



BOARD OF DIRECTORS' MEETING

November 21, 2024

7:30 AM

Microsoft Teams

Draft Meeting Minutes

Directors, Officers, and Trustees: David Shippee – Whitney M. Young, Jr. Health Centers (Chair), Brian O'Grady - CDPHP (Vice Chair), Joan Hayner (Treasurer), Julie Bazell, Ashima Butler – Ellenville Regional Hospital, Scott Cohen, MD – Bassett Health Care Network, Julie Demaree – St. Mary's Amsterdam, Craig Dreher – Community Care Physicians, Bill Duax – Albany Medical Center, Kevin Gallagher, MD – Hudson Headwaters Health Network, Charles Welge – Albany County Department of Health

Invited Members of the Public: Howie Architzel – Broadview Federal Credit Union, Mackenzie Boushie – Adirondack Medical Center, Erica Coletti – Health Alliance Foundation, Scott Guisinger – Price Chopper Supermarkets, Lyndsay Macagg – Community Health Center of the North Country, Jim Sinkoff – Sun River Health, Wendy Weller – College of Integrated Health Sciences

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, Justin Wise – Director of Finance

Trustee Emeritus: Paul Macielak, Esq., Wouter Rietsema, MD

Guest: Karen Sosler, Esq. – Rivkin Radler, Lisa Tuggle – Adirondack Medical Center

Public Session Commenced: 7:35 AM

I. Welcome & Chairperson Remarks
Mr. Shippee welcomed all to the meeting.

II. Adopt Minutes from September 19, 2024 Board Meeting

A motion to approve the September 19, 2024 Board Meeting minutes was made by Joan Hayner and seconded by Julie Bazzell. With no further comments, no opposition, and no abstentions, the motion was unanimously approved.

Public Session Commenced: 8:38 AM

III. SHIN-NY Update

With the change in administration in January, there is a possibility that the Affordable Care Act could be repealed and Medicaid match-funding at both the federal and state levels could be impacted. Another concern is that federal departments such as ONC, which governs TEFCA, could experience changes or elimination. These are areas that we will continue to keep an eye on moving forward.

SHIN-NY Regulation

Mark opened the session by explaining the purpose of the SCPA. Unlike the previous system, where agreements varied among organizations, the SCPA introduces a uniform framework, that aims to standardize practices, simplify processes, and ensure statewide compliance with federal



regulations. He noted that four of the six QEs have submitted comments regarding the SCPA to NYeC.

One significant concern is that if an organization refuses to sign the new statewide common participation agreement or fails to implement the required aspects of the regulatory reform, the QE might lose funding for that organization. This could result in loss of access to data by providers and may impact patient care.

Participants raised concerns about the practical challenges of this transition and expressed unease about the new statewide common participation agreement's provision that mandates automatic data flow to the statewide data infrastructure (SDI) operated by DOH or its contractor NYeC, marking a departure from the voluntary process arrangements under the previous contracts. By mandating this arrangement, data for all patients will flow to the SDI, and DOH through the new statewide collaboration process will determine how patient data is disclosed for public health purposes, not the provider.

Key provisions of the new statewide common participation agreement include:

- **Replacement of existing participation agreements.** The new statewide agreement will replace all current Hixny participation agreements. Organizations required to participate—such as hospitals, diagnostic and treatment centers (DTCs), home care agencies, hospices, Article 44 health maintenance organizations (HMOs), and Article 47 shared health facilities—must sign the new agreement by **March 31, 2025**. Voluntary participants have until **July 1, 2025**, to comply.
- **Control over data usage.** The agreement outlines obligations related to SHIN-NY's use of data, raising questions about how much control participating organizations will retain.
- **State policy supremacy.** QEs will face restrictions on their internal policies and procedures, as state policies will take precedence.
- **Automatic termination of existing agreements.** When an organization signs the new statewide agreement and Hixny countersigns, the existing Hixny participation agreement with that organization will automatically terminate. The impact of this provision on Hixny's ongoing work with organizations remains unclear.
- **NYeC's roles and responsibilities.** With the NYeC serving dual roles as both a Health Information Network (HIN) and the entity managing the State Data Infrastructure, attendees questioned how responsibilities would be delineated. Concerns about governance ambiguities were voiced, alongside questions about the clarity of NYeC's role in ensuring accountability within the new framework.
- **Liability and indemnification.** While NYeC has incorporated liability and indemnification insurance requirements into the standard operating procedures, these provisions are notably absent from the statewide common participation agreement.

Consent Model

Currently, each organization collects patient consent locally, allowing them to access and view data for treatment and quality purposes. Under the proposed statewide consent model, a patient will provide consent to a provider which is then stored centrally, which will then apply universally across all organizations in the state. Consequently, storing consent locally—a practice nearly all providers currently follow—will no longer be feasible.

Under the new model, providers must verify if consent has already been collected by another organization before determining whether additional consent is needed. Alternatively, providers



may opt to collect consent from every patient at every encounter, regardless of prior consent status.

This will likely have several implications:

- Workflow disruptions. Providers will need to modify their workflows to integrate centralized consent verification, which could increase administrative burden and disrupt current operations. Organizations may face delays or inefficiencies during patient registration if they need to frequently check consent status centrally which will likely be slower than the current local model.
- Consent values can change. If providers continue to collect consent after the first patient consent interaction occurs, the value could change based on who requested the consent. This would be particularly problematic for organizations not directly collecting consent.
- Patient dissatisfaction. If patients have to sign consent at every visit, they may be more likely to deny consent or submit universal blocks to their data to prevent future hassles.

Despite the challenges, attendees acknowledged the importance of the SCPA in advancing statewide and federal healthcare goals. The transition is critical for securing funding and ensuring regulatory compliance in the coming year. Moving forward, organizations must prepare for the technical and operational adjustments required for the statewide consent model, monitor updates from NYeC and DOH, and continue advocating for clearer governance and accountability frameworks.

Mr. Shippee made a motion to adjourn the public session, and the motion was seconded by Joan Hayner. With no further comments, no opposition, and no abstentions, the motion was unanimously approved.

Public Session Adjourned: 9:00 AM

Respectfully Submitted by:

Linda Mensching-Quinn

Human Resource & Board Relations Administrator

NEXT MEETING DATE: January 16, 2025 at 7:30 AM