



**Healthix Board of Director Meeting Minutes  
December 4, 2024 | 10am-11:30am**

**Board Attendees via Zoom:**

- Dr. Larry McReynolds, Family Health Centers at NYU - Board Chair
- Lori Andrade, Health and Welfare Council of Long Island
- Michael Bouton, MD, NYC Health + Hospitals
- Tavora Buchman, Nassau County Department of Health
- Paul Casale, MD, New York Quality Care ACO
- Matthew Siegler, NYC Health + Hospitals
- Fred S. Sganga, Long Island State Veterans Home
- Gabriel Cohen, MD, NYC Health + Hospitals
- Torian Easterling, One Brooklyn Health
- David Horwitz, MD, NYU Langone
- Charles King, Housing Works
- Irene Koch, Hospital for Special Surgery
- David Leventhal, Pfizer
- Marc d. Paradis, Northwell Health
- Donna Rey, 1199SEIU Benefit & Pension Funds
- Gretchen Van Wye, NYC DOHMH
- Anup Vidyarthi, Steppingstones Group

**Absent:**

- Gerald Kelly, DO Stony Brook Medicine

**Healthix Management:**

- Todd Rogow, President and CEO
- Arsella Burton, VP, Government Affairs
- John Chow, CISO
- Vivienne DeStefano, SVP, Corporate Affairs
- Kimberly Francois, VP, Project Mgt. & Ops
- John Guastella, SVP, Finance & CFO
- Magdalena Mandzielewska, AVP, Privacy Officer/Compliance
- Tom Moore, SVP, Strategic Partnerships
- Stephanie Scott, VP, People/Transformation
- Nick VanDuyne, SVP, CIO

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

**Action Items:**

- **Approval of Minutes:** The meeting minutes of Sept. 4, 2024 were approved.
- **Approval of 2025 Healthix Budget:** Board approved
- **Approval of Policy Changes:** Board approved

**Chairperson's Welcome**

Dr. McReynolds opened his first meeting as the new Healthix Board Chair. He welcomed the members, introduced himself as the head of The Family Health Centers at NYU Langone (formerly Lutheran Family Health Centers) and spoke of his long, professional association with BHIX/Healthix. He expressed enthusiasm about the accomplishments of Healthix over the years and looks forward to working together.

## **2024-2025 Financial Update**

Mr. Guastella provided a summary of the actual financial results from the previous 9 months (ending on Sept. 30, 2024). 2024 expenses were below budget primarily due to lower payroll costs and certain lower technology related costs than budgeted. The savings offset consultant fees, which were above budget. On an operating basis, Healthix did better than budget; depreciation was lower than anticipated and Healthix did better on interest income (cash investments).

Mr. Rogow described the 2025 NYeC future funding approach which begins in April 2025 (for State Fiscal Years 2025-2026). Three areas of funding will be allocated for (i) foundation services, (ii) Medicaid and 1115 waiver support and (iii) public health office support. He added in-depth detail in each of those three primary funding contracts. NYeC is also awarding, through an RFP process, funds for four significant statewide initiatives. They are inviting an open competition for QEs to provide core services for New York State. In response, Healthix has submitted a proposal to provide statewide alerting services. Mr. Rogow also summarized the plan for the implementation of the statewide common participation agreement (SCPA). Healthix funding will be dependent upon the number of SCPAs it gets signed, receiving data from those sources and implementation of the new consent module. NYeC has had delays in finalizing and rolling out the new agreement as well as the consent module.

Mr. Guastella presented a matrix and high-level comparative summary of the projected results for 2024 as compared to both the original 2024 budget as well as the proposed 2025 budget. Mr. King, Chair of the Healthix Finance Committee, stressed the importance of taking the necessary steps to find additional sources of revenue and/or make necessary cuts to achieve a balance. The Finance Committee met twice and reviewed the financials and voted unanimously to recommend the proposed 2025 budget for board approval. It's a conservative budget that achieves a break-even bottom line and maintains a positive cash-flow for the entire year. Mr. King spoke further about revenue opportunities from I&I grants, health plan services, and other new sources of revenue.

The board then unanimously approved the 2025 budget as presented.

