Board Meeting 9/27/2023

MINUTES

6:00 PM HEALTHECONNECTIONS

MEETING CALLED BY	Dave Page
TYPE OF MEETING	Board Meeting – held via ZOOM meeting
NOTE TAKER	Christina Carroll
ATTENDEES	

Marisa Barbieri	X	Jackie Leaf	A
Rajesh Davé	E	Orrin MacMurray	X
Ronald Fish	A	Joseph Maldonado	A
Indu Gupta	X	Mark Muthumbi	X
Robert Hack	x	David Page	X
Pat Hale	X	Martin Stallone	x
Paul Kaye	E	Robert Weisenthal	X
Paul Kronenberg	X	Bruce Wood	X
Seth Kronenberg	X		

Guests: Elizabeth Amato, Rachel Kramer, Liana Prosonic, Rick Travers, Don Lee, Christina Carroll

X = Attended
E = Excused
A = Absent

OPENING REMARKS D. PAGE

- Meeting was called to order at 6:05pm
- Motion to approve previous meeting minutes by Mark Muthumbi, seconded by Orrin MacMurray. Motion passed with all in favor.
- Rob laid out the meeting's agenda, as follows:
  - Financial Update
  - Operations Management Report
  - 1115 Waiver, Public Health, and Business Development

FINANCE UPDATE L. PROSONIC, R. HACK

- Net income: Net operating income is on target to meet budget, while a gain from investments has resulted in a favorable net income budget variance.
- Investments are less volatile in 2023, overall up for the year.
- Revenue on target; Payments for Core Services have not been received for state fiscal year 23/24 – resulting in high Accounts Receivable; however, we have sufficient cash on hand and payment is expected within the next month.
- Expenses overall are slightly over budget. Salaries/Fringe and Corporate Professional services (Legal, Marketing, Insurance) are under budget while Contracted services – driven by Mirth – are over budget.
- Note that balance sheet ratios are outside the norm due to unusually high AR and AP as noted above.
  - When collecting outstanding receivables, it is a question of "when", not "if". Contract negotiations between NYeC and DOH are ongoing, and payments are delayed until it is finalized.
- Marty Stallone raised the issue of developing appropriate balance sheet goals/guidelines as a part of responsible governance. Marty offered to develop these guidelines in the Finance Committee, to which there were no objections, and the following comments:
  - Dave Page commented that we need to be sure to maintain sufficient reserves considering the direction of NYeC/SHIN-NY
  - Orrin MacMurray commented: My observation is that we are not the same as the majority of NFPs when it comes to reserves and our dependence on NYS. We are much more a long-term business providing a service to the state. As such, I believe we should cherish our reserves and recognize that they may be necessary to preserve our organizational existence in the future. We are dependent on the state and if they change their willingness to fund us we will need every dollar we can get to bridge the gap to a different business model.

OPERATIONS MANAGEMENT REPORT — HEALTHECONNECTIONS STAFF

- HealtheConnections leadership spoke to each section on the Management Report provided in the Board materials
- HIE Services & Ops – Elizabeth Amato
  - Elizabeth gave an update regarding Customer Engagement, HIE Services and Solutions, and some special projects.
- Questions/comments:
  - What split of data in the HIE is doctors and hospitals?
    - ~700 orgs sharing data, about 1,400 orgs participating total
    - This is a continuing
  - Where does NYS and HealtheConnections fit on the national landscape?
    - NYS has the largest breadth and depth in terms of maturity of HIE, coverage, and usage. We were one of the first in the country and we have heavily invested in this, and our providers and hospitals have been very supportive. Our structures and rules are more rigid as a result, which does affect our ability to be nimble.
    - For public health, we are connecting with other organizations who work in this space and also have experience with Waivers.
    - Some states have created Health Data Utilities that support state operations.
    - NYS is the only state where each HIE is DAV validated.
    - We engage with many other organizations across the country, each of which excel in different ways.
    - There are various national/cross-state networks and approaches out there that we do discuss and maintain awareness of.
  - The HIEs fundamental purpose was sharing data for point of care. Do we anticipate any of this public health work will be a detriment to purpose?
    - All public health use cases rely on the comprehensive data from the HIE. The better that data is at the point of care, the better it is for public health. It isn't structured as taking from one to support the other.
    - There's a lot going on in NYS in public health. While we can improve, we are doing good work and on a good path.
- HIE and Security Program Management – Rick Travers
  - Rick gave an update on security program management and HIE infrastructure.
- Brand and Team Performance – Christina Carroll
  - Christina gave an update on marketing and communications, organizational development, and staffing.
  - Questions:
    - What types of backgrounds do we look for in new team members?
      - It varies by role. In general, candidates with experience in healthcare, public health, EMRs, or HIE have a smaller learning curve.
    - How big is our team compared to others?
      - We don't know headcounts of other organizations, but we do run a lean team and assume we have fewer staff than organizations with similar footprints.
- Finance and Compliance – Liana Prosonic
  - Liana gave an update on compliance initiatives.
- SHIN-NY Update – Rob Hack
  - Rob Hack spoke to the current state of statewide efforts and priorities.
  - Questions/Comments:
    - HERDS is a massive burden, and because the systems don't talk, it requires multiple people physically entering data. An automated process would be incredibly helpful.
    - Explain more about our cybersecurity program, audits, and awareness.
      - We have a robust security program that is validated through our HITRUST certification. Our system, process, and people controls are all included. We do have extensive incident response procedures, including specified incident response teams. We have this for both internal events and SHIN-NY-wide events where we collaborate with other SHIN-NY stakeholders.
      - Rob committed to plan a security program discussion for a future board meeting to go more in depth about what the program is and how it works.

BUSINESS DEVELOPMENT — R. KRAMER, D. LEE

- Rachel gave an overview of the 1115 Waiver and how it relates to HealtheConnections' current and future work.
- Questions/Comments:

- HealtheConnections and the provider community have always been lockstep, this Waiver has the potential to diverge focus from what's good for providers/hospitals and what's good for the public health orgs, CBOs, etc. Some deliverables that come from the Waiver efforts might not be supported by the health systems. UniteUs is a good example of something the hospitals decided not to do. If the health systems have a competing tool, we should be aware that there is a potential conflict there.
    - The discussions under way are exploratory, and HealtheConnections/its partners are not committed to doing anything. The goal is to start the conversation early so we can address concerns like this early.
    - We will not have an exclusive referral platform – this will be one option to bring data into the HIE, but not the only option. We will support any platforms/EHRs/CBOs where data needs to come from.
    - SHIN-NY strategy is to drive interoperability with any platform. We also need to address some clinical-community linkages now. We'll continue to keep the board informed as the provider community is involved, and encourage our board members to lend their voices to the conversations within the community.
- Including the provider community at the earliest stages has been brought up previously when discussing another similar collaborative effort.
- There is significant money at play. With DSRIP, money was spent with nothing sustainable because there was no value to the provider community, and we do not want to do that again. Now is the time to get the provider community engaged, before it gets too developed. This is not solely about healthcare, but the vast majority of Medicaid healthcare is provided in private practices. If we want them to innovate and provide care we have to have them at the table alongside the CBOs.
    - Rachel and Mark will bring this feedback to their collaborative group.

- Don gave a brief update on specific projects in the business development space.

Meeting adjourned at 7:35pm.