

New York eHealth Collaborative Policy Committee Meeting
March 20, 2018
2 p.m. – 4 p.m.
Meeting Notes

A meeting of the NYeC Policy Committee was held on March 20, 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
Valerie Grey, NYeC
James Kirkwood, NYS DOH
Deirdre Depew, NYS DOH
Geraldine Johnson, NYS DOH
Jonathan Karmel, NYS DOH
Dr. John-Paul Mead, Cayuga Medical Associates
Dr. Tom Mahoney, Common Ground Health
Dr. Glenn Martin, Queens Health Network
Linda Adamson, NYSTEC
Zeynep Sumer-King, GNYHA
Evan Brooksby, HANYS
Eric Boateng, NYeC
Cindy Sutliff, NYeC
Nathan Donnelly, 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 provided a summary of the topics to be covered by the meeting, including an overview of national health exchange initiatives and the modernization of the Policies.

II. Overview of National Exchange Initiatives

Ms. Sutliff explained that as the Committee was considering revisions to the Policies it was important to keep in mind the framework of national initiatives promoting health information exchange. Ms. Sutliff provided an overview describing those initiatives, including the Sequoia Project, a nonprofit which is operating the eHealth Exchange, the largest network of health information exchange. Mr. Check and Mr. Allen said that both of their QEs allow some participants to obtain data through eHealth Exchange.

Ms. Sutliff described other national efforts, such as Carequality, also governed by the Sequoia Project, and Commonwell Health Alliance. She said the Strategic Health Information Exchange Collaborative, better known as SHIEC, has developed a patient centered data home model under which alerts could be sent if there is an occurrence outside a patient's home HIE. Mr. Check said 7 of the 8 QEs are in the SHEIC but cannot send data under the patient centered data home model because the Policies currently do not allow sharing with nonparticipants.

Ms. Sutliff said the Trusted Exchange Framework and Common Agreement (TEFCA), which has been proposed by the Office of the National Coordinator, is in development. She said that the goal was for this initiative to be the one that really works at a national level, and she said that NYeC had submitted comments in support of the proposal but expressed concerns about the timeframe of the proposal and certain of its technical aspects. Val Grey, NYeC Executive Director, serves on the HITAC (Health Information Technology Advisory Committee) that will review public comments and make recommendations to ONC on the proposed TEFCA approach.

III. Tiger Team Outcomes

Mr. Levin said that a Tiger Team had an extremely productive meeting in the previous week regarding policies for disclosures to non-participants. Mr. Dworkowitz said the Tiger Team had concluded that allowing for disclosures to non-participants supported three important policy goals: aligning the Policies with national initiatives, increasing the clinical value of the SHIN-NY, and making the SHIN-NY more sustainable. Mr. Dworkowitz outlined the changes to the draft disclosure policy that were agreed to by the Tiger Team.

Dr. Martin said that the part of the Policies that allowed for disclosures to out-of-state providers and HIEs made perfect sense, since it facilitates patient care, but he expressed concern about the life insurance provision. He said that recently a life insurer had asked for information from his office, and when he called the patient the patient instructed him not to turn over the patient's information to the life insurer, and that this problem has occurred not infrequently. Dr. Martin suggested that there be some sort of notification provision. Mr. Levin asked how this would be operationalized. Dr. Martin suggested an email be sent out to the patient and the provider informing both that a request had been received from the life insurer and the provider intends on complying, but if the patient objects he or she should let the provider know.

Mr. Belfort said there were two separate issues: one about making the consent as clear and distinctive as possible, and the second about whether a second level of protection was needed even where a patient had signed a consent. Mr. Check said it would be possible to operationalize a system where the QE emails a patient and says, if you don't want us to send out your information to a life insurer please let us know within 48 or 72 hours, but that reaching out to all of the patient's providers in such a scenario would not be practical. Dr. Martin said it was important for the provider to know, since the provider has an ethical obligation to protect patients from risks that patients might not fully appreciate. Ms. Sutliff said it would be more efficient if the message was sent from the QE to the patient. Ms. Sumer-King said GNYHA would support some checks and balances regarding sharing information with life insurers.

Mr. Levin said the draft policy would be changed to add a provision requiring notification to the patient when data was to be shared to life insurers. Mr. Levin asked if there were any objections. Hearing none, he said the draft policy could be moved forward.

IV. Review of Policy Committee Charter

Mr. Levin introduced the last item of the meeting, a review of the Policy Committee Charter. He noted that the membership numbers had been redefined, with a minimum of 13 members and a maximum of 17. He said the charter had been revised to describe specific categories of members who were to be included and that additional categories of ex officio members had been added.

Mr. Allen asked if the membership term limits applied to ex officio members. Ms. Sutliff said that they do not. She said that it was up to those organizations as to whether they would want to make changes to their representative to the Policy Committee.

Mr. Levin said that based on the agreement of the Policy Committee, they would recommend that the charter be adopted and forwarded to the Department of Health.

V. Closing

Mr. Levin asked if anyone else had any further business. Hearing none, he adjourned the meeting and thanked the Committee members for making a lot of progress.