen Freeman, OPWDD
David Horrocks, NYeC
Don Juron, NYeC

Astrid Marz, NYeC
Kathryn Miller, Bronx RHIO
Liana Prosonic, HealtheConnections
Leilani Prusky, NYSTEC
Tavia Rauch, MVP Health Care
Sam Roods, NYeC
Elisa Sacco, NYSTEC
Wendy Saunders, Hinman Straub
Cindy Sutliff, NYeC
Michael Whitney, NYS DOH OHSQA

The meeting was called to order by Dr. Cohen at 2:00 p.m.

I. Welcome and Introductions

Dr. Cohen welcomed the Committee members. The Committee approved the minutes from the April 2024 meeting.

II. Federal and State Update

Mr. Roods noted that the federal Department of Health and Human Services had published a final rule regarding the protections of reproductive health data under HIPAA. He explained that the rule focused on disclosures for criminal, civil, or administrative proceedings and investigations and did not impact disclosures for treatment, care coordination, or payment purposes.

Mr. Roods also noted that version 2.0 of the TEFCA common agreement had been published. He said that in the prior version Qualified Health Information Networks (QHINs) could adjust their terms of participation with participants; in this version a standard agreement with participants was being provided. He said that some details that had previously been in the common agreement were being moved to the standard operating procedures (SOPs) so that they could be updated more frequently.

III. DOH Update

Ms. Depew said that the comment period on the proposed SHIN-NY regulation had closed and DOH had received about 10 comments. She said DOH was reviewing those comments and that the agency expected to have the regulation finalized soon.

In response to a question, Ms. Depew clarified that she hoped that the regulation would be presented to the Public Health and Health Planning Council in June, but if that did not occur the rule would have to be presented at another time.

IV. Utilization Review

Dr. Cohen noted that the Committee had been scheduled to discuss utilization review policy reforms, but the discussion had been postponed for a discussion with the New York State Department of Financial Services (DFS). He said that following the April Policy Committee meeting discussions occurred with DFS and they determined that the Committee and DFS were aligned, subject to the inclusion of certain clarifying edits.

Dr. Cohen also noted that Ms. Khare had also provided a suggested modification in the proposed language on behalf of GNYHA, which had been distributed to Committee members.

Mr. Dworkowitz provided a background on the issue, noting the Committee previously had approved utilization review as a level 1 use.

Mr. Rogow voiced support for the proposed reforms, so long as the QE was not required to provide the required notice to providers.

Ms. Beck said that as a payer, she is concerned about the burden of providing notice in all cases, even in cases where there is no denial. Mr. Dworkowitz responded that the intention was to require notice only in the case of a denial. Dr. Raju agreed with this approach, saying if there was no denial there was no need for notice.

Dr. Raju asked about whether the GNYHA proposed modification would require a second notice. Dr. Cohen said that it would also require notice about access to the data. Ms. Beck voiced concern about requiring this second notice. Ms. Amato said she did not interpret the GNYHA proposal to require notice at the time of access.

Dr. Raju asked why health plans would seek data from the SHIN-NY instead of directly from the provider. Ms. Rauch replied that MVP Health Care always calls providers for records, but there is a time limit on response, and if the provider does not provide records within that timeframe it is helpful for the plan to be able view records from other data sources. Ms. Rauch said she was concerned that if MVP Health Care was required to provide notice, it may not be able to use the SHIN-NY for utilization review purposes. Dr. Raju responded the plans could include in their contracts with providers a notice that they use SHIN-NY data for utilization review purposes.

Ms. Sutliff said they would revise the language and present it to the Committee in June. Dr. Cohen said the SHIN-NY still lacked claims data from health plans and it would be helpful for providers to have access to such data.

V. Training Requirements

Dr. Cohen said the Committee wants to ensure that SHIN-NY training requirements are not causing unnecessary redundancies in training. Mr. Dworkowitz outlined three areas of potential reform: (1) removing the current requirement for QEs to provide training to participants related to

HIPAA; (2) ending the requirement that SHIN-NY access and use refresher training occur every year; and (3) permitting SHIN-NY focused trainings to be combined with other privacy-related trainings.

Mr. Rogow expressed support for the reform concepts. Dr. Raju agreed, saying he thought all three were improvements.

Mr. Rogow said that at larger provider organizations, it is not the clinician who captures consent, except in the case of minors, and therefore the training should focus on individuals who capture consent. Ms. Burandt said there are two separate issues with consent: how to manage consent, and how to communicate with patients about consent. She said HIPAA needs to be referenced in that participants need to understand that they should only be accessing data for certain HIPAA permitted purposes. She also questioned that there would be a separate category of training for entities that are not covered by HIPAA. Ms. Sutliff responded that they were not suggesting that the trainings cannot reference HIPAA. Ms. Burandt said she supported eliminating the annual refresher requirement.

Dr. Cohen said they would return with proposed policy language at the next Committee meeting.

VI. Closing

Dr. Cohen thanked the Committee members and adjourned the meeting. He noted that the next meeting was scheduled for June 18, 2024 beginning at 1 pm.