



**Healthix Board of Director Meeting Minutes
June 6, 2023 | 4:00pm-5:30pm**

Board Attendees via Zoom:

- David Cohen, Chair, Maimonides Medical Center
- Tom Early, Independent Consultant
- Michael Bouton, MD, NYC Health + Hospitals
- Larry McReynolds, NYU Brooklyn
- Art Gianelli, Mount Sinai Health
- Charles King, Housing Works
- Donna Rey, 1199SEIU Benefit & Pension Funds
- David Schimel, New York Medical Staff Leadership Council
- Matthew Siegler, NYC Health + Hospitals
- Michael Guarino, IPANY
- Marc d. Paradis, Northwell Health
- Robert Chaloner, Stony Brook Southampton Hospital
- Irene Koch, Hospital for Special Surgery
- Fred S. Sganga, Long Island State Veterans Home
- Anup Vidyarthi, The Stepping Stones Group
- David Horwitz, MD
- Gretchen Van Wye, NYC DOHMH
- Gabriel M. Cohen, MD, NYC H+H

Absent:

- Paul Casale, MD, New York Quality Care ACO
- David Leventhal, Pfizer

NYeC

- David Horrocks

Insenna

- Kat McDavitt
- Carrie Paykoç

Garfunkel Wild

Lara Jean Ancona

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
- Kaitlin Flaherty, Executive Assistant

Call to Order: The meeting was called to order at 4:00pm

Action Items:

Approve Minutes from March 6 Board Meeting: The meeting minutes of March 2023 were approved.

Approve Proposed By-law Changes: The proposed change to remove the Member concept was removed, with one opposed and one abstention. The Board approved an annual participation meeting, but it will not be amended in the By-laws.

Approve Proposed Policy changes: The Board approved the changes to Healthix Policy

Report of the Chair

Dr. Cohen introduced Insenna consultants who were invited to attend the meeting, Carrie Paykoç & Kat McDavitt as well as David Horrocks from NYeC. He then deferred to Mr. Horrocks to present the SHIN-NY Strategy.

NYeC Presentation

The SHIN-NY 2023 Roadmap has three components: the SHIN-NY needs to provide seamless and consistent statewide services; it needs to be more efficient and reduce redundancies; and it needs to meet local community needs.

To provide seamless and consistent services, the top priorities are 1115 waiver support, public health data services, and HERDS modernization. To achieve efficiency, reforms are needed, including preserving regional contiguity of QEs that support local health improvement collaboration. Finally, to meet local needs, there will be a shared infrastructure that should strengthen the financial footing of existing QEs. Currently three QEs have committed to moving onto the shared infrastructure. Mr. Horrocks hopes eventually Public Health Data Services will be streamlined via the Data Lake, allowing significantly faster response times for requests. However, to get to that point there is still work to be done.

Mr. Horrocks reiterated that the top priority is support of the 1115 Waiver. Aggregating screenings and referrals into a statewide registry would expand and facilitate accessibility across the state. Additionally, it will enhance screenings and referrals with better demographics and chronic conditions flags. To accomplish this, a statewide Data Lake with contributions from each QE will be developed. The expectation is for every participating QE to be live with the Data Lake by early September 2023. Mr. Rogow stated that Healthix is in support of this initiative and sees eventual value in a shared services approach. Mr. Horrocks emphasized the need to make the most of the funding available at this time and use all currently available resources to achieve goals.

Ms. Paykoç and Ms. McDavitt summarized their discussions with NYeC and results of their outreach and analysis. To close gaps and remedy deficits due to inadequate resources, Healthix is encouraged to submit a comprehensive proposal which could potentially be funded \$15 million over 3 years. Dr. Cohen suggested that Healthix design a plan which would determine where to invest and why. He recommended that Healthix work with its customers to determine their needs and priorities.

