



Pennsylvania eHealth Partnership Advisory Board Meeting

February 2, 2024



**PA PATIENT &
PROVIDER NETWORK**
PRIVATE & PROTECTED



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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Please Note: The Commonwealth does not approve having Artificial Intelligence (AI) bots interacting with Commonwealth meetings.

Agenda

- 10 a.m. Welcome and Introductions
- 10:05 Department of Human Services Priorities
- 10:30 Minutes of November 3, 2023, Advisory Board Meeting
- 10:35 Health Information Exchange Trust Community Committee Updates
- 10:55 PA eHealth Partnership Program Initiatives
- 11:15 Lehigh Valley Health Network Overview
- 11:45 Trusted Exchange Framework and Common Agreement Discussion
- 12 p.m. Networking Luncheon
- 12:30 PA Navigate Implementation Support
- 12:50 PA eHealth Partnership Program Strategic Plan
- 1:45 New Business
- 1:50 Public Comment
- 2 p.m. Adjournment



Welcome and Introductions

Paul McGuire

Post-Acute Care Representative

and

PA eHealth Advisory Board Chair

PA eHealth Advisory Board

Ms. CAROLINE BEOHM, Policy Director, Pennsylvania Insurance Department
(Insurance Commissioner Designee)

Mr. MARTIN CICCOCIOPPO, Director, PA eHealth Partnership Program
Pennsylvania Department of Human Services (Secretary of DHS Designee)

Ms. PAMELA E. CLARKE, Senior Director, Quality, Health Promotion Council
(House Appointed HIO Representative)

Mr. JOSEPH FISNE, Associate Chief Information Officer
Geisinger Health System (Senate Appointed HIO Representative)

Mr. SCOTT FRANK, Chief Information Officer
Capital Blue Cross (Insurer Representative)

Dr. TIMOTHY HEILMANN, Chief Medical Information Officer
UPMC Susquehanna (Physician or Nurse Representative)

Ms. TERI L. HENNING, AVP Government Affairs
Aveanna Healthcare (Home Care or Hospice Representative)

PA eHealth Advisory Board continued

Ms. MUNEEZA IQBAL, Deputy Secretary for Health Resources and Services
Pennsylvania Department of Health (Secretary of Health Designee)

Ms. JULIE KORICK (Vice Chair), Director of Finance & Business Development
Pennsylvania Association of Community Health Centers (Underserved Representative)

Ms. MINTA LIVENGOOD, Vice Chair, Consumer Subcommittee of the MAAC
(Consumer Representative)

Mr. PAUL MCGUIRE (Chair), Chief Operating Officer, Quality Life Services
(Post-Acute Care Facility Representative)

Dr. MICHAEL A. SHEINBERG, Chief Medical Information Officer
Penn Medicine Lancaster General Health (House Appointed HIO Representative)

Mr. MARK VOLOVIC, VP & Chief Information Officer, Indiana Regional Medical Center
and Punxsutawney Area Hospital (Hospital Representative)

Dr. MARGARETE ZALON, Professor Emeritus, Department of Nursing
The University of Scranton (Consumer Representative)

Ex Officio Members

Ms. PHYLLIS SZYMANSKI, President
ClinicalConnect HIE (Nominated as Senate HIO Appointee)

Mr. DON REED, Chief Operating Officer
HealthShare Exchange (Nominated as House HIO Appointee)

Department of Human Services Priorities

Dr. Val Arkoosh

Secretary

Pennsylvania Department of Human Services

HIE Trust Community Committee Updates

Keith Cromwell

HIE Program Director

Penn Medicine, Lancaster General Health

HIE Trust Community Committee

Chairperson:

- Richard Kerr, R.Ph., Admin., Clinical/Revenue Cycle Software Applications Management LVHN Technology

HIE Trust Community Committee Meeting Summaries:

- HIETCC Meeting Agenda, January 3, 2024
- HIETCC Meeting Minutes, December 6, 2023
- HIETCC Meeting Minutes, November 8, 2023
- HIETCC Meeting Minutes, October 4, 2023

