

**MSSNY Health Information Technology Committee**  
**September 29, 2016**

Donald Moore, MD  
Parag Mehta, MD  
David Dinhofer, MD  
Amit Dholakia, MD  
Jeffrey Sneider, MD  
Phillip Gioia, MD  
Ernest Sliwinski, MD  
Renee Solomon, MD  
Zebulon Taintor, MD

Phil Schuh, CPA  
Liz Dears, Esq.  
Moe Auster, Esq.

Minutes from the last meeting of the MSSNY HIT Committee on March 29, 2016 were unanimously approved.

Dr. Dinhofer highlighted the 7 guiding principles for better information technology adopted by the Massachusetts Medical Society which are very similar to the

Dr. Taintor expressed concern that the Massachusetts 7 guiding principles do not do enough to address patient privacy. Not enough in the principles about informed consent and privacy. Dr. Dinhofer thinks patient privacy is a real concern that should be further explored. Dr. Moore read the seven principles for the group:

- Support the physician's obligation to put the interests of the patient first
- Support the patient's autonomy by providing access to that individual's data
- Be safe, effective, and efficient
- Have no institutional or administrative barriers between physicians and their patients' health data
- Promote the elimination of health care disparities
- Support the integrity and autonomy of physicians
- Give physicians direct control over choice and management of the information technology used in their practices

Dr. Dinhofer's goal was to bring these principles to the Committee and to see if we can make a joint statement with Massachusetts.

Dr. Moore recommended that the Committee form a small group to review the full content of these principles and create our own statement. **Drs. Dinhofer, Taintor, Sneider will work on this together.** \*\*The seven principles were a Resolution adopted at the May 7, 2016 meeting of the Massachusetts House of Delegates.\*\*

Dr. Mehta would like to final approval from the HIT Committee for submission to a Journal. He will give attribution to the Committee and its members.

Dr. Moore indicates that he was sued by a patient and the issue came down to the electronic medical record. Diagnosed GERD and gave patient a prescription. Patient was not really compliant and returned more than a year later. Patient had a different issue, acute respiratory infection. Patient was

asked to return one month later for an annual exam. Patient returned sporadically after that ultimately presenting with cancer symptoms. Dr. Moore's attorneys initially thought that the case was indefensible because the electronic medical record included the initial gastric information. Dr. Moore informed attorneys about metadata which was ultimately used to successfully defeat the claim against him. Dr. Moore expressed concern that there is so much in the record, much of which can be used against a physician. Dr. Moore feels that this is a harbinger of things to come.

Dr. Sneider recommends that Mr. Schoppmann should put together a paper to discuss the problems associated with electronic health records.

Dr. Moore recommends that the Committee put together a HIT Symposium to discuss this and other issues associated with EHR technology.

**Dr. Moore**

Invited guest Patrick Roohan, Director Office of Quality and Patient Safety, to update the All Payer Database and SHIN-NY. A collection of claims data (not quality) from all payers for inpatient, outpatient, pharmacy visits. He indicated that the authority to collect all payer data, including data from ERISA self-insured plans was challenged in the courts. The US Supreme Court recently ruled that states cannot collect data from self-insured plans which constitute approximately 40% of covered lives in NYS. The court did recommend that the federal Division of Labor work with the states to figure out how to uniformly collect this information from self-insureds.

There are proposed regulations. Comment period is runs through October 17. The current system is built on a uniform platform to collect data from all plans; and is currently being used to collect claims data from the plans providing coverage through Medicaid and the Exchange. The regulations discuss when and how data can be accessed. (Optum is the vendor managing this.) While the draft regulations would permit release of patient and provider level data including provider quality and cost data, Mr. Roohan said this remains a work in progress. With regard to patient level data, there are many layers of confidentiality concerns. He said that there will be no release of patient level data until 2018 and maybe never. The regulations allow for the creation of an APD advisory group to provide recommendations on any or all of the following areas: submission specifications, patient privacy and confidentiality, data release, data aggregation and security. Of course the regulations also stipulate that the Department may accept, reject or amend the recommendations of the APD advisory group.

Mr. Roohan was asked about release of provider level data on quality or cost. Mr. Roohan indicated that the Hospital industry remains opposed to the release of cost data. In his opinion the hard part is how to do this in a useful way. Also, there are contractual issues between providers and plans that may create a problem. Many states use proxy pricing but this doesn't help consumers when shopping on price. The intention is to release quality information at a provider level.

Mr. Auster expressed concern regarding the possible misuse of provider quality data by certain organizations.

The APD is only talking about claims data. There have been conversations with the RHIOs to share some patient level data.

Ms. Dears provided an update on the HIT Resolutions that were approved by the 2016 HOD.

Dr. Moore will identify a next meeting date which will be held before the end of the year.