Proposed By-Law Changes

Mr. Rogow presented the proposed changes to the Healthix By-Laws. The member concept would be removed, and all rights attributed to the directors. This would remove the need for a separate members' meeting. The concept of holding an annual participant meeting would also be added. Finally, a change in language would change "Chairman" to "Chair" throughout the By-laws. Ms. Ancona noted that nothing else was changed about membership rights. She encouraged the Board to vote to remove the two tiers of membership. Discussion ensued regarding the value of including the annual participant meeting in the By-laws.

The Board voted to remove the tiers of members, with one opposed and one abstention.

Mr. McReynolds proposed that Healthix go forward with an annual participant meeting, but that it is not included in the By-laws. Dr. Cohen noted that the participant meeting could take the form of multiple meetings.

The Board voted to approve Mr. McReynolds' proposal with one abstention.

Proposed Policy Changes

Ms. Mandzilewska reviewed the proposed policy changes as they were presented to the Healthix Policy Committee. Dr. Cohen suggested the Board vote on each policy change individually. The first two changes are essentially housekeeping changes. Section 1: Consent added language stating Healthix shall work in consultation with the New York State Department of Health, AIDS Institute, prior to implementing any program under this provision.

Section 1.5.1 regarding special provisions related to Minors is no longer applicable as 1.5.2 has been in effect since 1/1/2018. This section was removed, and 1.5.2 renamed to 1.5.2.

A new provision to align with SHINY-NY policy, 1.7.5, was added. This provision related to research involving multiple QEs and required a researcher to present the proposed research to a QE for initial screening and then to the Centralized

Research Committee (CRC) for approval, in lieu of approval by a QE Research Committee. A QE may decline to provide the information requested. A QE that receives information from another QE for a Research project shall keep such information separate from other information maintained by the QE. It was noted that the Centralized Research Committee is not yet initiated.

Section 1.13.6, a specific requirement for transmittals to life and disability insurers, would be removed. Healthix previously was required to send an email confirmation to the applicable patient. Insurer transactions will remain subject to HIPAA authorizations to obtain copies of records and subject to annual audits. Mr. Rogow added that he is in support of this change as Healthix could not reach out via email and was not receiving information from the patients.

A revision to policy 8.2 & 4, related to disclosure to CBOs, was added. QEs and the participants may transmit PHI to a CBO that is not a Covered Entity if the patient executed an Affirmative Consent, or the Transmittal meets specific requirements of a One-to-One Exchange or is a Patient Care Alert and is in compliance with HIPAA.

Finally, some changes were made to the Definitions section, adding Social Services Program and Centralized Research Committee. The definition of Level 1 Uses and Utilization Review has been discussed with the Privacy Committee but were not yet approved, as the Committee wanted to have additional discussion.

The Board voted to approve each of the provisions, including the two approved definitions.

Organizational Updates

Mr. Moore addressed the company goal of creating a Provider Toolkit. This goal came about during the Healthix Board Retreat in 2022, and Tool Kits for payments tied to quality has become a strategic imperative. Steps have been taken to address this imperative, including engaging Sachs Policy Group to gain insights into high priority needs, gathering input from FQHCs, distilling the feedback into short-term tangible benefits, and developing a 2-phase plan which is currently closing phase 1. This phase has identified seven reports that would be most helpful to the Health Centers in reaching value based contracting goals and has found that in addition to these reports, health centers need the ability to control the parameters and patient cohorts. Phase 2, the pilot, will provide a toolkit to help FQHCs improve the HEDIS measures most important to them and well as improve outcomes for their patients, using a simple dashboard. At the end of the pilot, Healthix will conduct an evaluation. If successful, the pilot users will convert to regular subscribers and the use of the toolkit will be expanded for all CBOs and exploring the market segments of IPAs and ACOs.

Due to time constraints, the topic, NYeC Performance Goals & Q1 Financial Results, was tabled.

Dr. Cohen closed the meeting with an acknowledgment that this is Bob Chaloner's last meeting, as he has accepted a new role out of state. Mr. Chaloner stated that Healthix is well positioned to succeed. All wished him well and thanked him for his contribution.

Dr. Cohen adjourned the meeting and opened an Executive Session.