# New York eHealth Collaborative Policy Committee Meeting July 31, 2024 11:00 a.m. – 12:00 p.m. Meeting Notes

A meeting of the NYeC Policy Committee was held on July 31, 2024. Present via telephone or videoconference were:

Policy Committee Voting Members:
Dr. David Cohen, Maimonides Health Center (Chair)
Elizabeth Amato, HealtheConnections
Kate Beck, Healthfirst
Dr. Lawrence Brown, Weill Cornell Medical College
David Finkelstein, RiverSpring Living
Dr. Sabina Lim, MD, Mount Sinai Health System
Russell Lusak, Selfhelp Community Services
Natasha Pernicka, Food Pantries for the Capital District
Paul Pettit, Orleans County Health Department
Todd Rogow, Healthix
Paul Uhrig, Bassett Health
Louann Villani, Harbor Health ACO

Ex-Officio Members:
Puja Khare, GNYHA
Chelsea Sack, NYS DOH OHSQA
Anne Schettine, NYS DOH OQPS
Ken Wieczerza, NYS DOH OHSQA

Other:

Alison Bianchi, NYeC Alexander Dworkowitz, Manatt Alexandra Fitz, NYeC Charlie Feldman, NYeC Sam Roods, NYeC Cindy Sutliff, NYeC

The meeting was called to order by Dr. Cohen at 11:00 a.m.

### I. Welcome and Introductions

Dr. Cohen welcomed the Committee members to the special session of the Policy Committee. Dr. Cohen asked for approval for the minutes from the June 2024 meeting. Mr. Rogow asked for a clarification to a statement he made that had been recorded in the June minutes. Subject to Mr. Rogow's requested revision, the meeting minutes were approved.

## II. Overview of Statewide Common Participation Agreement

Dr. Cohen explained that an ad hoc workgroup had met earlier in the week to review the term sheet for the draft Statewide Common Participation Agreement (SCPA). He said that the goal for today was to reach agreement on bringing a draft SCPA forward to the NYeC board of directors for approval, so such agreement could be posted on NYeC's website for public comment.

Ms. Bianchi thanked the ad hoc workgroup members for their review and comments on the SCPA term sheet. She noted that DOH promulgated revised SHIN-NY regulations that require the establishment of the SCPA. She said there were several reasons that DOH established this requirement, noting that each QE currently has its own participation agreement, and there are differences in those agreements that lead to inconsistencies. Ms. Bianchi added that the SCPA is also intended to improve the availability of data for public health and Medicaid purposes.

### III. Discussion of Statewide Common Participation Agreement

Dr. Cohen said the day's discussion would focus on high level comments on the SCPA term sheet, with Committee members having the opportunity to provide detailed comments on the SCPA once the full agreement was released for public comment in September. Dr. Cohen opened up the meeting to a discussion of the SCPA term sheet.

Mr. Lusak recommended that the agreement address case management programs operating under the authority of the Department of Aging. Ms. Sutliff responded that this issue could be addressed in the Standard Operating Procedures (SOPs) that would accompany the SCPA.

In response to a question from a Committee member, Ms. Bianchi said that the SCPA is intended to be a replacement of existing participation agreements.

Dr. Brown congratulated the members of the ad hoc workgroup for their review and development of comments for consideration regarding the SCPA. He questioned how the SCPA would handle race and ethnicity data. Ms. Sutliff answered that there is currently a process in place with the Gravity Project related to the standardization of certain race and ethnicity data, and that this issue is not limited to New York State.

Mr. Rogow asked how core services are being defined, and whether all HINs would need to provide the same cores services. Ms. Bianchi answered that this will be addressed in the SOPs, as well as in the funding agreement with QEs. She said that initially all QEs would be required to provide the same core services but this could change, as one QE could offer a core service statewide. Mr. Rogow said that no participant currently engages Healthix to provide lab results delivery, and he questioned whether Healthix would be required to do so if lab results delivery was deemed a core service.

Ms. Sutliff reminded the Committee members that the goal is to make sure there are no major issues with the SCPA so it could be put forward to the NYeC board and then for public comment. Dr. Cohen agreed, noting that there will be a 30-day public comment period after the NYeC board review.

Ms. Schettine said she appreciated the conversation, and that it is helpful to hear what Committee members are thinking. She described the discussion as a wonderful start, and added that she expected the SCPA to be implemented in 2025.

Dr. Brown said that since the SCPA would be shared with the citizens of New York, there would be value in documents that would make the SCPA easier to understand for a diversity of audiences. Dr. Cohen agreed on the importance of such an effort. Ms. Fitz said there would be a webinar on the SCPA as well as materials to explain the agreement in plain language.

### IV. Closing

Dr. Cohen thanked the Committee members and adjourned the meeting.