HIE Trust Community Committee

Topics covered/discussions w/continued focus on:

- PA eHealth Partnership Program Strategic Planning
- PA NAVIGATE
- Admission Discharge Transfer (ADT) Message Sharing
- Proposed new MA Enterprise Funded ADT Grant Program for P3N-HIOs
- Efforts to close hospital “white space”
- Adding OB Needs Assessment Forms and AAA Care Plans to P3N Care Plan Registry
- P3N Performance Workgroup Formed
- Consent Workgroup Forming
- Trusted Exchange Framework and Common Agreement (TEFCA)
- ONC Annual Meeting
- CMS Streamlined Modular Certification
- Cognosante P3N Time-Out Errors and Data Quality
- P3N Operations and Transparency
- 2024 HIETCC Chair Election

PA eHealth Partnership Program Initiatives

Martin Ciccocioppo, MBA MHA

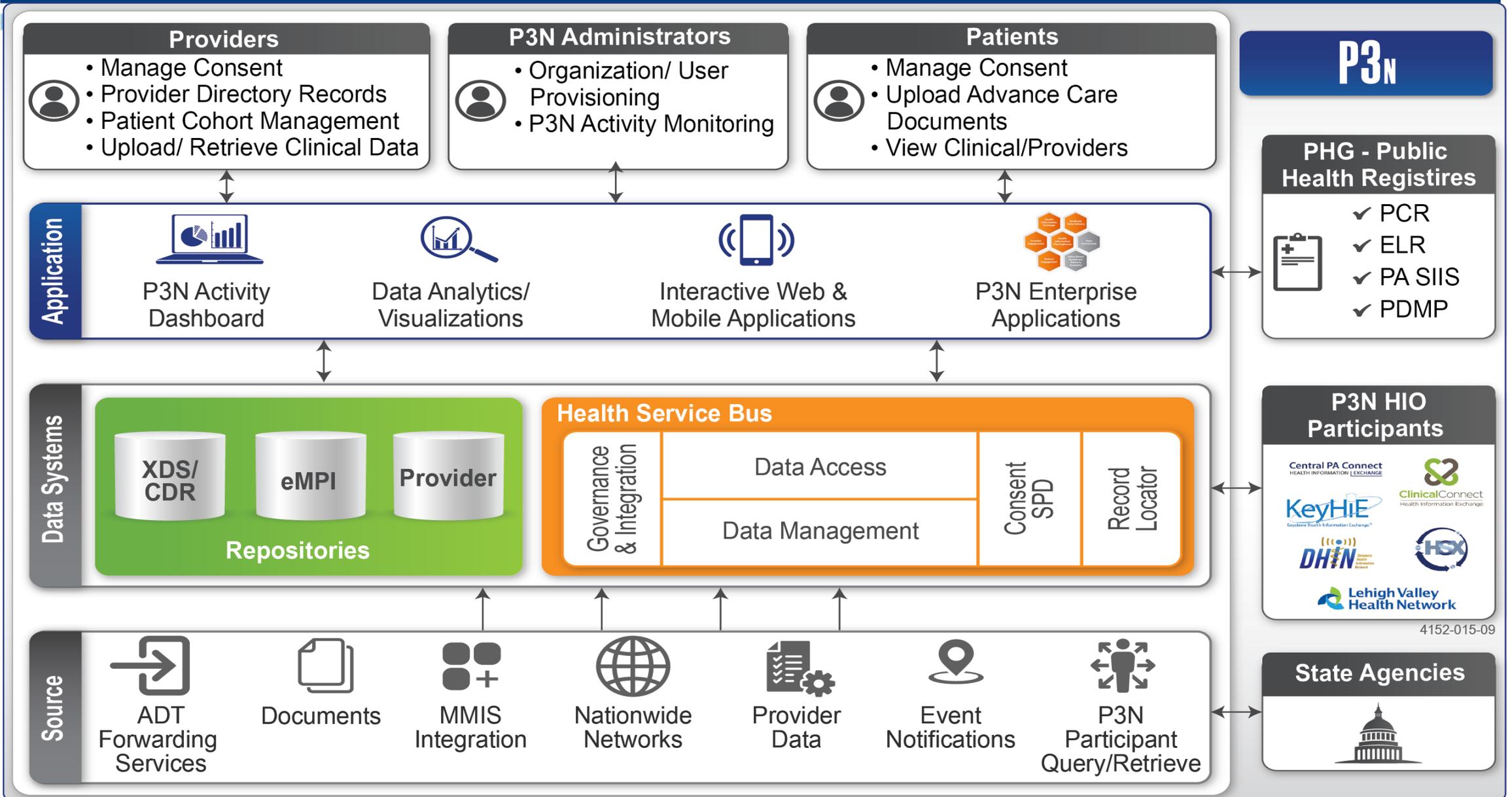
Director

Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

P3N Functional Diagram



Pennsylvania Patient and Provider Network (P3N)

Statewide Connections with five Certified Participating HIOs

- ClinicalConnect Health Information Exchange (Connected: November 2016)
- Central Pennsylvania Connect HIE administered by Penn Medicine Lancaster General Health (Connected: May 2019)
- HealthShare Exchange of Southeastern Pennsylvania (Connected: April 2016)
- Keystone Health Information Exchange (Connected: May 2016)
- Lehigh Valley Health Network (Connected: February 2022)

State Agency EHR Connections

- PA Department of Corrections (Connected: September 2019)
- OMHSAS State Hospitals' NetSmart EHR (Anticipated: September 2024)

Interstate Connections

- Delaware Health Information Network (ADTs only: January 2022)
