



**Healthix Board of Director Meeting Minutes**  
**March 6, 2023| 10:00am-11:30am**

**Board Attendees via Zoom**

David Cohen, Chair, Maimonides Medical Center

- Fred S. Sganga, Long Island State Veterans Home
- Anup Vidyarthi, The Stepping Stones Group
- Gerald Kelly, DO, Stony Brook Medicine
- Michael Bouton, MD, NYC Health + Hospitals
- David Horwitz, MD
- Tavora Buchman, Nassau County Department of Health

- Larry McReynolds, NYU Brooklyn
- K. Torian Easterling, MD, One Brooklyn Health
- Lori Andrade, Health and Welfare Council of Long Island
- Paul Casale, MD, New York Quality Care ACO
- Marc d. Paradis, Northwell Health
- Gabriel Cohen, MD, NYC Health + Hospitals
- Irene Koch, Hospital for Special Surgery

**Absent:**

- Charles King, Housing Works
- David Leventhal, Pfizer
- Donna Rey, 1199SEIU Benefit & Pension Funds
- Gretchen Van Wye, NYC DOHMH
- Matthew Siegler, NYC Health + Hospitals
- Vivienne DeStefano, Healthix

**Healthix Management**

**Call to Order:** The meeting was called to order at 10:01am.

**Action Items:**

**Approve Minutes from December 2023:** The meeting minutes of December 2023 were approved.

**Approval of Board Member Committee Assignments:** Larry McReynolds was added to the Finance Committee; Tavora Buchman was added to Audit & Compliance Committee; Dr. K. Torian Easterling was added to the Executive Committee.

**Chairperson's Update**

Dr. Cohen discussed the proposed Committee assignments. The following individuals were approved to serve on the Healthix Committees: Larry McReynolds, Finance Committee; Tavora Buchman, Audit & Compliance Committee; Dr. K. Torian Easterling, Executive Committee. Additionally, a member is needed for the Privacy Committee, Dr. Cohen invited those interested to contact him. Dr. Cohen confirmed his term of service will end in late 2024, necessitating a succession plan. He also announced that Board Member, Michael Guarino, has resigned, but that seat will be left open for the time being. It was also acknowledged that this is the first Healthix Board Meeting since the announcement of the Medicaid 1115 Waiver, indicating a great deal of work ahead.

## **2023 Financial Overview**

Mr. Guastella reviewed the preliminary financial results for 2023. Revenue from I&I grants was below budget now but will exceed budget for the year due to changes in timing of deliverables. Revenue from other categories exceeded the budget.

2023 expenses are over budget primarily due to having significantly higher technology consulting fees to augment IT staff to make needed system improvements. On an operating income basis, Healthix had a profitable year.

## **Healthix Transformation Progress & Plan**

Ms. Scott reviewed Healthix's three-year plan, initiated in June 2023. Key actions include hiring a government affairs leader, engaging a leadership coach, implementing a customer survey. Several initiatives with Crown Leadership include:

- Health Data Utility (HDU) Transition
- Customer-Centric Initiatives
- Stakeholder Relationships
- Leadership Development

Dr. Cohen noted that NYeC had allocated funds for Healthix's transformation, some of which have been received. He emphasized the need to establish standards to secure further funding and suggested inviting David Horrocks to the next Board meeting for further discussion.

## **Monitoring & Data Quality Update**

Ms. O'Connor gave an overview of the evolution of Healthix data monitoring, spanning 2019-2022 through current practices. Early on, Healthix monitored Article 28 facilities to determine if a connection was up or down. In 2020, additional activities were tracked, e.g. outbound queue volume and last delivery date of data. Data Quality & Completeness in 2021 involved basic inbound data elements from participants. In 2022, the Terminology Project began with 5 data elements, in an effort to standardize data. Monitoring in 2023-24 has focused on standardization for the 81 hospitals, as well as ADTs (admit/discharge/transfer messages) and CCDs (continuity of care documents).

