

Healthix Board of Director Meeting Minutes September 7, 2022 | 4:00pm-5:30pm

Board Attendees via Zoom:

- David Cohen, MD, Healthix Chair
- Tom Early, Nassau Queens Performing Provider System
- Michael Bouton, MD, NYC Health + Hospitals
- Anup Vidyarthy, The Stepping Stones Group
- 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
- 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
- Paule Casale, MD, New York Quality Care ACO

Absent:

- Louise Cohen, Primary Care Development Co
- Charles King, Housing Works
- David Leventhal, Pfizer

NYeC:

David Horrocks

Healthix Management:

- Todd Rogow, President and CEO
- 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
- 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 June 8 2022 were approved.

Approve Extension of Chase Credit Line: The Chase Credit Line extension was approved.

Approve Board Members for a new 3 Year Term: The following Board Members (Larry McReynolds, Charles King, David Leventhal, Michael Guarino, and Matthew Siegler) were approved for an additional 3 Year Term.

Report of the Chairman

Dr. Cohen gave a brief report. All interested stakeholders, including Healthix, are still waiting for an amended version of the 1115 Waiver. The QEs will expect to play a key role in facilitating the sharing of information across networks that will be created. Dr. Cohen then introduced the guest speaker, David Horrocks, CEO of from NYeC

Guest Speaker: David Horrocks

Mr. Horrocks shared his observations from his first months leading NYeC. Among states engaging in HIEs, a variety of models have been implemented. New York State operates under an "orchestrator" model with multiple regional HIEs which are overseen by the State. There are only a few states using this model, such as Pennsylvania and Texas. Other states have moved to a single HIE model, and 9 states have state-run services operated under their Medicaid departments. New York's regional model is well defined, although there is some overlap at the regional borders. There were originally 13 HIEs, but over time this has collapsed into 6 HIEs. A strength of this approach is the breadth of connectivity, with many health care organizations participating in the SHIN-NY. A weakness is the difficulty in providing a consistent statewide view of information with overlap and duplication of individual records.

Mr. Horrocks highlighted the importance of supporting the 1115 Waiver, which means that having statewide capabilities will be essential. Currently the status quo is that each HIE has its own vendor relationships and operates their own HIE platform. He stated that there must be other strategies to consider in order to offer statewide services and recommends a strategy of incrementally moving to a single shared technology operation that supports HIEs while serving statewide needs.

Mr. Schimel acknowledged the positive aspects of this proposed new model but asked for any potential negative impacts that might exist. Mr. Horrocks mentioned increased organizational overhead and the logistics in coordination. Mr. Schimel also expressed concerns that by having all technology managed centrally, any issue would impact the whole state rather than just one region. Mr. Horrocks indicated that this model would have more resources to manage this type of infrastructure, and while it does not eliminate risk, it could mitigate it. He also explained that not everything would be moved to the shared services.

Mr. Chaloner expressed concern about a shared services model, having had a negative experience with a similar approach by NYeC in the past. He suggested these challenges be carefully considered and reviewed. Ms. Koch asked if there are other possibilities for augmenting services and requested clarity and specificity with the perceived problems of the current model. Mr. Horrocks cited the need for single statewide interoperability for social care assessments, as an example. He reiterated that the current model won't serve the state well.

Mr. McReynolds asked about the implementation plans for this proposed model. Mr. Horrocks stated that the implementation plan will be incremental, with a process of at least 3 years. However, as an example, in 12 months there could be a statewide data lake and other changes. Mr. Schimel asked about how this impacts the private sector, as the current plan seems to only address the government sector. Mr. Horrocks clarified that the shared services entity would be a non-profit organization with the QEs, NYeC, and DOH and would only serve those members. NYeC would not be offering services to commercial organizations.