- CRISP Shared Services for Maryland, West Virginia, District of Columbia, Connecticut, and Alaska HIEs (ADTs only: August 2023)
- Ohio Health Information Partnership (ADTs only, Anticipated CY2024)

Acute Care Hospitals Not Affiliated with a P3N HIO

BARNES-KASSON COUNTY HOSPITAL
BRADFORD REGIONAL MEDICAL CENTER
BUCKTAIL MEDICAL CENTER, THE
CHAN SOON-SHIONG MEDICAL CENTER AT WINDBER
CONEMAUGH MEMORIAL MEDICAL CENTER
CONEMAUGH MEYERSDALE MEDICAL CENTER
CONEMAUGH MINERS MEDICAL CENTER
CONEMAUGH NASON MEDICAL CENTER
GEISINGER ST. LUKE'S HOSPITAL
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA -
PAVILLION
INDIANA REGIONAL MEDICAL CENTER
LECOM HEALTH CORRY MEMORIAL HOSPITAL
LOWER BUCKS HOSPITAL
MILLCREEK COMMUNITY HOSPITAL
PENN HIGHLANDS BROOKVILLE
PENN HIGHLANDS CLEARFIELD
PENN HIGHLANDS CONNELLSVILLE
PENN HIGHLANDS DUBOIS
PENN HIGHLANDS ELK
PENN HIGHLANDS HUNTINGDON
PENN HIGHLANDS MON VALLEY

PENN HIGHLANDS TYRONE
REGIONAL HOSPITAL OF SCRANTON
ROXBOROUGH MEMORIAL HOSPITAL
SHARON REGIONAL HEALTH SYSTEM
ST. LUKE'S HOSPITAL - ALLENTOWN CAMPUS
ST. LUKE'S HOSPITAL - ANDERSON CAMPUS
ST. LUKE'S HOSPITAL - BETHLEHEM CAMPUS
ST. LUKE'S HOSPITAL - CARBON CAMPUS
ST. LUKE'S HOSPITAL - EASTON CAMPUS
ST. LUKE'S HOSPITAL - MINERS CAMPUS
ST. LUKE'S HOSPITAL - MONROE CAMPUS
ST. LUKE'S HOSPITAL - SACRED HEART CAMPUS
ST. LUKE'S HOSPITAL - UPPER BUCKS CAMPUS
SUBURBAN COMMUNITY HOSPITAL
UNIONTOWN HOSPITAL
WARREN GENERAL HOSPITAL
WILKES-BARRE GENERAL HOSPITAL

Note: Conemaugh and Indiana plan to report ADTs to CCHIE and Uniontown reports ADTs to West Virginia Health Information Network.

