

New York eHealth Collaborative Policy Committee Meeting
March 24, 2020
2 p.m. – 4 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on March 24, 2020. Present either via telephone were:

Art Levin, Center for Medical Consumers, Chair of Policy Committee
Nance Shatzkin, Bronx RHIO
Steve Allen, HealthLink
Amy Warner, Rochester RHIO
Karen Romano, HealthConnections
Taiymoor Naqi, Hixny
James Kirkwood, NYS DOH
Jonathan Karmel, NYS DOH
Deirdre Depew, NYS DOH
Dan Schiller, NYS DOH
Molly Finnerty, NYS OMH
Dr. John-Paul Mead, Cayuga Medical Associates
Dr. Raul Vazquez, Urban Family Practice
Dr. Tom Mahoney, Common Ground Health
Dr. David Cohen, Maimonides Medical Center
Dr. Glenn Martin, Queens Health Network
Chuck Bell, Consumer Reports
Puja Khare, GNYHA
Tom Hallisey, HANYS
Linda Adamson, NYSTEC
Jill Eisenstein, BOC Representative
Val Grey, NYeC
Cindy Sutliff, NYeC
Alison Bianchi, NYeC
Nate Donnelly, NYeC
Alexandra Fitz Blais, NYeC
Zoe Barber, NYeC
Sam Roods, NYeC
Bob Belfort, Manatt
Alex Dworkowitz, Manatt

The meeting was called to order by Mr. Levin at 2 p.m.

I. Welcome and Introductions

Mr. Levin welcomed the Committee members. He said that the priority for the discussion was addressing how the SHIN-NY could provide real value during the COVID-19 pandemic and that NYS DOH would provide an update on current COVID activities.

II. DOH Update and COVID-19 Response

Mr. Kirkwood said NYS DOH was sharing with the SHIN-NY electronic lab information through the Electronic Clinical Laboratory Reporting System (ECLRS), which has information on COVID-19 test results. Mr. Kirkwood noted that NYS DOH had also waived the written consent requirement for telehealth services provided during the pandemic. Ms. Depew said that NYS DOH recognized that there could be areas where the SHIN-NY policies could be adjusted in response to the pandemic, and that the Policy Committee should consider such revisions.

Mr. Kirkwood noted that the SHIN-NY Policies do not reference the possibility of NYS DOH sharing data. Ms. Sutliff said that NYS DOH is allowed to become a data contributor under current policies but that NYS DOH is not called out specifically. Mr. Karmel responded that NYS DOH is a different type of data contributor, in that they are public health authority and the QEs are not business associates of NYS DOH since NYS DOH is not a health care provider.

Mr. Kirkwood said NYS DOH was discussing allowing the use of patient care alerts without written consent regarding individuals who are COVID-19 positive. Ms. Shatzkin asked if these alerts could be sent to a health plan regarding a COVID-19 positive enrollee. Mr. Karmel said that such alerts could be sent.

Mr. Dworkowitz said a provision could be added to the SHIN-NY policies to give DOH the authority to waive certain provisions during a public health emergency.

Mr. Karmel asked whether verbal consents obtained during the COVID-19 pandemic would remain valid once the public health emergency had concluded. Mr. Karmel added that he did not want to adopt a policy that would get in the way of telehealth access. Mr. Belfort said this is a case where it is important to tip the balance towards convenience and simplicity. Ms. Sutliff and Ms. Shatzkin agreed.

Mr. Karmel said another possibility was including the verbal consent within the break-the-glass function. Ms. Warner said this is the approach that Rochester RHIO is taking, in that they are adding another field to the break-the-glass dropdown box that allows for access with verbal consent. Ms. Shatzkin said the Bronx RHIO was also taking this approach. Dr. Mead said he liked the idea of using the break-the-glass functionality here. Mr. Naqi said Hixny was also intending to use break the glass, but if the intention was for the verbal consents to last indefinitely than the QEs need to know that so they could inform their providers. Dr. Martin said irrespective of the decision here, the world is not going to go back to the way it was, and patients are unlikely to sign paper consents if they receive services remotely.

Mr. Karmel said that based on the discussion, he was persuaded that break-the-glass was the better approach.

III. Executive Director Update

Mr. Levin introduced Ms. Grey to provide an update. Ms. Grey said since the Committee's last discussion, the CMS and ONC interoperability rules had been released. She said the rules would prompt a discussion on how the SHIN-NY can comply with the information blocking requirements.

Ms. Grey explained that at a high level, the rules are based on the idea that better and more information sharing should improve health care. She said the federal government is trying to increase patient access to their own clinical and claims data.

Ms. Grey said the rules are designed to encourage a consumer-mediated exchange of data. Nevertheless, the rules include opportunities for HIEs to support information exchange, as the federal government has not said that consumer-mediated exchange is the only way to exchange data.

Ms. Grey said NYeC was disappointed that CMS removed the requirement in its rule for connections to a trusted network. She added that CMS and ONC would be hard pressed to enforce any requirements on hospitals in the next six months given the COVID-19 crisis.

Dr. Vazquez said the COVID-19 crisis was a perfect opportunity for the RHIOs to provide notifications back to patients. Ms. Grey said the SHIN-NY typically has not been used as a patient interface, but agreed it was the time to take a fresh look at this.

IV. Closing

Mr. Levin said the Committee should continue to focus on these emergent issues. He said that the Committee would resume discussions on community-based organization (CBO) participation when they have time to take a deeper look and are no longer in crisis mode.

Mr. Levin adjourned the meeting and wished everyone good health.