

**New York eHealth Collaborative Policy Committee Meeting**  
**December 18, 2018**  
**2 p.m. – 3:30 p.m.**  
**Meeting Notes**

A meeting of the NYeC Policy Committee was held on December 18, 2018. Present either in person or via telephone were:

Art Levin, Center for Medical Consumers, Co-Chair Policy Committee  
Nance Shatzkin, Bronx RHIO  
Steve Allen, HealthLink  
Tom Check, Healthix RHIO  
Amy Warner, Rochester RHIO  
Karen Romano, HealtheConnections  
Deirdre Depew, NYS DOH  
James Kirkwood, NYS DOH  
Lynn Dicerbo, NYS OMH  
David Nardolillo, NYS OPWDD  
Virginia Scott-Adams, NYS OPWDD  
Dr. John-Paul Mead, Cayuga Medical Associates  
Dr. Tom Mahoney, Common Ground Health  
Linda Adamson, NYSTEC  
Zeynep Sumer King, GNYHA  
Evan Brooksby, HANYS  
Val Grey, NYeC  
Eric Boateng, NYeC  
Cindy Sutliff, NYeC  
Nathan Donnelly, NYeC  
Alison Birzon, NYeC  
Jeannette Rossoff, 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 and described the meeting agenda. He asked Committee members to provide any comments on the meeting summary notes to Ms. Sutliff. Mr. Levin introduced Ms. Grey to provide the executive director update.

**II. Executive Director Update**

Ms. Grey said that in 2018, significant progress had been made toward the SHIN-NY 2020 Roadmap goals, and that the first half of 2019 would continue to focus on executing the SHIN-NY Roadmap. Ms. Grey noted that another large item was the creation of a sustainability plan,

with a goal of having a draft plan by the end of next year. Ms. Grey wished everyone a happy holiday.

### **III. DOH Update**

Mr. Levin introduced Mr. Kirkwood to provide an update. Mr. Kirkwood said NYS DOH had received the proposed policy changes and was in the process of reviewing them, which involves sharing with stakeholders within NYS DOH. Mr. Kirkwood predicted the review would take about a month and a half and did not anticipate any major changes.

### **IV. 2018 Policy Cycle Outcomes**

Mr. Levin directed the Committee members to the summary of revisions made to the SHIN-NY Policies during 2018, which addressed issues such as research disclosures and transmittals to non-participants.

Mr. Check said that QEs were already finding practical applications for these policy changes, and he was glad that they had occurred. Ms. Sutliff said she wanted to acknowledge the work of the Committee over the past cycle. Mr. Levin agreed, saying it was important to undertake revisions that mean something, and not take actions for their own sake.

### **V. Policy Committee New Member Process**

Mr. Levin addressed the process for adding members to the Committee. Mr. Levin said that they were focusing on adding members in key areas such as health plans, community based organizations, accountable care organizations, consumers, and researchers. He said the list would be developed in coordination with NYeC staff, and the final list would be reviewed by the NYeC Board Nominating Committee which would make recommendations to the NYeC Board as to who to add to the Committee.

Dr. Mead said he was heavily involved in an accountable care organization and hoped that would be taken into consideration. Ms. Sutliff said this would be taken into account as they went through the process.

### **VI. Overview of 2019 Policy Cycle**

Mr. Levin introduced the subject of potential areas of focus for the 2019 cycle. Ms. Sutliff explained that instead of holding a November meeting, a smaller group had engaged in a high level discussion on a policy framework for 2019. She added that they were seeking the Committee's thoughts on policy priorities.

Mr. Kirkwood said one area of interest was access to information for purposes of operating the Medicaid program. He said there were use cases other than for purposes of payment and quality improvement, and that information needed to be shared not just by providers with plans but by plans with providers. Mr. Kirkwood said another scenario was managed long term care and data

sharing from hospitals to home care regarding medication reconciliations and discharge instructions.

Mr. Dworkowitz outlined other areas of possible revision. He said such areas could include shifting to an opt-out system with the exception of sensitive health information that would still require affirmative consent, allowing for disclosures to additional types of entities, allowing for greater health plan participation, mandating QE implementation of certain initiatives, and revising the NIST authentication standard.

Mr. Check said he liked the idea of an opt out system, and that this had become an issue since the QEs were competing with commercial exchanges that are subject to more lax rules. Mr. Belfort noted that an opt-out proposal that still required opt-in for sensitive data relied on the technical feasibility of distinguishing different types of data. Mr. Check said he thought there could be solutions in this area, and Mr. Kirkwood said that some QEs had figured out how to segregate Part 2 information. Ms. Shatzkin said it was not just a matter of the QEs having the right technology, but also an issue of the state providing the correct data, as there is a need for the state to identify OMH licensed operations. Ms. Warner agreed with both Mr. Check and Ms. Shatzkin, and she suggested that they obtain input from the eight different QEs to help inform any approaches.

Ms. Shatzkin said that they needed to be cognizant of policy changes that create technical challenges, and such challenges need to be taken into account while assessing the pluses and minuses of different approaches. Ms. Sutliff agreed, saying that they would need to address both how opt-out would work and how such a system would compare to the status quo. Mr. Kirkwood said that at NYS DOH, they are cognizant of what is allowable under current law as well as technical issues. Mr. Kirkwood added, however, that NYS DOH did not want to go with the lowest common denominator and write such a denominator into the policies. Ms. Sutliff said they could continue to come up with workarounds regarding consent, but the time is right for an opt-out discussion.

Mr. Belfort said the issue of health plan participation for payment purposes or health care operations could be linked to the opt out discussion. Mr. Check said allowing plans to use QE data for utilization review purposes might get resistance from providers.

Dr. Mead said they may want to examine community-wide consent and the possibility of making it mandatory for QEs.

Mr. Check suggested they examine whether enrollment in a plan should serve as QE consent.

Mr. Levin asked if there were any ideas that had yet to be covered. Dr. Mahoney suggested undertaking a survey of ACOs and asking them for the pluses and minuses of the current status of health information exchange. Ms. Grey said this was spot on, explaining that for purposes of sustainability planning NYeC wanted to conduct focus groups regarding opportunities for QEs to be better health information exchanges.

## **VII. Closing**

Ms. Sutliff said the next meeting of the Policy Committee is the 2019 kick-off meeting and will be a face-to-face meeting held in Albany. The meeting is scheduled for January 29<sup>th</sup> from 12-4 pm. Details will be sent in January prior to the meeting. Mr. Levin thanked the Committee members and wished everyone a happy holidays.

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