Cognosante P3N Services

Core P3N Services

- **P3N Master Patient Identifier (Verato)**
- **Statewide Query and Retrieve**
- **Statewide and Interstate Alerting**

P3N Enhancements

- **Care Plan Registry**
 - Integrated Care Plan
 - OB Needs Assessment Form (ONAF)
 - Pediatric Shift Nursing Care Plans
 - Area Agency on Aging SAMS Care Plans
- **Public Health Gateway**
 - PA Immunization Electronic Registry System (PIERS)
 - Electronic Lab Registry (eLR)
 - Prescription Drug Monitoring Program (PDMP)
- **Individual Access Services (Patient Portal)**
- **Provider Directory (<https://portal.p3nphg.org/public/providers>)**

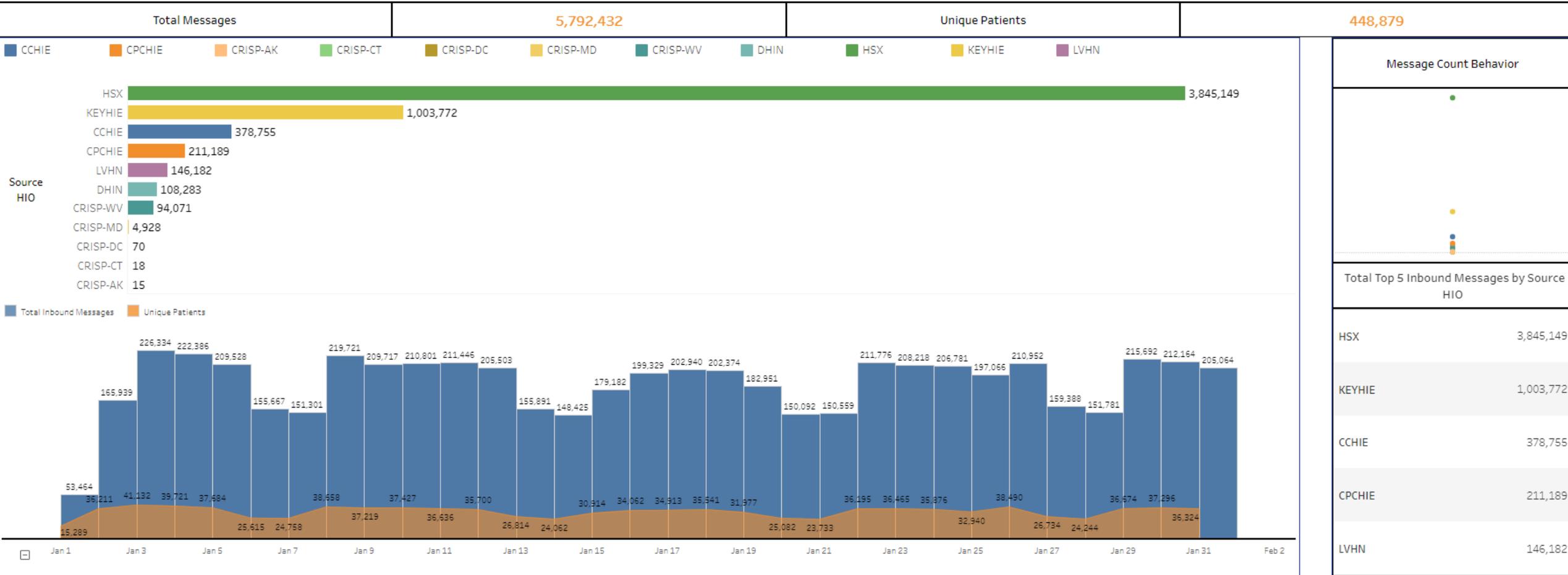


P3N Verato MPI Link Summary Report, Dec. 2023

(This report represents the summary of overall customer source records and unique Link entities at a point-in-time)

