



**Healthix Board of Director Meeting Minutes  
December 8th, 2021 | 4:00pm-5:30pm**

**Board Attendees via telephone:**

- David Cohen, MD, Healthix Chair
- Anup Vidyarthi, The Stepping Stones Group
- David Leventhal, Pfizer
- Louise Cohen, Primary Care Development Co.
- Michael Bouton, MD, NYC Health + Hospitals
- Robert Chaloner, Stony Brook Southampton Hospital
- Irene Koch, Hospital for Special Surgery
- Art Gianelli, St. Luke's Hospital
- Larry McReynolds, NYU Lutheran Family Health Centers
- Marc Paradis, Northwell Health
- David Schimel, New York Medical Staff Leadership Council
- Matthew Siegler, NYC Health + Hospitals
- Michael Guarino, IPA of Nassau/Suffolk Counties, Inc.
- Alexander Izaguirre, PhD, MBA, NYC Health + Hospitals
- Fred S. Sganga, Long Island State Veterans Home
- Donna Rey, 1199SEIU Benefit and Pension Funds
- Paul Casale, MD, New York Quality Care ACO

**Absent:**

- Charles King, Housing Works
- Tom Early, Nassau Queens Performing Provider System

**Healthix Management:**

- Todd Rogow, President and CEO
- Vivienne Destefano, SVP Corporate Affairs
- Tom Moore, SVP, Innovation
- John Guastella, SVP, Finance & CFO
- Nick VanDuyne, SVP, CIO
- John Chow, CISO
- Magdalena Mandzielewska, Privacy Officer, Senior Director of Compliance
- Maureen O'Connor
- Kathleen Kahn
- Kaitlin Flaherty, Executive Assistant

**Call to Order:** The meeting was called to order at 4:05pm.

**Action Items:**

- **Approve Minutes from October Board Meeting:** The meeting minutes of October 2021 were approved.
- **Approval of Proposed 2022 Budget:** Board Members voted to approve the Budget for 2022
- **Approval of Research Projects:** Board Members approved two Research Projects

**Report of the Chairperson**

Dr. Cohen welcomed the members and introduced the attendees from HMA, the facilitators for the upcoming Healthix Board of Directors retreat

Cara Henley of HMA introduced the organization, a research and consulting firm that focuses on Medicaid/Medicare health systems. Ms. Henley presented the current scope of work and strategic focus for retreat planning, including HMA's plans to conduct an analysis of the New York environment related to the upcoming 1115 waiver. She discussed upcoming interviews with stakeholders to gain their perspective about the role of Healthix. The retreat will include feedback from the interviews and survey which will be included in a SWOT analysis as well as an evaluation of priorities, momentum builders and major projects.

Mr. Guarino asked if there will be information about the environment in other states. Ms. Henley clarified HMA can provide high level information about specific states, however the focus is about New York. Mr. Rogow added that through his role at Civitas he may be able to provide additional information about other states.

### **NYeC 2021 Goals & Funding**

Mr. Rogow discussed 2021 NYeC goals and is confident that all goals will be met with exception of the NORC Survey. Healthix has met one of the participation categories and is one away from the final two goals. Two goals for DFF have been met with two remaining. The Heartbeat Monitor goal is still outstanding and is awaiting results from November and December to be factored in. This should place Healthix in a position to earn back the funding missed earlier in the year.

Ms. O'Connor discussed the Customer Usage & Satisfaction Survey. Healthix achieved a 34.5% response rate with a total of 256 responses, similar to last year's results. When breaking down results by facility type, response rates from OREs were low, likely due to high turnover in these organizations. CBOs and Public Health were surveyed; however those results do not count towards Healthix's total for 2021. Healthix accounts for 27.4% of all Gate Keepers surveyed, meaning it takes the organization around 4 times as many surveys to achieve the desired results as compared to other QEs.

This year's survey provided some key findings. Respondents were reluctant to take multiple surveys, especially departments within the same organization. The completion rate significantly dropped, meaning individuals were not able to complete the survey. A high number of NORC contacts had left their organization during the survey cycle, specifically 7.4% or 629 of 8,521. Healthix did not have an opportunity to replace those contacts this year and will require a primary and back-up contact for 2022. Ms. DeStefano added that this year, customers have been giving Healthix their own feedback on the survey and would like to address NYeC with their concerns. The comments suggest that the survey has not evolved, nor does it reflect how they experience Healthix. Mr. Rogow is hopeful that Healthix may earn at least half of the allowed funding based on the full results of the survey.

### **NYeC I&I Grants**

Mr. Rogow provided an update on the status of the I&I grants and reported that Healthix is on target for hitting due-dates established by NYeC. This includes one competitive grant in partnership with Bronx RHIO.

### **Committee Reports**

In Mr. Early's absence, Mr. Guarino covered the highlights of the most recent Finance Committee. The Committee went over the 2022 Budget which was presented to the Board.

They also discussed the financial results for the first three quarters of 2021, which Mr. Guastella presented. Healthix was ahead of budget regarding the NYeC Contracts because revenue from the contract was budgeted at 85% of the prior year, but the actual contract amount was only 6% lower. There was a significant decrease regarding I&I revenues as well as revenues from Partnerships. Mr. Rogow noted the I&I reduction in funding was a decision made by NYeC. Mr. Guastella noted that the VIP program will be put in maintenance mode in 2022. Despite this, Healthix is ahead of budget on total revenues.

