Healthix Board of Director Meeting Minutes
June 8, 2022| 4:00pm-5:30pm

Board Attendees via telephone:

- David Cohen, MD, Healthix Chair
- Tom Early, Nassau Queens Performing Provider System
- David Leventhal, Pfizer
- Charles King, Housing Works
- Marc d. Paradis, Northwell Health
- 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
- David Schimel, New York Medical Staff Leadership Council
- Louise Cohen, Primary Care Development Co.
- 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

Absent:
- Matthew Siegler, NYC Health + Hospitals
- Anup Vidyarthy, The Stepping Stones Group
- Michael Bouton, MD, NYC Health + Hospitals
- Paul Casale, MD, New York Quality Care ACO

Healthix Management:
- Todd Rogow, President and CEO
- Vivienne Destefano, SVP Corporate Affairs
- Geri Almer, Controller & Senior Director of Finance
- 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 4:00pm

Action Items:

Approve Minutes from October Board Meeting: The meeting minutes of March 2022 were approved.

Approve Revisions to the DOH Policy: The Policy changes were approved by the Board.

NYeC Goals & Funding

Mr. Rogow began the meeting by discussing the goals & funding as of June 1, 2022. Healthix is doing well in both Participation and Data Fields & Format goals, and the company is expected to receive full funding in these areas for 2022. One area of concern is the Heartbeat Monitor, as Healthix has missed the target goal in four months. While other QEs have had similar issue, Mr. Rogow noted this needed correct to not lose any funding. Another major focus for this year is the Customer Satisfaction survey. The composite score target is higher this year than in 2021, necessitating a great deal of time and effort.

2022 Q1 Financial Results

Ms. Geri Almer covered the financial results for First Quarter 2022. Mr. Rogow emphasized that Healthix had expected to take a loss and maintained a break-even budget for the year. However, the total loss was much less than anticipated. Healthix is on good footing for the rest of the year.

DOH Policy Approval

Ms. Mandzielewska reviewed the proposed policy revisions, which were previously approved by the Privacy Committee. The first new provision allows OMH to be recognized as a public health agency in limited circumstances. As a public health agency, OMH would have access in specific circumstances. Next was a revision to the language regarding disclosures to death investigators. Next was a new provision regarding access to de-identified data and limited data sets for specified uses. Another revision regarding password requirements that SHIN-NY requirements are aligned with NIST. Next, revised provisions regarding patient education and resources, realigning so the policy reads the way the SHIN-NY policy reads. Finally, a new provision for the QE Certification CAP requirement, stating that Healthix will monitor all Breaches involving 500 or more individuals.

Dr. Cohen asked the Board if they would be willing to vote on these revisions as a slate, which was approved. Ms. DeStefano informed the Board that once these revisions were approved, they would be circulated as per Healthix's obligation the following week.

The Board voted unanimously to approve the revisions.

System Stabilization

Mr. VanDuyne addressed the issue of Healthix not achieving their Heartbeat Monitor Uptime goals thus far in 2022. This issue centers around the HUB, which has been overwhelmed with the number of processes being run, causing crashes. To this end, Healthix needs to make some stabilization improvement. Currently, work is in progress to improve storage and back-up, which is about 80% complete. Work is also being done to separate each alert type to a separate channel for easier management. Each channel needs separate hardware, which was already in the Capital budget, and this will be deployed on arrival, which may require professional services in the operational budget. Despite this work, no actions are required by the clients.

All alert code needs to be reviewed to optimize operations and will most likely require bringing consultants. Much of the existing code was written prior to the vendors having code that could perform the same functions. Another ongoing project involves mirroring the HUB and making ESP nodes operational, which will help relieve the workload on the HUB. CMC programs will be removed from individuals who have not viewed CMC messages in 9 months or more. Finally, Healthix is looking into getting additional overnight support.

Mr. Rogow added that Healthix is the biggest instance of Health share in the world, so the volumes of data have not been seen anywhere else. This is all new to the vendors, at a crucial time for the organization. It is important at this time to make the investments needed. Healthix has been working with InterSystems to address some of the issues with uptime. If possible, the contact should be reviewed in cases where Healthix loses money due to downtime.

Customer Usage & Satisfaction Survey Strategy

Mr. Rogow reviewed the preparation efforts for the upcoming survey. The core underlying basis of the survey is that the respondents must use Healthix services to complete the survey. IDNs make up over 60% of what makes up Healthix so making sure these people use and value these services and then making sure they take the survey, Healthix will earn the full funding. From the State's perspective, hospitals like Mount Sinai and Northwell each have over 1,000 entities using Healthix. It is important to make sure data is available and being leveraged by clinicians at these organizations. Healthix needs to know who these clinician users are to have the correct contacts when the survey is being sent out. A great deal of money and effort is being put into this project. Each type of entity has an individual strategy. Mr. Rogow asked for the Board Members help in achieving the goals for this survey and earning the full funding.

Mr. Gianelli asked about how Mount Sinai and other organizations can make their clinicians aware that the information is from Healthix, because this fact is not always clear. Ms. DeStefano explained that Healthix is working to extract the users who are extremely knowledgeable about Healthix data and making sure they can complete the service. In the future, Healthix may need a more direct route to the physicians using the service. Because not everyone uses or has access to Healthix in the same way, it is often difficult to track individual users through the system. Mr. Rogow also noted that in some cases there was a great deal of focus in the past on single sign on and HIE to HIE and moving data, but this has hurt Healthix in terms of knowing who is using the service. Discussion ensued on the best way to get best sample size of physicians for the survey as well as NYeC's role in improving the survey.

Ms. O'Connor discussed the strategies for the various categories of organizations. There are 3,977 organizations, or 45.9%, with no usage, meaning they give Healthix data but have no service to bring in the data. For organizations like NYU and H+H there are pilot programs using Concise. For OREs, half will be surveyed so work is being done to turn on alerts.

To best position participants to complete the survey, the Business Development Team and Customer Experience Team will both participate. Business development has about 500 sites under contract that are not sending Healthix data. The team's goals will be to engage the sites, solidify the statement of work, and implement data feed. Temporary employees or interns will be brough on to contact these sites and assist with re-engagement. The Customer Experience team has about 1,700 sites not using Healthix services. Their goals will be to engage the sites and implement services, e.g., portal or alerts.

Back Up Slides

Mr. Rogow highlighted the I&I grant ideas Healthix has shared with NYeC. Four ideas were submitted: leveraging funds to create 3 new HUB models; creating a de-identified Clinical Repository that is fed in real time; investment in promoting greater usage of Healthix services by Participants; and standardizing transcribed documents for all 81 hospitals connected to Healthix.

Next, Mr. Rogow highlight progress on the Terminology Project Standardization. Healthix has made significant progress increasing the standardization of Labs, Diagnosis, Immunization, and Procedures. The next data elements to be standardized will be Medications and Radiology.

Mr. Moore described the work Healthix has done to engage the DOHMH in support of bio-surveillance throughout the city, in partnership with Bronx RHIO. This two-year program includes 4 projects aimed at building capacity to collect data on patients with reportable conditions beyond the DOHMH's current electronic case reporting.

Dr. Cohen adjourned the meeting at 5:38pm. He then asked the members of the Board remain on the line for a brief Executive Session.