Summary	Final_Count	Description
Number of Unique Identities	24,993,242	
Number of source records	42,637,782	
Number of LinkIDs with only 1 source record	15,172,276	
Number of LinkIDs with 2+ source records	9,820,966	
Identity link rate	39.29%	What % of the unique identities have a linkage of 2 or more source records?
Total source records in matched sets	27,465,506	How many source records are involved in linkages between 2 or more source records?
Source record link rate	64.42%	What % of the source records are involved in a linkage of 2 or more source records?
Number of redundant source records	17,644,540	
Source record redundancy rate	41.38%	What % of your source records would have to be removed if you wanted to reduce your data to 1 source record per unique identity?

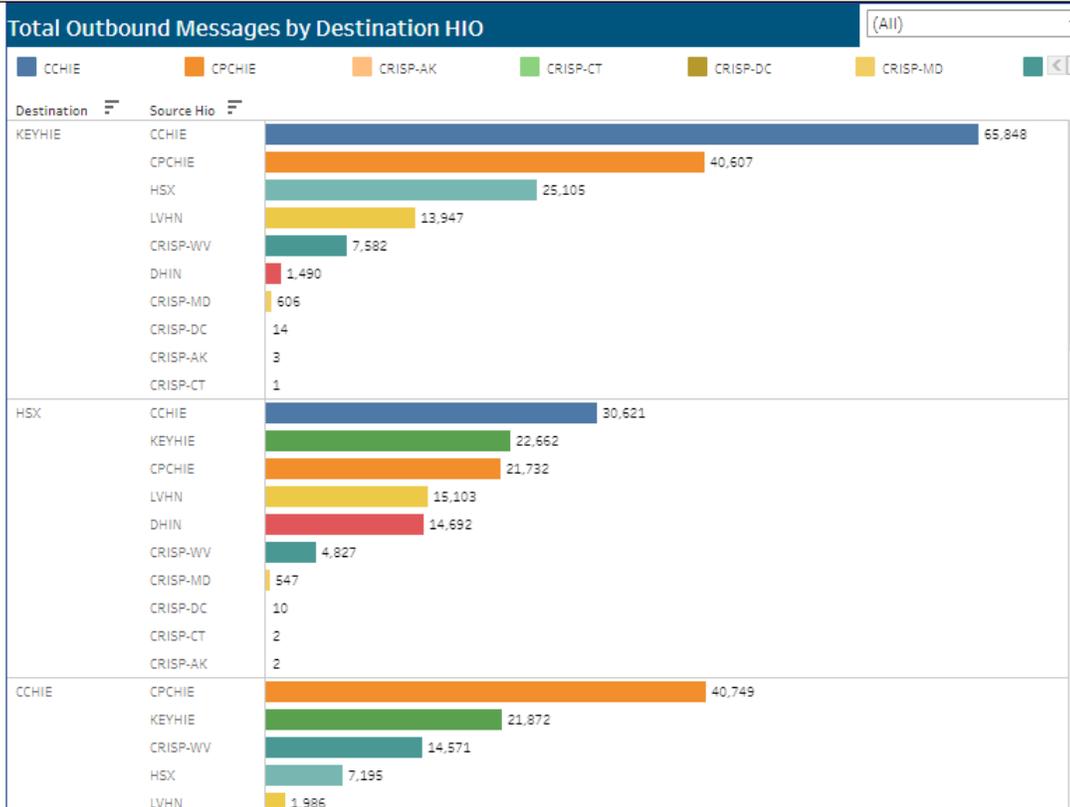
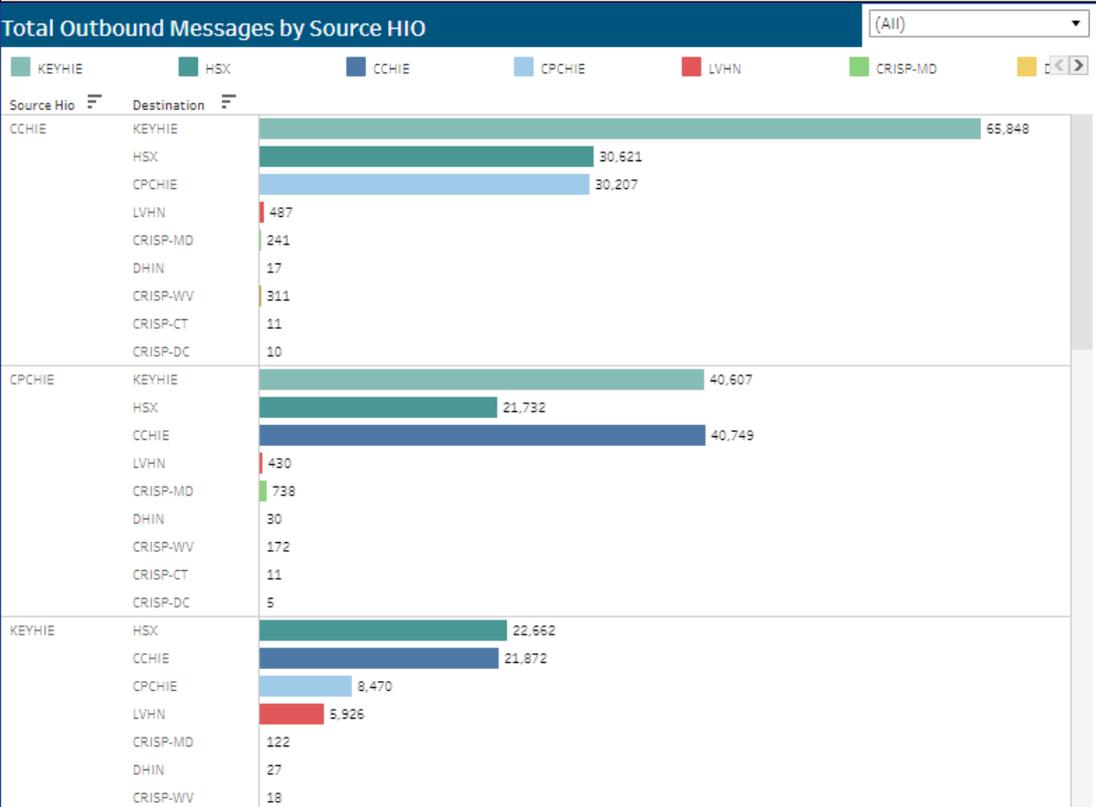
P3N Inbound ADTs and Unique Patients by HIO in Jan. 2024