Next, Mr. Guastella covered Healthix' proposed 2022 budget. The budget includes several assumptions, including renting a new Manhattan office, service to Health Plans, \$100,000 in revenue from I&I grants, and no reallocation of revenue from unearned performance metrics. There is a planned 50% reduction on reliance on consultants. An upgrade of InterSystems database will occur during the year.

Capital expenditures include data storage hardware, new servers, and data loss prevention software. No provision was made for expenses related to the Innovation Fund or a Contingency Fund due to the conservative estimate of revenues. Mr. Paradis asked for more information about the new office and if Healthix anticipates a return on investment. Mr. Rogow explained that the office will be an improvement from the current work space and will increase productivity by allowing for a hybrid work week. This is also significantly less expensive than Healthix's former Tribeca office. Dr. Bouton added that Healthix needs to be flexible in terms of allowing options for remote workers, which Mr. Rogow agreed with, however he maintained the importance of having a New York City home office.

Mr. Guastella highlighted areas of revenue potential. Healthix has assumed \$400,000 in revenue for I&I grants for the 2022-2023 NYeC contract year, the same as received in the 2021-2022 contract year. For the All-In Consent Model, Healthix has not budgeted anything in 2022 since there is little information from NYeC to reliably estimate revenue for this activity. As mentioned earlier, the budget assumes no reallocation of revenue from unearned performance metrics. Revenue from the NYeC contract assumes 50% of funding for the Usage and Satisfaction (NORC Survey) metric and 50% of the Physicians Goal for the Data Format & Fields (DFF) metric. These assumptions result in a reduction of approximately \$1.1 million that potentially could be earned in 2022. Finally, revenue has been conservatively estimated from Health Plans to provide a new service offering for calculating non-certified data.

By comparing 2021 projected revenues to budgeted revenues, it is estimated that total revenues will be lower. Operating income will also be lower than budgeted. In 2022, the budget projects lower total revenue than the 2021 projected revenue, and it was noted that Healthix has taken a conservative approach to the 2022 budget. Total operating income is expected to be lower than in 2022. Healthix is planning a small reduction in staff and plans to cut back consulting fees, due to the decrease in revenues budgeted for 2022. The expectation for 2022 is that Healthix will break even on a net income basis.

Dr. Cohen presented the budget to the Board for approval. It was approved unanimously.

### **Research Committee**

Dr. Izaguirre presented two potential studies needing Board approval, both from Albert Einstein College of Medicine. The first, Hispanic Community Health Study / Study of Latinos (HCHS/SOL), is a multi-center epidemiologic study in Hispanic/Latino populations to assess the role of acculturation in the prevalence and development of disease, and to identify factors playing a protective or harmful role in the health of Hispanics/Latinos. The second study, MACS/WIHS Combined Cohort Study (MWCCS), aims to examine numerous topics of relevance to the health of people living with HIV and identify factors associated with engagement and disengagement from HIV prevention services.

Dr. Cohen presented both studies to the Board. They were approved unanimously.

Ms. Kahn discussed 2021 research activities. Healthix will receive \$67,000 in revenue for 19 projects. Although this is modest amount, this represents an increase, and the hope is partner with additional hospitals for research purposes.

### **Data Quality Initiatives**

Mr. Rogow reviewed the Data Quality Initiatives for 2021. Healthix has made progress on Terminology Mapping and eMPI reports. While Healthix could not gain any traction on ADT, HERDS is an active I&I grant and the NCQA Certification has taken place and the final report will be received on December 10.

Mr. VanDuyne provided additional details on the Terminology Mapping project. Thirty-seven of our 81 hospitals have achieved a Category 1 (data mapping complete) with regard to lab standardization (LOINC) with two more in Category 2, soon to be moved to Category 1. For diagnosis standardization, 25 hospitals are in Category 1, with an additional 33 in Category 2, which will be moved up once interface changes are made. These numbers have improved considerably since the October 2021 Board meeting.

### **Company Updates**

Mr. Moore covered accomplishments in 2021. This year, 660 projects were completed which is an increase from 2020 and represents a continuing a trend of productivity since 2013. Of these, most projects were completed for customers, most projects were integration and clinical alerts, and the majority of projects related to ambulatory practices. Mr. Rogow pointed out that Healthix has completed more than 1 per day, which is a great accomplishment for a company of this size.

Healthix's core service projects included connecting 38 reference labs at 61 facilities and 5 I&I grants, among others. The company also provided public health services. This year Healthix integrated with the NYC Citywide Immunization Registry (CIR), provided data and predictive risk for the NYC Office of School Health, and provided public health alerts for complex clinical conditions to NYC DOHMH.

This year, there was an innovation fund of \$100,000. This fund covered several projects which include Social Determinants of Health from CHCANYS FQHCs, implementation of the Concise FHIR App for Epic, integration with NYC DOHMH Citywide Immunization Registry; and alerts enhancements.

Mr. Rogow presented the 2021 QE Certification results. Healthix received positive results, especially in the maturity assessments, which was a new activity. Three of the maturity assessment submitted were downgraded in their maturity levels compared to some other QEs which had upwards of 15 downgraded.

Dr. Cohen adjourned the meeting at 5:30pm.

Approved