The meeting commenced at 7:30 AM.

The minutes of the June 1, 2018 HIT Committee meeting were approved

**PRESENTATION – DR. ROBERT KOLODNER**

Dr. Moore introduced Dr. Robert Kolodner, former head of the Office of National Coordinator for Health Information Technology, to give a presentation regarding the status of efforts to use telemedicine.

Dr. Kolodner analogized that we had not yet reached the stage of the "Model T" with regard to telemedicine implementation, though it is coming of age. He noted that federal regulations are beginning to loosen, and there is revenue to be made by physicians. He noted the need for physicians to prevent the "leakage" of their patients to outside forces as health insurers, employers and pharmacies have been expanding telemedicine use. It is especially important and has great potential for the purposes of home patient monitoring, expanding care availability in rural areas, and helping to provide additional specialty care in hospital emergency departments.

He noted the increasing involvement of EHR vendors in adoption of telemedicine, and was hopeful that adoption would not be fragmented and subject to "vendor lock." He noted the importance of telemedicine adoption being "vendor neutral." There are significant implications for integrated delivery networks, noting that we need standardization and coordination, but adaptability as well. It is important to have a vendor physicians can trust. Also important are finding early adopters to help promote this use to other physicians.

Dr. Taintor asked about the platform for telemedicine use, and Dr. Kolodner noted the importance of the information from telemedicine visits being delivered back to these patients' physicians EHRs. Dr. Page raised concerns about Teladoc. Dr. Maese noted a key first step is having a platform, to which Dr. Kolodner replied that physicians need to look at the systems their organizations are currently providing them. Dr. Buch noted the challenges for rural practice in finding the resources to pay for the cost of adopting the technology. Dr. Moore noted that the MSSNY telemedicine committee has also been meeting, and our efforts should be coordinated.

**NYeC Update**

Moe Auster reported on two upcoming meetings of the New York e-Health Collaborative (NYeC). Friday October 12 was the first conference call meeting of the NYeC Provider Association Advisory Committee, which will occur monthly. The purpose is for NYeC staff to hear from associations representing physicians, hospitals, home care, nursing homes and others regarding the top challenges their members are facing in their connecting to and using information from the SHIN-NY. Dr. Moore and Moe represented MSSNY at this first meeting. The second upcoming meeting, taking place Tuesday October 16, is the DOH CyberSecurity summit in Albany. According to the e-mail invitation from DOH and NYeC, featured speakers include Dr. Howard
Zucker, New York State Commissioner of Health, and Will Pelgrin, CEO and Co-Founder of CyberWA, Inc. There are also confirmed speakers from AllScripts, LabCorp, representatives from FBI and FDA.

Dr. Moore noted his work with Healthix, his regional RHIO. He noted he worked with his vendor to apply for the $13,000 in funding available through the Data Exchange Incentive Program (DEIP) to help him connect to the SHIN-NY. Dr. Page noted that he is on the Board of Health eConnections, the Central New York RHIO. He noted the importance of assuring continued funding for the RHIOs.

**COMMITTEE GOALS**

The Committee next discussed what its goals should be the year ahead. 3 initial suggestions included:

- a) Assist physicians in the adoption and implementation of electronic health record systems with the goal of improving patient care delivery
- b) Advocate for policies and government and commercial interventions to reduce the administrative burdens associated with EHR use
- c) Develop educational programming for physicians and, where appropriate, the public, on the benefits and pitfalls of EHR use.

Several physicians offered suggestions for additional goals of the Committee. As a result of these discussions, the goals were amended as follows:

- a) Assist physicians in the adoption and implementation of electronic health record systems with the goal of improving patient care delivery, while using the doctor-patient relationship to ensure privacy preferences.
- b) Advocate for policies, as well as government and commercial interventions, to reduce the cost and administrative burdens associated with EHR use
- c) Develop educational programming and materials for physicians and, where appropriate, the public, on the benefits and pitfalls of EHR use, as well as regional health information organizations.

**NEW BUSINESS**

Dr. Moore suggested that the next meeting of the HIT Committee take place within a few months.

The meeting ended at 8:30 AM.