P3N ADT Service Unique Patients Sent by HIO in Jan. 2024

Outbound Totals Unique Patients Outbound Messages by Source HIO 260,365

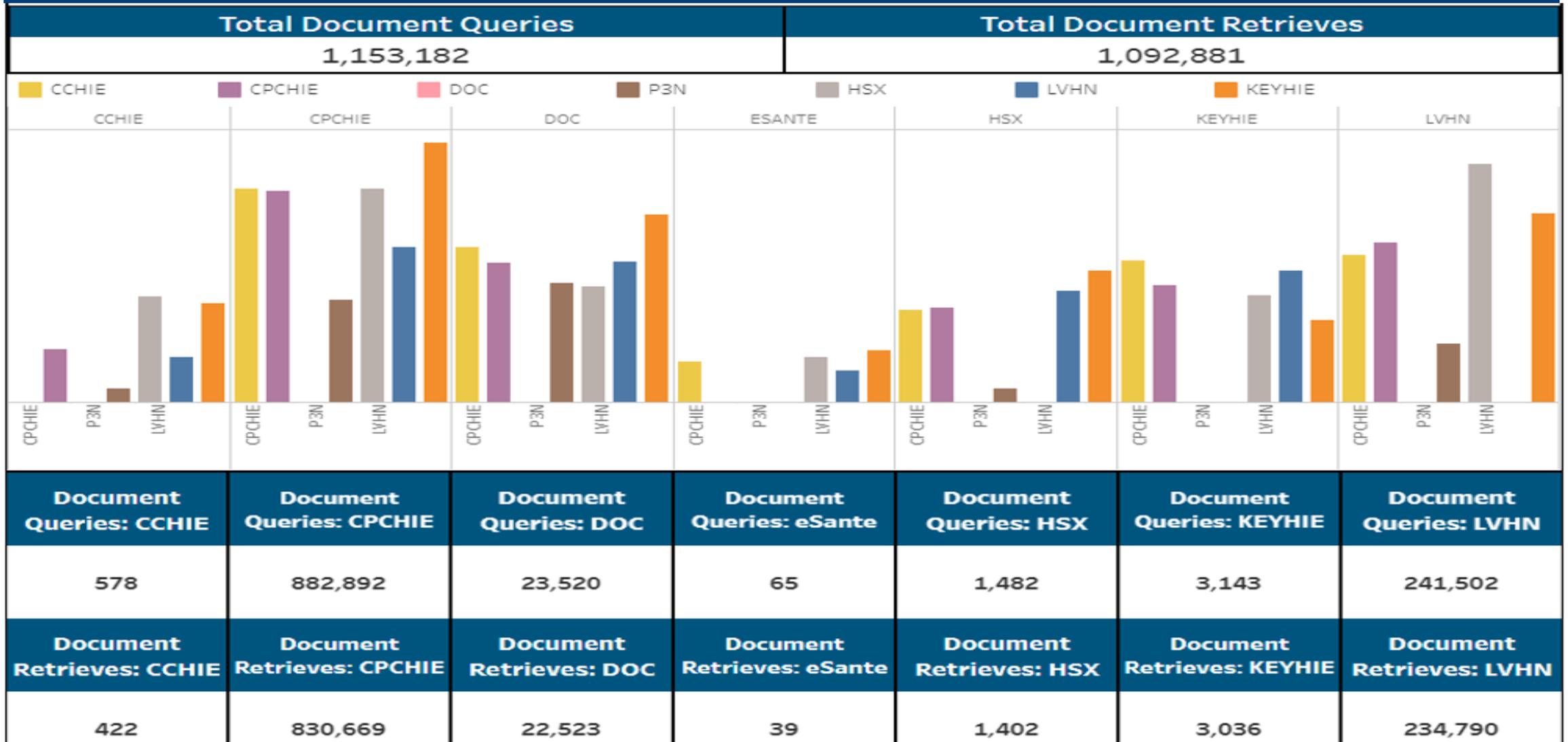
Outbound Period 1/1/2024 1/31/2024 ADT Type (All) Unique Patients



