Hixny

BOARD OF DIRECTORS' MEETING
May 17, 2023
7:30 AM
Microsoft Teams

Draft Meeting Minutes

Directors, Officers and Trustees: Wouter Rietsema, MD – University of Vermont – Champlain Valley Physicians Hospital (Chair), Joan Hayner (Treasurer), Brian O'Grady – CDPHP (Secretary), David Shippee - Whitney M. Young, Jr. Health Centers (Vice Chair), Julie Bazzell – Hometown Health Centers, Jeremiah Benoit, MD – Highmark Western and Northeastern NY, Scott Cohen, MD – Bassett Health Care Network, Bill Duax – Albany Medical Center, Chuck Fennell – St. Peter's Health Partners, Patty Fusco – Fusco Personnel, Inc., Kevin Gallagher – Hudson Headwaters Health Network, Eric Linzer – New York Health Plan Association, Tracy Pitcher – St. Paul's Center, Pat Roohan – MVP, Charles Welge – Albany County Department of Health

Invited Members of the Public: Howie Architzel – Broadview Federal Credit Union, Michelle Blanchard – Four Winds Saratoga, Peter Gilhooly – St. Mary's Amsterdam, Scott Guisinger – Price Chopper Supermarkets, Susan Huntington – Adirondack Medical Center, Lyndsay Macagg – Community Health Center of the North Country, Justin Miller – University of Vermont Medical Center

Trustee Emeritus: Paul Macielak

Hixny Staff: Mark McKinney – CEO, Bryan Cudmore – Vice President, Account Management, Debra Hamway – Vice President, Finance, Taiymoor Naqi – Chief Compliance Officer & Vice President, Privacy & Security

Meeting Guest(s): Alison Bianchi – NYeC, David Horrocks - NYeC, Don Juron – NYeC, Karen Sosler, Esq. – Rivkin Radler LLP

Meeting Commenced: 7: 32 AM

I. **Welcome & Chairperson Remarks**
Dr. Rietsema welcomed all to the meeting.

II. **Adopt Minutes from March 15, 2023 Board Meeting**
A motion to approve the March 15, 2023 Board Meeting minutes was made by Bill Duax and seconded by Patty Fusco. With no further comments, no opposition, and no abstentions, the motion was unanimously approved.

III. **Public Meeting – SHIN-NY Update**
Dr. Rietsema welcomed David Horrocks, Alison Bianchi, and Don Juron, all from NYeC, to the meeting.

Ms. Bianchi referred to a recent letter to the QEs from Mr. Horrocks regarding the discussions over the last eight months or so in relation to a shared infrastructure. During the discussions, it became clear that not all the QEs were interested in moving toward a shared infrastructure on the timeline that NYeC was advancing. Based on that feedback, NYeC is no longer pursuing a shared infrastructure strategy with the governance structure as proposed.

NYeC has decided to help meet public health data needs and support the 1115 waiver by working to implement the following steps:

- Build a narrow statewide interoperability capability using modern technology
- Adjust the way SHIN-NY services are purchased to create market mechanisms and choices

- Facilitate shared HIE infrastructure for interested QEs and support health improvement collaboration

For the above three objectives to work, all of the QEs would need to help facilitate a shared HIE infrastructure (for those willing and interested) and in turn support health improvement collaboration at the local level.

Focus on the seamless statewide services, statewide interoperability organization would look like in order to address the 1115 waiver, public health data services and HERDS modernization (included in the final enacted state budget). The statewide interoperability organization would:

- Combine data to enhance data, especially for public health analysis (data lake)
- Capture encounter data and healthcare relationships
- Hold state-collected data (i.e., vital statistics, medications, and reportable conditions)
- Maintain statewide registries and repositories, such as for 1115 support
- Operate a statewide consent registry
- Resolve statewide patient identities (MPI)
- Function as a national network integration/access point for DOH
- Offer provider directory and FHIR endpoint discovery capabilities
- Support NYS DOH health transformation programs and public health activities

What it would not no:
- Compete with national networks or local QE services
- Collect CCDs into large repository
- Create proprietary ambulatory connections
- Certify for DAV as it exists
- Directly deliver clinical data to point of care (may expose APIs to indirectly deliver data)
- Operate image exchange
- Function as a national network access point for clinicians with an EHR
- Sell analytics services
- Operate full-stack (legacy) HIE services

Mr. Juron presented the five key principles for the shared infrastructure model:

- We should encourage, procure, build, or otherwise arrange for shared infrastructure to be operated, to improve financial viability of existing QEs
- This infrastructure should be very separate from the Statewide Interoperability Organization (i.e., this will not be the means of achieving statewide services)
- We can conceive of the local HIE infrastructure running today as "legacy technology", while leaving open the means to innovate on local services
- Because statewide services will be handled separately, NYeC would not need to control the operation/governance of these services
- The number of QEs which join might grow over time

Mr. Juron noted that there are some QEs which are interested in potentially working either together or through the SHIN-NY to stand up their infrastructure that they use to support their participants locally. This would be totally the QEs choice and is a change from the direction that NYeC was taking before. Mr. Juron made the distinction that this infrastructure would be very different from the statewide services that Ms. Bianchi discussed earlier. This is not going to be an attempt to achieve statewide services, but rather participation will be optional.

