

RHIO Board Meeting
March 23, 2021

ATTENDEES: L. Acosta- Castillejo- MCMS, J. Flaitz-Paychex, J. Glynn- RRH, P. Robinson – URM, L. Becker – PCORI, A. Cook- Lifespan, R. Benn – Excellus, K. Carter – CCS, K. Johnson – CFC, J. Eisenstein, E. Bielski – RHIO, A. Warner – RHIO, T. Kothari - RHIO, A. Richardson – RHIO, O. Harary – RHIO, D. DiNoto – RHIO

ABSENT: C. Cameron, MD – MVP, Sister C. Wagner – St. Joseph’s Neighborhood Center, W. Norwood – Common Ground, M. Mendoza – Monroe Cty. Dept. of Public Health, A. Hale – Rochester Chamber

MINUTES: H. Farrington – RHIO

Public Portion Convened: 4 pm

Explore+ Update

- Implementation of Meridian DAP – First Six Months
 - First implementation of this software product
 - Resolved some key issues; speed, “bucketing” and error reprocessing
 - User feedback has led to some quick fixes. The team has workflows to address bugs and other user issues
 - Ready to begin addressing enhancements
 - Internal cross functional team to review and prioritize product enhancements
 - User group begins to meet in April, to provide feedback to internal teams
 - Group comprised of active Explore+ users from a variety of settings
 - Fixes vs enhancements
 - Review of product roadmap
 - Evaluation and testing of new enhancements
- Question: Do we produce usage reports on this?*
Answer: We can provide it for the next Board meeting and at Management. We had an issue with a number of user that we believe is due to our need to do Multi Factor Authentication. The major health systems are trusted sites and most of our usage is outside of the health systems, small organization that are getting used to MFA.

Priorities

- HITRUST Certification
 - Full Accreditation required at this time, this is a huge undertaking for small organization

- Eric Bielski, CISO is lead on this project
- New assessor, Meditology, proving to be a great partner
- On target for May 30th
- QE Certification
 - Full accreditation required
 - Focus on Maturity Model – 96 Controls required, need to score and average of 3 or higher
- NYS funding requires both certifications

COVID -19

- COVID testing data from NYS DOH is shared with public health and RHIO participants via core services
- NYS expanded lab requirements to connect to SHIN-NY
- COVID Vaccinations data from NYSIIS also to be shared with public health and providers via RHIO services
 - Finger Lakes Vaccination Hub
 - Public health Department in 13 counties
 - Question: What will the data tell them?*
 - Answer: Which vaccine, dose number, who administered it and which lot number.*
 - Question: Is this able to be done by zip code?*
 - Answer: Yes.*
 - Explore+
 - Consent – Based reports to participants, as requested (coming soon)
 - Question: Is NYSIIS getting info from people who visit drug stores?*
 - Answer: Yes.*
 - Question: You are getting data from NYSIIS and sending it just to the Hub, and soon to the counties? What is the mechanism you are sending to each?*
 - Answer: Yes. We are sending it to the Hub by file extract and to public health, it will be the portal.*
 - Question: By provider portal, do you mean Explore+?*
 - Answer: No, I mean the actual provider portal as there is specific tab for COVID-19 data for public health users.*
 - Question: What has been your hit rate from an MPI perspective that we should expect to get it into Explore at the patient level?*
 - Answer: Anywhere from 90-96%*
 - Question: Are they are giving you decent data?*
 - Answer: Yes*
 - Question: Are they limiting the data to our specific data or are they giving you everything?*
 - Answer: We are getting everything. Even out of state information. We are only sharing based on our 14 county region.*

Public Portion Adjourned 4:30 pm

Private Portion – Convened: 4:32 pm

RHIO - Common Ground

- Joint Evaluation and Planning Team (JEPT), with support from leadership from both organizations
 - Rich Yarmel and Joe Casion from Harter Secrest Emory for legal and Jennifer Kaukeinen as facilitator
- Key Discussion topics
 - Build knowledge of each organization’s work, role and mission
 - Fully understand the “why” for this change in governance
 - Reviewed all options for a “closer relationship”, pros and cons
 - Impact of change in governance on NYS funding/status
 - We reached an agreement to bring the attached Resolution to each Board for support to continue this process to the next phase; due diligence

Next steps

- We need a Board resolution
- Due diligence – both organizations will review the other organizations legal, fiscal, risk and infrastructure documentation. Professional evaluation of evidence. Review to be shared with JEPT in August.
- JEPT will decide the “due diligence” results support moving forward to form the proposed new governance structure, and will provide the Board of Directors their opinion in September
- Completion of creation of new governance structure projected for Q2 2022

Peter’s thoughts – Thank you to Ann Marie. It is so important that the RHIO remain an organization that is accountable to the community and thinks this new structure solidifies community governance. Keeping this as a community asset. Smart strategic move for the RHIO

Jakes’ thoughts: He agrees with Peter and thinks we went into this thinking there was something there and so far, it has confirmed this, but we still need to do are due diligence.

Lucia’s Question: If we vote not move forward with the new governance structure, what is the worst-case scenario and how would it effect the RHIO?

Answer: Egg on our face as we have come this far with Common Ground. Other than that, it would not affect the RHIO much. As Peter said, we would be a stronger community asset together.

Kathy’s Question: Do you see anything that would be a showstopper so far?

Answer: Not yet, but we are just starting the hard stuff (fiscal & legal). This resolution give us the authority to do that.

Roger’s thoughts: In his experience, he thinks this is the first step of exploring the relationship.

Roger Benn made a motion to accept the resolution, Seconded by Lucia Acosta – Castillejo, All in Favor, None Opposed, So Moved.

Roger’s Question: Are there any incentives from the Governor’s office to cover some of the cost?