Mr. Siegler asked about the goals of this new operation. Mr. Horrocks suggested that a goal to combine data sources and a statewide MPI would assist the state in working with this registry. Mr. Schimel asked if Healthix would need to cut back on its technology resources and thus lose funding. Mr. Horrocks feels this plan would allow the QEs to spend less with the same amount of funding for broader impacts. Healthix's cost per capita is the most efficient of all the HIEs in New York. Mr. Horrocks also acknowledged the inefficiency of having multiple HIEs (Healthix and Bronx RHIO) serve the city health department and would like to find a way to make things easier for stakeholders in the city.

Committee Reports – Finance

Mr. Guastella reviewed the financial results of the first half of 2022. The NYeC contract revenue was over budget. Grants, including I&I, was also over budget. Revenues for the first half of the year ended up a little over 1 million dollars over budget. Looking at expenses, Healthix was under budget. Operating income was over 1 million dollars, which was better than expected as there was expected to be a loss for the first half of the year.

The balance sheet as of June 30, 2022, is very strong. Mr. Guastella reminded the Board that the main contract revenue from NYeC was reduced by \$1.123 million due to the Usage & Satisfaction and DFF numbers in the previous year. Total Revenues exceeded Budgeted Revenues in the first half of 2022. The Board discussed future funding from NYeC and the future direction of the State going forward.

Mr. Guastella presented the Board with the resolution to approve Healthix's credit line for another year. Dr. Cohen motioned for a vote to approve the credit line. Mr. Guarino asked for some information about the credit line and Mr. Guastella clarified that Healthix has never had to use it, but it serves as something of an insurance policy for the company in case funding by NYeC is severely delayed. The motion was unanimously approved by the Board.

Member Meeting/Vote

Dr. Cohen temporarily adjourned the Board meeting and opened the Meeting of the Members. Of the members with terms expiring, Louise Cohen has decided to step down from the Healthix Board and was thanked for her service. The remaining members agreed to continue serving. These members include Larry McReynolds, Charles King, David Leventhal, Michael Guarino, and Matthew Siegler. Dr. Cohen motioned for a vote and the new terms of the Board Members was unanimously approved. Dr. Cohen adjourned the Meeting of the Members and resumed the Board meeting. Dr. Cohen motioned for a vote in the Board meeting, which was unanimously approved. A governance committee meeting will be held to review potential candidates for the remaining two open Board seats.

2022 Goals

Mr. Rogow reviewed the status of the 2022 NYeC goals. All Participation and DFF goals have been met. The major concern for Healthix is the Heartbeat Monitor goal, which has been missed for every month in 2022. This problem is correctable, and he is hopeful Healthix can earn funding in the remainder of the year. Healthix may also be able to pick up additional funding from the I&I grants.

With regard to Healthix company goals, several have been completed with many more in progress. One goal, developing tool kits, has not been started, however Mr. Rogow hopes this can be tied into supporting the Waiver.

Company Updates

Mr. Rogow provided an update on the Customer Usage & Satisfaction Survey to date. Several Board Members have helped Healthix get the correct contacts for the survey. The focus is on the core usage of Healthix services and its values. Ms. O'Connor reminded the Board to expect communications soon.

Healthix has made stellar progress on data standardization. The goal is to get all categories to 90%, with several already meeting and surpassing this mark. The newest category is radiology with only 3% completed, but work will continue.

The NYC DOHMH contract was just executed. Many of these projects will continue into Year 2. One of the most important projects is creating a de-identified database, which is a huge asset and a potential platform for all Healthix Participants to leverage. Mr. Moore added that the value of getting data from the state on social services will be expanded into the department of homeless services. Mr. Siegler stated his willingness to assist in this process.

Mr. Rogow reviewed health plan 2022 revenues from new Healthix service offerings. Several plans have already signed scopes of work, with Aetna being the most recent. After the first year, Mr. Rogow foresees increased revenue for this

area in 2023 as well as a significant value add to the community. This will likely be packaged as Healthix's first toolkit. The first invoices will be sent out in September 2022.

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

