

Conference Call with Dave Whitlinger, CEO, NYeC

Attendees:

Donald Moore, MD
David Page, MD
William Zurhellan, MD
Phillip Gioia, MD
Jeffery Sneider, MD
David Dinhofer, MD
Zebulon Taintor, MD
John Paul Mead, MD

Liz Dears, Esq

Dave Whitlinger, CEO of NYeC provided a summary of the work of NYeC. He noted that back in 2006, the State put together HEAL grant programs to get physicians to adopt EHRs. Also, around the same time NYC started the primary care practitioner EHR program. This activity launched the development of NYeC and several RHIOs.

NYeC's initial role was to establish policies for consent, the development of uniform technologies and for governance.

As questions around RHIO participation and sustainability arose, efforts were placed on developing a appropriation in the state budget for operation of the SHIN-NY (utility model). The annual appropriation (state and feds) amounts to \$80M. This makes usage of basic SHIN-NY services free to the physician.

While usage is free, there is a fee for connection to the RHIOs.

The RHIOs were pulled together and onboarded onto the SHIN-NY over the summer. Now all are connected. There is a master patient index for the whole state. 30M individual patient records are now in the SHIN-NY. That way a physician looking for a record can make an inquiry and receive a response within 8 seconds.

Dr. Moore Asked about the records in the SHIN-NY and what is in there; just a CCD or a full records? Dave stated that the data sets vary. Some who signed up with their RHIOs early may only have medication lists and scharge summaries while others who joined more recently have a full CCD. RHIOs package this information differently so there are usability issues which must be addressed over time.

Dr. Sneider asked for the individual practitioner to contribute information to the RHIO, must have their HER connected to the SHIN-NY and the vendors charge a lot of money to facilitate those connections. What can the state do to help to enrich the database without interposing costs on to physicians.

Dave stated that the feds (4 bills) are looking at whether there can be a legislative fix to eliminate data blocking by vendors. EHR vendors argue that its their data and therefore reasonable for them to move data out of their "networks to another network (RHIO). Liz was asked to follow these bills.

Dr. Dinhofer asked whether patient portals are being developed. Dave stated that they are. HIXNY (Capitol District) has one and NYeC has had one developed that is currently in trials.

Dr. Dinhofer asked about patient privacy and how the SHIN-NY will protect against inappropriate access to patient information. Dave stated that robust policies have been developed and are embedded into the SHIN-NY regulations to prevent inappropriate access to records. RHIOs have been certified on a regular basis as part of that certification, they are required to continuously monitor against privacy breaches.

Dr. Dinhofer asked about consent. Dave stated that the state still has in place an opt in for the patient to allow access to their records. RHIOs can offer community wide consent when patient opts in, allowing patient to consent to all providers in RHIO having access to their information. This is happening in Buffalo. Expect more community wide consents to be implemented as a result of the work of PPSs in DSRIP.

Dr. Mead said his PPS is in 3 RHIOs and wants to be able to aggregate data to all records.

Dave stated that regionality is no longer an issue but aggregation of data for analytics is not yet set up for large analytics across multiple RHIOs.

Dr. Mead queried as to community wide consent. He said that it isn't applicable to HIV and Sub Abuse records. Dave stated that is correct due in large part to federal laws. But the feds are looking to potentially change these laws.

Dr. Page said that he is bombarded by data from multiple sources. Has Dave thought about ways to diminish the amount of noise in the system.

Dave said that this will happen over time and used natural language processing as an example of what technology will evolve to.

Dr. Moore asked how MSSNY can help him.

Dave said that there is a huge need for education, especially on how to use these tools to hit performance targets. Offered to work with MSSNY to roll out education.

Liz asked about lower adoption rate among NYS physicians. Dave said that NYS is unique from others. We have 22,000 individual physician practices...not something one sees in the mid-west. State believes that the market is on its way for EHR adoption. Doesn't believe state will put forward additional funding for adoption. He does, however, believe that MU rules may over time become less restrictive to enable this.