Answer: Wade is looking into covering the cost of due diligence through United Way as they support this type of activity.

Systems Integration Project (SIP) MOU

- Project lead by Joe Morelle and Wade Norwood to improve the well-being of Monroe County residents through cross-sector information exchange
- All members of the Systems Integration Team (SIT) were asked to sign a MOU that indicates intention to participate as a data source for SIP.
- Should we the RHIO sign?
 - Rochester RHIO is a the steward of the data in the HIE, not the data owner
 - The SIP participants will not necessarily be bound by HIPAA, and will not be required to sign the RHIO Data Sharing Agreement
 - This is a voluntary agreement
 - Amy Warner and Rich Yarmel do not think we should sign the agreement as is
 - Secondary Use Committee will review requests for de-identified data for SIP

Question: Do you believe we should not sign the agreement?

Answer: Yes, we do not own the data we are just a conduit for it. Possibly use an SOW or a different agreement.

Question: Why would we not sign?

Answer: We are interested in working along with the SIP, but are concerned with the wording.

Question: We want to send a positive answer. Could we sign it, but modify it to say what we can and cannot do.

Answer: Possibly use an addendum. Give the first impression that we are on board.

Both Amy and Rich Yarmel have stated that they do not think we should sign this as is. SIP does not meet HIPAA rules that we live by. This could put us a risk.

Larry's thoughts: He is concerned what the message will send as we have been fighting for years to be involved. What will the consequence be?

Jill's thoughts: This does not meet our level of security, privacy, technical requirements that we need.

Question: Are there any other concerns that Rich Yarmel had that Amy did not cover.

Answer: No, they have addressed all the different lenses of this. In order to maintain our QE Certification for HITRUST we need to have a certain level of security and we have to be careful so as not to jeopardize this.

Kathy's thoughts: We need to have a specialized MOU instead of this blanket one. Have we discussed with the SIP team that more specifically relates to how the RHIO participates in this project, as it does not fall under this MOU. Amy is willing to work with Rich on this.

Tarun's thoughts: Is it better to be a vendor rather than a participant? Then we could give the data we want and possibly generate revenue

Larry's thoughts: We should do the hallway work first to understand what happens if we do not sign this.

Question to Jill: When you say you are participating already, what does that mean?

Jill's Answer: We are participating the same as RRH is. We are on sitting on committees, going to meetings and answer queries. It is just talking at this point and we are involved. Jill meets regularly with Laura Gustin.

Question: Is it more beneficial to the RHIO to remain as a participant or would it be better to be a vendor.

Answer: SIP has struggled with this as we are outside the model. We do not fit either, like MCMS.

Jakes' thoughts: It seems like the RHIO was built for this purpose and that it is an information highway for improving the population's health in our community.

Amy's thoughts: Possibly go back to legal workgroup and for the one off companies have a separate MOU.

Ann Marie's question to Amy: This document seems very generic and she does not see anything that binds us to do anything outside of what we normally do (section 6c). Is she reading it wrong?

Amy's answer: It addresses the HIPAA privacy and security that our participant have to abide by, but it does not address the fact that we are just stewards of the data. What would we be providing to the project for them to utilize and grant access to?

Roger's thoughts: It sounds like it is a political game. If it is symbolic to want to be a part of community wide enhancement of the quality of SIP and there is minimal risk and our member/patient data would have to be consented at that specific level and it would eliminate the risk, unless they are asking for aggregated data.

Jill's thoughts: If we sign this MOU without an addendum, then we are agreeing to share data with them, but we need them to understand that the RHIO is involved but the data is not.

Peter's thoughts: We should sign the agreement, but add a qualifier that we do not own the data as we have HIPAA issues. SIP needs to work through this.

Question: Do we also have a mechanism in Secondary Use that would question or evaluate this?

Answer: Secondary use is for de-identified data and SIP is looking for identified patients.

Question: What does it mean when you say the RHIO will participate, but the RHIO data will not? What is the value of this to SIP?

Answer: We participate as community leaders and with our expertise from our staff and subject matter.

John's thoughts: There language in here that might disallow our ability to ultimately contract with them as vendor to use data sharing. It would limit or eliminate our ability to do that with some of the MOU language in there. Would probably need some addendum so it would disallow for that if you do it.

A motion was made by Ann Marie that we will participate in this community wide SIP, but we need an addendum to explain our role. SIP needs to be clear on our limitations. Jill will talk to Laura Gustin first, and then draft a letter to SIP clarifying that we are joining, but clarifying our limitations. Everyone agrees with this approach.

Finance

- Revenue: \$347K unfavorable to budget
- Expenses: \$41K unfavorable to budget
 - Mainly due to AWS expenses
- February ended with \$2.1 in cash
 - Outstanding A/R: \$2.2M
 - Outstanding A/P: \$670K
 - RHIO: \$254K
 - HealthVantics: \$416K
- So far, NYeC is telling us our funding will stay the same for 21-22

Human Resources

- Staff challenges
 - Two - 12 week maternity/paternity leaves
 - Wendy Beehner is retiring in June
 - Need to hire a Regional Account Manager
 - Overall staff is stretched
- All staff asked to be onsite at least 16 hours a week beginning 5/1 through end of August

Communications

- Jill Eisenstein, Adrian Hale and Fran Weisberg are to meet with regional State Senators and Assembly Members.
 - RHIO is central data hub for COVID-19 testing and vaccination data

- RHIO is working on a project to improve the quality and completeness of the healthcare data available in the region, in order to help decision-makers address issues of health equity.
- Patient access to their RHIO data (Info Blocking Rule) goes live 4/5
- Anyone wishing to join a RHIO Committee please speak with Ann Marie.