Today, using the PRTG © Network Monitor, Healthix has 758 sensors in place, monitoring all components. Finally, diagnosis information is key for end users, especially those receiving alerts. Ms. O'Connor emphasized that Data Quality, Completeness, and Management is a continuous process, and can be different every day.

## **Customer Projects Overview (Q1)**

Ms. Francois described key customer projects in flight or on the roadmap. Healthix is upgrading its old portal with a new technology platform. The new clinical portal should increase portal usage and improve the user experience, with benefits such as improved speed, enhanced user interface, and being mobile friendly. The user should experience better performance when searching within patient records. Plans are for QA to be completed by early March with a pilot launch in mid-March and a Go Live at the end of the month.

Healthix will be implementing the Prescription Monitoring Program (PMP), which will allow designated medical professionals the ability to access the prescribed monitoring program data through the PMP tab in the Clinical Portal. Additionally, the availability of a drug utilization report will display all controlled substance prescriptions filled by patients in a 12 - month period. Healthix will also offer its participants centralized access to SDoH/HRSN data.

In partnership with HIXNY, Healthix launched My Health Record NY Patient Portal in October 2023, and is currently working on Phase 2 improvements, scheduled for the end of March.

Ms. Francois described an important project with the national network and designated QHIN, CommonWell Health Alliance. The work is planned in three phases. Phase I, projected to Go Live Q1 2024, will fetch data from CommonWell. Healthix will leverage the patient record locator service supported by CommonWell for patient record retrieval, and data will be quarriable from Healthix's Clinical Portal and CCD query searches. CommonWell data will be retained for analytics and reporting. Phase II will be to send data to CommonWell. Healthix will respond to the CommonWell request to get data for patient access. These will include data requested from patient portals. Healthix will provide a full historical data set in response to patient access requests. Expected Go Live date will be Q2 2024.

Finally, Healthix is implementing Bulk FHIR querying, a process that uses a single API call to retrieve large amounts of Electronic Health Record (EHR) data. This is different from individual FHIR resource APIs, which only retrieve data for a single patient in one API call.

### **VP of Governmental Affairs Update**

Ms. Burton provided highlights of the work she has undertaken in the past 6 weeks. Several public health focused meetings have taken place. Ms. Burton has also begun engaging in community-focused meetings with First Deputy Chancellor and Deputy Chancellor of Operations and Finance, of the NYC Schools.

Several Public Health and community focused projects are ongoing:

- A push for FDNY EMS data integration by capitalizing on the positive work done by Healthix to date. Additional meetings with FDNY will be coordinated to present use cases to community partners, hospitals, other QEs, SHIN-NY, NYeC, and NYCDOH.
- The C5 Colonoscopy registry, with work being done as comprehensive repository of colonoscopies, related pathology reports and FIT (Cologuard) tests is a major goal of DOHMH.
- Worked with NYC Shelter Data Consent project and met with Associate Deputy Commissioner of Intake & Assessment and provided a listing of the data elements needed. Mr. McReynolds volunteered to work with Ms. Burton on a case study related to shelter data consent, as a shelter operator, and offered to work with her regarding FDNY as well.

### **Proposed Regulations Discussion**

Mr. Rogow summarized the Proposed Regulatory changes. A statewide data infrastructure would require certain health data to be delivered to a central statewide repository to be used for statewide reporting and analytics for public health surveillance and Medicaid purposes. Next, a Statewide Common Agreement would be instituted as a common SHIN-NY participation agreement that applies across QE regions. Core services would enable the state to modernize QE service expectations with a focus on value-added services. Statewide consent would be established and would provide a centralized patient consent framework to further enhance patient privacy and reduce burdens on patients and provider. Finally, a downstream impact that would provide SHIN-NY participants with increased flexibility to choose their SHIN-NY QE partners based on priorities like value, quality of service, and technical capabilities.

Dr. Cohen clarified that these are still in the public comment period. He added the goal is to take advantage of the technical capabilities of the QEs.

The meeting was adjourned at 11:30 AM