

Board Meeting

9/27/2023

MINUTES

6:00 PM

HEALTHCONNECTIONS

MEETING CALLED BY	Dave Page			
TYPE OF MEETING	Board Meeting – held via ZOOM meeting			
NOTE TAKER	Christina Carroll			
ATTENDEES	Marisa Barbieri	E	Jackie Leaf	x
	Rajesh Davé	x	Orrin MacMurray	x
	Ronald Fish	A	Joseph Maldonado	x
	Indu Gupta	E	Mark Muthumbi	E
	Robert Hack	x	David Page	x
	Pat Hale	E	Martin Stallone	E
	Paul Kaye	x	Robert Weisenthal	x
	Paul Kronenberg	x	Bruce Wood	E
	Seth Kronenberg	x		
	Guests: Elizabeth Amato, Rachel Kramer, Brad Hesler, Rick Travers, Don Lee, Christina Carroll			
X = Attended E = Excused A = Absent				

OPENING REMARKS

D. PAGE

- Meeting was called to order at 6:02pm
- Rob laid out the meeting's agenda, as follows:
 - Financial Update
 - Security Program Update
 - Data Centricity Update
 - Open Discussion

FINANCE UPDATE

R. HACK

- No Finance Committee meeting
- Rob gave an overview of the financial package
 - On track with budget, variance is looking good
 - Received payments from NYeC, and future payments are on the horizon. Cash position is strong regardless.
 - Predicting a strong bottom line for the end of the year.
- Comment: Excellent summary/one-pager, let's continue using this summary structure for future meetings.

SECURITY PROGRAM UPDATE

R. TRAVERS

- Rick gave an overview of our security program and its components.
 - HITRUST overview and assessment process
 - HealthConnections has consistently passed its assessments
 - This is a requirement to be a Qualified Entity of the SHIN-NY. Continued conversations with our state partners include how we can simplify these processes and reduce costs associated with it. This could include templated policy and procedure documents.
- Question: Are the number of issues we had significant? Answer: It depends, the issues we had didn't affect our inherent ability to be secure.
- Rob described our relationship with our consultants, and our decision to shift to a new consulting partner in 2023.
- Rick continued to explain more about upcoming HITRUST changes, including a new version that requires additional scrutiny of our policy and procedure documentation. This will be a significant effort and we are planning for it now.

- A security program assessment from a consulting partner is underway, with the goal of looking beyond HITRUST and ensuring we have a strong, efficient, operational security program.
 - Rick reviewed some highlights and suggestions from the initial assessment report.
 - Rob discussed future plans for compliance/security roles as the business continues to mature
- Comment: This is good information. It's always helpful to have regular reminders for team members about security, such as monthly trainings.
- Comment: Are there any opportunities for us to share security information with others in the state if we have valuable intel to share? Can we help others and potentially get some value from them?
 - We don't see this as an opportunity to generate revenue. There are multiple variables that we stand in the way of this. We have traditionally operated independently, so there are certainly opportunities for us to collaborate and generate some economies of scale together.
- Question: Any room for us to lend our expertise to our larger partners, like hospitals?
 - We've discussed that a bit and with some CIOs, but the answer is similar. We aren't currently able to do that, and hospitals are not completely receptive to it for factors like keeping their programs more private, not needing HITRUST certification, and others.

DATA CENTRICITY UPDATE

E. AMATO, B. HESLER

- Elizabeth introduced our concept of Data Centricity and what our current progress looks like.
 - As discussed in previous meetings, our drivers and benefits vary. The central theme is to leverage our data and information as the core asset without being constrained by a single application.
 - Rob commented that additional flexibility is important to take advantage of future opportunities.
- Brad described the intended technical architecture at a high level.
 - Question: Is there ever a situation where data centricity will tug against patient centricity? In other words, can our technology or use of data become more central than benefiting the patient? Answer: Everything is patient centric. No matter what type of clinical data we have, it will be in support of the consolidated patient record. This includes any sharing with local health departments, building registries, and more. We see this as helping us drive efficiencies that will give us more space to focus on supporting providers and patients, fulfilling the needs of the health professionals so they can better do their jobs.
 - Comment: It's important to realize that not just care providers need this, it's also health departments, and HealthConnections needs to evolve to support the needs of all those in the network. That's still a part of the mission.
 - Question: What will the capacity be for supporting specific users and taking requests? Answer: Our intent is to put out standard resources. We are envisioning a core part of the system, and then an advanced option where we can do something additional for a fee.
- Brad described a key element to the system, called Fast Healthcare Interoperability Resources (FHIR), which is the newest industry standard.
- Elizabeth gave an overview of the timeline through 2024.
 - Question: How many other QEs will set this kind of thing up? Is the SHIN-NY using FHIR? Answer: We have socialized this concept and it is gaining traction. There is a collaborative effort exploring shared service opportunities that we have joined. We are hopeful others will follow suit because we believe this sets the stage for the next level of patient care. The SHIN-NY data lake project is using FHIR at this point.
 - Question: What vendors are adapting to more modern standards like FHIR vs staying proprietary? That is a challenge for providers. Answer: Some are moving to FHIR. We don't anticipate we'll start receiving data in FHIR format anytime soon. It can, however, be used to get pieces of data faster to answer specific questions.
- Rob concluded the conversation by noting the large volume of connections HealthConnections will be migrating.

CLOSING REMARKS

R. HACK

- Rob discussed some SHIN-NY updates, including the increased collaboration between state partners, upcoming updates to the consent model, and continued emphasis on supporting public health.
 - Comments: The topics here open up opportunities for HeC in the future, and supporting better care across New York state is a noble goal.
 - Question: Are there any updates on national HIEs versus state HIEs? Answer: Current national networks are a federated model, and we don't see it being consolidated. NYS will continue to discuss how it plays a role alongside the national networks. We are starting to see trends of certain HIEs collaborating more closely with national networks. This will only continue through the push toward FHIR. We are hopeful that, in the future, HealthConnections is able to reconnect with the national eHealth Exchange.
 - Comment: Healthcare might be local, but providers are seeing snowbirds who spend time in other states, and having better access to their health information is positive.

- Bob Weisenthal made a motion to approve previous meeting minutes, Paul Kaye seconded, all in favor.
- Jackie Leaf made a motion to approve financials, Joe Maldonado seconded, all in favor.

Meeting adjourned at 7:20pm.