## **Proposed Policy Changes**

Ms. Mandzielewska provided a brief update to Healthix Privacy Policies, stating that minor edits/revisions were made to align with SHIN-NY Privacy Policies. One such revision is to allow for non-covered entities, such as CBOs, to access SHIN-NY with affirmative consent. Further, an update to outdated "break the glass" language was also revised. Ms. Mandzielewska indicated that there is a hold on "Utilization Review" and "Training" policies – changes approved by NYeC Policy Committee but not yet published. Mr. Sganga, chair of the Healthix Privacy Committee, thanked Ms. Mandzielewska and invited the board to approve the changes. The board moved to approve the Healthix Policy changes.

## **2024 Company Goals**

Mr. Rogow provided an update of the Healthix 2024 company goals. He introduced Ms. Scott who described the strategic objectives and framework for 2024. Healthix has met key NYeC goals and has done particularly well with uptime. Audits that were missing will have a financial impact.

Ms. Scott reviewed the company goals with the majority completed and the rest to be completed by the end of the year or in Q1 2025 (19 goals/13-completed; 3-on track; 3-in need of attention). The expectation is to earn partial credit for partially completed goals and to meet the benchmark of 80% or better, as in the previous year. Mr. Rogow assured board members that establishing success criteria and metrics that demonstrate achievement were key. Ms. Koch asked if Healthix is in line with how other QEs have performed vis-a-vis NYeC goals. Ms. O'Connor responded that other QEs have not met participation and/or heartbeat monitor goals, which puts Healthix in good standing.

### **Transformation Progress**

Ms. Scott, who manages this effort for Healthix, stated that Healthix has met its 3-year plan which emerged from the company's assessment. The transformation areas include: (i) building a more agile, efficient, and customer-focused organization; (ii) leadership development goals through executive coaching; (iii) revenue growth goals to achieve financial sustainability. Dr. Buchman acknowledged the value and impact of the work that went into creating dashboard for Nassau County Health Department because of transformational efforts. Mr. Rogow added that these reflect our commitment to focus on the needs of the community.

### **Customer Satisfaction Survey / Standard Report Care**

Ms. O'Connor provided a thorough accounting of the Healthix customer survey which commenced in May. The average score of 7.2 came from 114 organizations. Responses related to the Healthix Portal (performance, navigation, etc.), were used to make specific improvements, such as eMOLST alert reliability and other enhancements. Upgrades to the portal in June had a positive impact on users. Implementing ticketing systems ensured good turnaround time and follow-through. Ms. O'Connor shared samples of who answered and how each market segment rated Healthix. The closing score in November showed a satisfaction increase of 7.67. She presented a series of diagrams/graphs that illustrated progress over time. Dr. Reynolds asked if there were similar themes from dissatisfied customers. Commonly, things that were cited included readable documents, speed of service, follow-through and portal performance. Customer service recovery is most important, and Dr. Reynolds suggested publishing the survey results in the newsletter and other communications.

Terminology and standardization have been a focus of work for Healthix (e.g. standardization of diagnosis, lab values matching USDII standards). The "report card" gives insights into who is sending data, what format is being received and where the challenges are. Healthix has engaged hospitals as partners to address many questions, variances and challenges in the sharing of data. Healthix is the only QE that has been openly transparent about progress in this area. The report card is published on the Healthix website (<https://healthix.org/what-we-do/data-quality-initiatives/>) Overall, there has been a dramatic improvement and aligns with the data quality priorities of NYeC.

### **Key Project updates**

Concise - Ms. O'Connor gave a summary of Concise usage. Concise is a tightly integrated solution used by hospitals using Epic, Cerner and other EHRs. There is a large uptick in usage primarily due to streamline workflows in the EHR. Documents, such as discharge summaries are driving usage as is single sign-on access to prescription monitoring via PMP. Social

determinants of health will also be available as will assessments and referrals once they start flowing into Healthix from the SCNs.

Alert Timeliness – Ms. O'Connor presented an analysis of the timely delivery of alerts. It was necessary to establish a threshold of timing based on the availability of data coming into Healthix, processing time and delivery to end user. Factors that impact alerts' timing are the volume of data coming from hospitals (admissions, discharges and transfers) as well as variances in data. In November, the average was 2 hours, 3 minutes.

### **Backup Slides**

Reminder of Board Dates and COI for 2025 were shared.

Dr. McReynolds had additional questions concerning the 2025 goals timeline. The plan is to solidify Healthix goals for approval by the Executive Committee at their next meeting. NYeC goals will be available sometime in April 2025.

There were no further questions or comments. The meeting was adjourned at 11:30 am.

Approved