



BOARD OF DIRECTORS' MEETING

September 20, 2023

7:30 AM

Microsoft Teams

Draft Meeting Minutes

Directors, Officers, and Trustees: Wouter Rietsema, MD – University of Vermont – Champlain Valley Physicians Hospital (Chair), Brian O’Grady – CDPHP (Secretary), David Shippee - Whitney M. Young, Jr. Health Centers (Vice Chair), Jeremiah Benoit, MD – Highmark Western and Northeastern NY, Bill Duax – Albany Medical Center, Kevin Gallagher, MD – Hudson Headwaters Health Network, Eric Linzer – New York Health Plan Association, Charles Welge – Albany County Department of Health

Invited Members of the Public: Howie Architzel – Broadview Federal Credit Union, Mackenzie Boushie – Adirondack Medical Center, Craig Dreher – Community Cares Physicians, Peter Gilhooly – St. Mary’s Amsterdam, Lyndsay Macagg – Community Health Center of the North Country, Justin Miller – University of Vermont Medical Center, Scott Momrow – MVP Health Care

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): David Horrocks - NYeC, Karen Sosler, Esq. – Rivkin Radler LLP

Meeting Commenced: 7: 33 AM

I. Welcome & Chairperson Remarks

II. Adopt Minutes from July 19, 2023 Board Meeting

A motion to approve the July 19, 2023 Board Meeting minutes was made by Brian O’Grady and seconded by Dave Shippee. With no further comments, no opposition, and no abstentions, the motion was unanimously approved.

III. Public Meeting – NYeC Presentation

Dr. Rietsema welcomed all to the meeting and noted with the arrival of September, folks have probably begun thinking about year end and what things need to get done. Dr. Rietsema introduced David Horrocks from NYeC, who will give an update on the progress of the data lake.

Mr. Horrocks noted that there are two core reasons that New York State has taken such an interest in the operability services – one being market failures, the other being that the state health department has needs for this type of data.

The SHIN-NY is a model built on regional HIEs, a QE centric model that must have strategies for the future to keep it as such, all the while building on the foundation that organizations such as Hixny have built within their communities.

The Department of Health has instructed us to make the following principles our strategic priorities for the SHIN-NY:

- Build seamless and consistent statewide services
- Be more efficient and reduce redundancy
- Meet local community needs



The challenges of doing the above fall into 4 buckets:

1. A regional model will improve statewide services and strengthen community engagement
2. Industry changes – national networks are beginning to do more interoperability very efficiently
3. The SHIN-NY structure does not have great market mechanisms
4. Funding uncertainty, especially at the federal level

To address the three strategic priorities, the SHIN-NY proposes to do the following:

- **Build narrow statewide interoperability capabilities utilizing modern technology**
 - Make data available wherever needed, with transparent and statewide data use rules, especially so QEs have access to complete data when providing services
 - Provide timely, high quality data services to the Department of Health including Medicaid and local health departments
 - Improve the quality of data which is exchanged
 - Make the SHIN-NY procured services complementary to national networks rather than competitive
 - Foster cooperation among QEs to address specific challenges, although they compete in other ways
- **Adjust the way the SHIN-NY services are purchased to create new mechanisms and choices**
 - Create an ecosystem of highly capable QEs to provide SHIN-NY participants choices from whom they receive services
 - Rely on market mechanisms to improve accountability to customers and to keep costs in check
 - Reduce the cost burden of being a QE
 - Redeploy state funds from the basic transport of data to curation and application of data to health improvement initiatives
- **Facilitate shared HIE infrastructure for interested QEs and support health improvement collaboration**
 - Preserve the regional continuity of QEs that support local health improvement collaboration and local public health agencies
 - Ensure data availability includes serving patients with behavioral health needs and other under-addressed needs
 - Protect patient privacy in ways that are easy for patients and healthcare providers to understand and navigate
 - Ensure underserved communities and safety net providers have access to capabilities the market might not otherwise provide
 - Promote innovation and new services for SHIN-NY participants and for patients directly

There are three levers that need to work in concert with one another for the priorities to be achieved:

- Advancement of regulations that support SHIN-NY transformation by the Department of Health
- Implementation of QE performance-based contract to codify new expectations for QEs
- Consideration from the SHIN-NY Policy Committee on policy changes to support statewide workflows and national exchange
- Partnering with the NYS Department of Health and Manatt Health to implement a SHIN-NY Transformation Strategic Plan (to include stakeholder engagement)



Mr. Horrocks gave an update on the data lake and indicated that NYeC is trying to assemble more statewide data resources in the data lake – those either collected by the state itself (vital statistics or Medicaid claims) or the opioid data in the iStop program. They are also trying to get statewide resources or other data that the QEs have collected via statewide mandate (hospital encounters, labs, screenings under the 1115 waiver). This narrow set of data does not include discharge summaries, CCDs, op notes, allergy lists, and other data located within QEs repositories. However, 80% of the state’s data needs can be accomplished with this thin set of data from the QEs. Two workstreams will come from the statewide data lake – approval of data uses for public health monitoring and public health policy and the second to serve clinicians.

The following questions were asked at the conclusion of Mr. Horrock’s presentation:
Are there requirements for changes to policies and or regulations? Mr. Horrocks replied that there is no current work being done in this area and NYeC does not believe any statutory changes are needed at this time.

Are there any auditing functions at the state level of the data lake? Mr. Horrocks responded that they would continue to keep QEs accountable for following the requests from the department and that the QEs will continue to comply with the policies and data use approvals. What is needed is a statewide participation agreement that defines how data use is examined and approved, and that is also transparent to the public and watchdogs. This will be on NYeC’s workplan for the next year.

Discussion continued following Mr. Horrock’s presentation specifically regarding any proposals to change state regulations or policies, the creation of a statewide participation agreement and if there has reaction by CMS on the 1115 waiver and the SHIN-NY being a viable alternative to enable activities.

A motion to adjourn the public session was made by Dave Shippee and seconded by Bill Duax.

Public Meeting Adjourned: 7:58 AM

Respectfully Submitted by:

**Linda Mensching-Quinn
Human Resource & Board Relations Administrator**

NEXT MEETING DATE: November 15, 2023 at 7:30 AM