

MSSNY Health Information Technology Committee Meeting
May 8, 2020

Donald Moore, MD, Chair, MSSNY HIT Committee
Thomas Madejski, MD, Chair, MSSNY TeleHealth Workgroup
Art Fougner, MD, MSSNY Past-President
Bonnie Litvack, MD, MSSNY President
Parag Mehta, MD, MSSNY Vice-President
Andrew Kleinman, MD, MSSNY Board of Trustees
Deepak Buch, MD
Philip Gioia, MD
Dan Gold, MD
Renee Solomon, MD
Zebulon Taintor, MD

Phil Schuh, MSSNY staff
Moe Auster, MSSNY staff
Eunice Skelly, MSSNY Staff
Christina Southard, MSSNY Staff

The meeting commenced at 7:30 AM.

Dr. Moore welcomed the participants to the meeting.

Telehealth Vendors

Eunice Skelly provided an overview of the 5 telehealth companies that had provided comprehensive proposals in response to MSSNY's RFP seeking a telehealth vendor to endorse. She provided to the committee a grid she created comparing the various offerings.

1. Mend is a Florida company. It promoted that its program has predictive capabilities as to which patients are likely to be no-shows and can be offered a telemedicine visit, or make it possible for the practice to schedule another patient in the time slot. A basic product is \$59/month and the upgraded version is \$99/month.
2. Dr. First is a company well known to MSSNY, including its "Backline" product. It noted the cost is \$300/telehealth user per year, of which MSSNY would receive \$50 per user. It was noted it is easy to implement.
3. Compugroup Medical indicated it has 1 million users, including 75,000 providers. It is a web-based system with no current connectivity to HIE but that states it can be pursued and developed. Its costs is based on the number of providers using the system.
4. In Touch is owned by Teladoc that is interoperable with physician EHRs.
5. CareClix is used by Johns Hopkins and Aetna that is compatible with 200 medical devices. They noted that its users cover 10 million people. They provide online training and other educational assistance.

Dr. Moore noted the importance of ensuring that whatever product MSSNY endorses being compatible with what physicians are currently doing, given the significant uptick in recent telehealth use. Moe Auster noted the MSSNY survey where initial results showed that 84% of the 270 respondents had used telehealth since the start of the pandemic, and nearly 50% were seeing at least 25% of their patients via telehealth.

Dr. Maese noted that, in Staten Island, 85% of physicians were using telehealth, with overall patient volume down by as much as 80%. He noted that most were using FaceTime, because most patients were familiar with that. He noted that EMR companies were scrambling add telehealth visits, but patients must download an app. He also noted that it was a good opportunity for revenue for MSSNY.

Dr. Madejski noted the importance of this towards creation of a network of physicians across the state for which physicians could refer patients. Dr. Moore suggested this could potentially be a New York version of Teladoc since physician is not bound by geography, and that there could potentially an opportunity to contract

with health insurance companies. Dr. Mehta noted that Doximity has a good product that makes it easier for physicians to provide virtual patient visits.

Dr. Gold noted that he uses Doxy.me, but that has drawbacks. He also noted that while FaceTime is HIPAA compliant, it still can be perceived as unprofessional. Dr. Fougner asked the question whether physicians would want it to be simple, or whether it would be compatible with their EHR and be able to connect to the RHIO.

Moe Auster gave a brief overview of efforts to continue the favorable telehealth coverage rules for commercial, Medicare and Medicaid after the acute Covid-19 period. He noted that MSSNY is working with AMA and other societies to advance legislation to continue expanded coverage rules now that physicians and patients have become more comfortable with telehealth.

Dr. Kleinman noted his agreement with the idea of setting up a virtual referral network. He noted Careclicks hooks up to the HIE. He agreed with the importance of narrowing down the companies to review from 5 to 2. He noted the decision should be based on: which will be easiest to use integrate; the lowest cost to physicians, and value to MSSNY. Dr. Moore asked about the ability to survey physicians for their perspective, but Dr. Kleinman noted that return rates on MSSNY surveys is not great. Dr. Moore also suggested that MSSNY ask 2 companies to come back, with a demonstration group from the MSSNY HIT Committee. Dr. Maese agreed that this was a good economic opportunity to MSSNY, and that we were on the "maintenance phase" of the disaster.

Dr. Litvack agreed with Dr. Kleinman that picking a product was an important step towards creating a referral network. Dr. Mehta noted the importance of acting quickly, given that some of the beneficial telemedicine coverage rules could be lifted once the acute period ends. Dr. Gold reiterated the importance of easy EHR integration, and noted that he believed that Careclix best met that criteria. He also liked that CompuGroup has cell service.

Dr. Moore appointed Dr. Gold to chair a subcommittee to take a closer look at 2 of the 5 company proposals. In addition, Dr. Maese, Dr. Volpe and Dr. Moore will serve on the group. Dr. Moore also noted that there is still much to learn regarding the scope of services that can be provided via telehealth, and that it can go well beyond a patient-physician conversation.