The current HIE structure as it exists will be viewed as the legacy technology going forward. QEs will have the choice to continue to operate these technologies but NYeC is looking at potential innovation opportunities for the future.

The discussions over the last several months also centered on the governance of the proposed shared infrastructure and how that would be handled. This will now be handled separately in the newly proposed model being outlined here today. In this new model, NYeC would not be looking to control the operation or the governance. NYeC will have conversations with those QEs that were interested in how that would be managed. NYeC believes that the number of QEs interested in this new proposed model will grow over time.

Questions:

When you talk about a narrow network, what data is in it and how does it get there? *The data lake would be the primary mechanism that this organization would use. It would be the narrow data that we've been talking about which would be utilized for public health purposes and the 1115 waiver. Last week*

an amendment was sent to the QEPA which would start to effectuate these things. The vision is to have a process in place when a request is received from DOH that the QEs would approve each use. Currently, the data that is coming into the data lake is being nailed down (alerts, MPI, 1115 screenings/referrals).

Hixny has data in the HIE that isn't necessarily required to be submitted by anyone in particular. Wondering if that data is envisioned to be part of this, narrowed to Medicaid participants or by entities that are regulatorily required? *NYeC will follow up on the answer to this question.*

Did the recently passed state budget help as about expected or hurt as it relates to this effort? *In respect to the SHIN-NY it was the same language. The only addition was the 2.5 million for the HERDS modernization, otherwise there were no other changes over prior years.* **Is the infrastructure the nuts/bolts that would include the hardware/technology for the data lake that has been discussed?** *No. The data lake will be managed by NYeC in the interim. In the long run, the data lake may become shared infrastructure.*

Would this new proposed model be a separate corporation from NYeC? *Eventually, yes, that would indeed be the case. Right now, NYeC is taking an incremental approach and is working on getting interest and engagement. The governance piece(s) will be addressed down the road. It is NYeCs intention to have a separate not for profit corporation that would house the data lake.*

Has there been any material change to what was previously proposed and discussed under the amendment that was recently shared? *Yes, it is a different approach after hearing the concerns/issues. NYeC will not be pursuing the approach of a shared governance for a shared infrastructure in the same way that was initially proposed.*

Is what you are saying the following: That NYeC will create, operate, and run a new narrow statewide interoperability capability using modern technology that the QEs, if they wish, can come together as a group to create the shared infrastructure, and then establish a governance infrastructure? *Yes, that is exactly what is being proposed and NYeC is here to help facilitate and partner with the QEs.*

Would NYeC still be a policy setting entity with respect to this new shared infrastructure? *Yes, because their role with the SHIN-NY as the state designated entity has not changed.*

Are the specifics of how money would flow from one to the other unknown at this time? *That is correct. We think the money would flow in the way it flows right now. For this year, there is no change in the funding. NYeC would like to gauge the interest of the QEs to see how many are interested in moving forward, then have discussions with DOH around what funding opportunities there are. NYeC believes that they could leverage some of the funding that they received from the state in this year's budget, which has been targeted for HERDS work but could potentially be supportive of the statewide interoperability work. NYeC is aware that things could change should the state change the funding structure.*

NYeC's focus for this year will be on – the data lake, public health and the 1115 waiver. The QEPA agreement sent around last week, which has been amended in a surgical, tailored way to allow the work to continue. This year NYeC will also be providing a data use and contribution agreement, along with approval confirmation on various use cases as they are received. A process will be established around the data lake and that is the purpose of the amended QEPA.

NYeC is asking for feedback on the shared services portion along with signatures from the QEs by June 1st.

One additional slide was shared in relation to the 1115 waiver – which is still pending and next steps which include the current asks of the SHIN-NY:

- Aggregate screenings & referrals into a statewide registry
- Enhance screenings & referrals with better demographics and chronic condition flags
- Send extracts where they are needed, namely Medicaid data warehouse and the nine regional lead entities
- Deliver screening & referral data point of care
- Apply SHIN-NY policies and procedures to data use

Possible responses from the SHIN-NY include:
- Supplying patient level SHIN-NY data to care managers to qualify a person for a service
- Create statewide reports, such as the weekly statewide total number of referrals
- Provide alerts to care managers based on positive screening

Public Meeting Adjourned: 7:59 AM