Donald Moore, MD, Chair
Deepak Buch, MD
Philip Gioia, MD
John Maese, MD
Parag Mehta, MD
Renee Solomon, MD
Jef Sneider, MD

Phil Schuh, MSSNY staff
Moe Auster, MSSNY staff

The meeting commenced at 7:30 AM.

The minutes of the October 12, 2018 HIT Committee meeting were approved

**NYeC Update**
Moe Auster reported on the status of the New York e-Health Collaborative (NYeC) Provider Association Advisory Committee, which meets monthly by conference call. 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. He noted that among the goals that have been articulated by NYeC are expanding the awareness of the Data Exchange Incentive Program (DEIP) to help physicians get connected to their local RHIOs, and achieving interoperability between the I-STOP database and EHR systems, a common frustration for physicians.

Dr. Moore recommended that once meeting agenda items are shared in advance of the NYeC Provider Association call, that they be shared with the HIT Committee members for the purposes of determining if any of the Committee members had suggested comments for those agenda items.

Dr. Sneider expressed his concerns that the goal of NYeC to expand physician participation may be slightly misdirected. Instead, they should focus on assuring that physicians’s staff has easy access to the RHIO medical information. While it was noted by Dr. Maese that NYeC has significant physician representation on several of its Boards (including HIT Committee members Dr. Sal Volpe and Dr. John Paul Mead), Dr. Maese suggested that NYeC directly employ a practicing physician to consult on day to day operations issues that better ensure that physicians and their staff can connect and access information from the RHIO and SHIN-NY. The Committee was going to develop a letter to send to NYeC

**ONC Request to Reduce Physician EHR Administrative Burden**
In advance of the meeting the Committee was provided with the extensive comments developed by the American Medical Association (AMA) and the Physicians Advocacy Institute (PAI – of which MSSNY is a Board member) to the Office of National Coordinator for Health Information Technology (ONC). The comments were responding to a request for comment from the ONC to comply with a component of the 21st Century Cures Act which requires HHS to outline a plan for reducing regulatory and administrative burden related to the use of HIT and EHR.

The 3 key goals of the ONC include: 1) reducing the effort and time required to record information on EHRs for health care providers during care delivery; 2) reducing the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations; and 3) improving the functionality and intuitiveness/ease of use of EHRs. The AMA and PAI comments contained a number of recommendations for the ONC to pursue in achieving these goals, including better alignment of EHRs with clinical workflow and simplifying reporting requirements for compliance with quality reporting requirements for Medicare and Medicaid.
Dr. Moore noted that, while review of the PAI and AMA comments were ongoing, upon initial review, the recommendations were similar to the goals of the HIT Committee. It was suggested that Committee members continue to review the comments and share thoughts with MSSNY staff.

**Interaction with Local RHIOs**

Dr. Moore suggested that Committee members work with local RHIO medical directors to more readily identify reasons for physician non-participation in their local RHIOs. Dr. Mehta also recommended that the Committee seek to address factors that might limit hospitals and physicians from accessing the information provided by the RHIOs for those who are connected.

Dr. Sneider noted that every hospital in New York is connected to their RHIO but in some cases may not use it as much as they should. He noted the substantial use of RHIO information in the Central New York region including at SUNY Upstate, Crouse and St. Joseph’s hospitals. Dr. Mehta noted it was not used as much at his hospital in Brooklyn.

Dr. Maese noted that most physicians agree about the importance of the data, but there are challenges associated with connecting and routinely accessing the information. While NYeC has presented to the MSSNY HIT Committee and to the MSSNY Council, it was suggested that NYeC could develop a webinar that MSSNY could promote to physician to help facilitate physician participation. Phil and Moe indicated that they would follow up with NYeC staff.

**HOD Resolutions**

Dr. Mehta noted a resolution that may be coming to the 2019 MSSNY HOD relative to creating a Do Not Fax list for physicians to limit receive unwanted solicitations. Dr. Maese indicated that there could be EHR resolutions coming from Richmond County. Dr. Sneider asked if MSSNY staff could reach out to county medical societies to ask if they were advancing resolutions relating to EHR use.

**COMMITTEE GOALS**

At the October 12, 2018 MSSNY HIT Committee the following were identified as Committee priorities:

1. 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.
2. Advocate for policies, as well as government and commercial interventions, to reduce the cost and administrative burdens associated with EHR use
3. 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.

It was noted that the letters from PAI and AMA reflected efforts to address these priorities. It was also noted that there were efforts being undertaken to achieve the goal of the below resolution adopted at the 2018 HOD.

117.971 **MSSNY Supports Health Information Exchange**

The Medical Society of the State of New York reaffirms its support for the use of Health Information Exchange services by member physicians and their associated organizations and encourages physicians to contribute patient data to their local Health Information Exchange as long as policies exist that ensure that patient data is adequately secured. MSSNY will continue to work with the New York eHealth Collaborative (NYeC) and the New York State Department of Health (DOH) to better ensure the usability of data and protect physicians from bearing the cost of contributing data to Health Information Exchanges. (HOD 2018-62)

**NEW BUSINESS**

Dr. Moore suggested that the next meeting of the HIT Committee take place before the MSSNY House of Delegates so that resolutions related to EHR can be reviewed by the Committee.

Dr. Moore also suggested that staff send out an attendance roster that includes recent Committee attendance with the goal of identifying a day/time of the week that works best for Committee members.

The meeting ended at 8:20 AM