Dr. Buch reiterated the importance of pushing for continued expansive telehealth coverage.

Phil Schuh suggested we bring to the companies submitting RFPs our goal to create a referral network, and look to see which company could best help us achieve that goal.

The meeting ended at 8:30 AM.

**MSSNY Joint Meeting Health Information Technology Committee & Telehealth Workgroup
March 12, 2020**

Donald Moore, MD, Chair, MSSNY HIT Committee
Thomas Madejski, MD, Chair, MSSNY TeleHealth Workgroup
Art Fougner, MD, MSSNY President
Bonnie Litvack, MD, MSSNY President-elect
Deepak Buch, MD
Philip Gioia, MD
Sara Guevera, MD
Harvey Jay, MD
John Maese, MD
Natalie Schwartz, MD
Renee Solomon, MD
Sal Volpe, MD
Zebulon Taintor, MD

Phil Schuh, MSSNY staff
Moe Auster, MSSNY staff
Eunice Skelly, MSSNY Staff
Stacy Gulick, Garfunkel Wild (MSSNY General Counsel)

The meeting commenced at 7:30 AM.

Dr. Moore welcomed the participants to the meeting.

Datablocking Regulation

Mr. Auster gave a brief overview of the release of a regulation preventing EHR vendor "data-blocking", that was contained in a provision of the 21st Century Cures Act enacted in 2018. He noted that the AMA was still analyzing the rule, and that it is both helpful and challenging in different respects. Concerns expressed by Dr. Maese about EHR companies passing costs along to docs for every regulatory change they need to incorporate. The rules will be discussed at a future HIT Committee meeting after AMA has done an analysis. Dr. Litvack noted that challenges with EHRs will be discussed with the Health Commissioner as one element of physician burnout when our planned meeting, originally scheduled for March 30, ultimately takes place.

Telemedicine as Response to Covid-19 Outbreak

Dr. Madejski raised the need for development of a telemedicine platform for physician who currently do not use it. He noted that there are codes that have developed by health insurers and Medicaid to have it covered, but not sure if they are being paid. He asked for input for other physicians as to their experience.

Dr. Volpe noted that the 4 most common EHR platforms used by physicians all have telemedicine platforms. Dr. Maese noted concerns about the charge, and that the routers being used by physician practices could be out of date. Dr. Moore noted he does telemedicine consults, but for patients without health insurance who pay privately.

Dr. Madejski then discussed the possibility of using smartphones for telemedicine. He noted that MSSNY has approached the AMA with the idea of seeking waivers of HIPAA security rules to better enable use of this technology in lieu of patients going to a physician's office or ER. Attorney Gulick noted that HIPAA does not require a specific type of system, but requires the phone be password-protected, and settings must require unlocking every 10-15 minutes or so. A business associate agreement would be needed for records stored in the cloud. Apple does not offer business associate agreements for cloud-stored data. Neither does Facetime. Amazon does. Dr. Jay suggested that there be an attempt by organized medicine to contact Apple to ensure such business associate agreements can be easily reached.

Dr. Volpe noted that stand-alone telemedicine platforms cost roughly \$50-\$150 per month, but that it is essential that the data be imported into the main EHR. He also suggested we receive clarity from MLMIC as to

the liability risks associated with various telehealth uses. Dr. Maese noted sometimes there are aspects to viewing patients with Telemedicine that are not as clear as they would be in person (i.e. rashes). Dr. Moore noted his satisfaction with the Medicare management payment program.

Dr. Fougner noted MSSNY participation in a call with the NY Department of Financial Services this week where they noted the recent Circular letter that reminded health insurers of their obligation to pay for care delivered via telemedicine. Dr. Madejski raised question about whether they were paying specific telehealth codes, and the need to advocate for payment parity in addition to required coverage. Attorney Gulick noted that telemedicine must include 2-way synchronous video connection.

Dr. Moore noted that home visits are an option as well. According to Dr. Madejski, they are eligible for higher reimbursement but may not be cost-effective when factoring physician time for travel. It was noted that increasing physician house calls was a suggestion made by Dr. Fougner for the Medicaid Redesign Team given the significant increase in Medicaid transportation costs. Dr. Buch suggested there should be payments for telephone calls as well.

It was also discussed whether Medicare had limitations for coverage for house calls for those patients who were "homebound". By separate e-mail, Regina McNally advised that there were no "housebound" restrictions for Medicaid and Medicare house calls.

New Business

Dr. Taintor discussed a proposed resolution to ensure that 1) "the clinical portion of the EHR consist of data useful to other clinicians and not used to drive reimbursement, preferably brief, simple notes in plain English." And 2) MSSNY seek appropriate legislation in New York State and national action through its AMA delegation. Dr. Madejski suggested Regina and Moe work together to clean up the resolution for submission to the MSSNY HOD.

Dr. Moore thanked the members of the 2 committees for their efforts and suggested another join meeting in the next 4-6 weeks.

The meeting ended at 8:35 AM