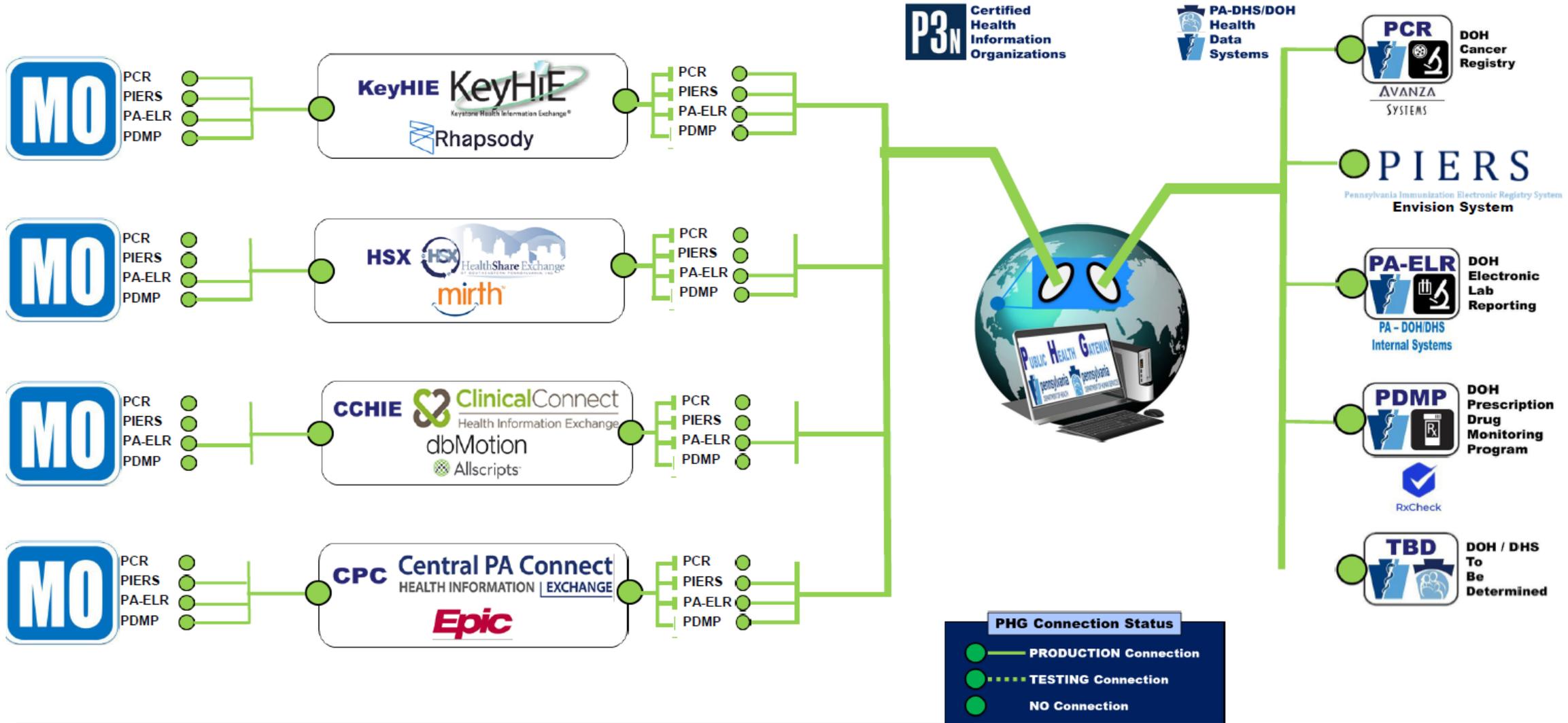
Top 5 Outbound Unique Patients by Source HIO

CCHIE	80,567
CPCHIE	54,731
KEYHIE	39,956
HSX	36,497
LVHN	21,336

P3N Interop Report in Jan. 2024



The Public Health Gateway | PHG HIO/MO and Commonwealth Health Data Systems Connectivity Overview and Status



Nearly 7 million messages processed by the P3N PHG Annually

Health Information Exchange Overview

Presenter:

Tom Bruynell MS, CHCIO
VP, Chief Application Officer & Associate CIO



Your health deserves a partner.

WHO WE ARE

LEHIGH VALLEY HEALTH NETWORK

13 HOSPITAL CAMPUSES
5 INSTITUTES
1 CHILDREN'S HOSPITAL
300+ PRACTICE LOCATIONS
9 COMMUNITY CLINICS
28 HEALTH CENTERS
20 EXPRESSCARE LOCATIONS
2 CHILDREN'S EXPRESSCARE LOCATIONS
55 REHABILITATION LOCATIONS
80+ TESTING AND IMAGING LOCATIONS
20,300+ EMPLOYEES
1,600+ PHYSICIANS
850+ ADVANCED PRACTICE CLINICIANS
3,700+ REGISTERED NURSES
72,800 ACUTE ADMISSIONS
235,500 ED VISITS
1,700+ LICENSED BEDS
5-TIME MAGNET[®] HOSPITAL

LVHN Health Information Exchange (HIE)

ePrescribing
Share **350,000+** ePrescriptions/month with community pharmacies

Epic
surescripts

ePrescribing of Controlled Substances (EPCS) in use and being deployed

imprivata

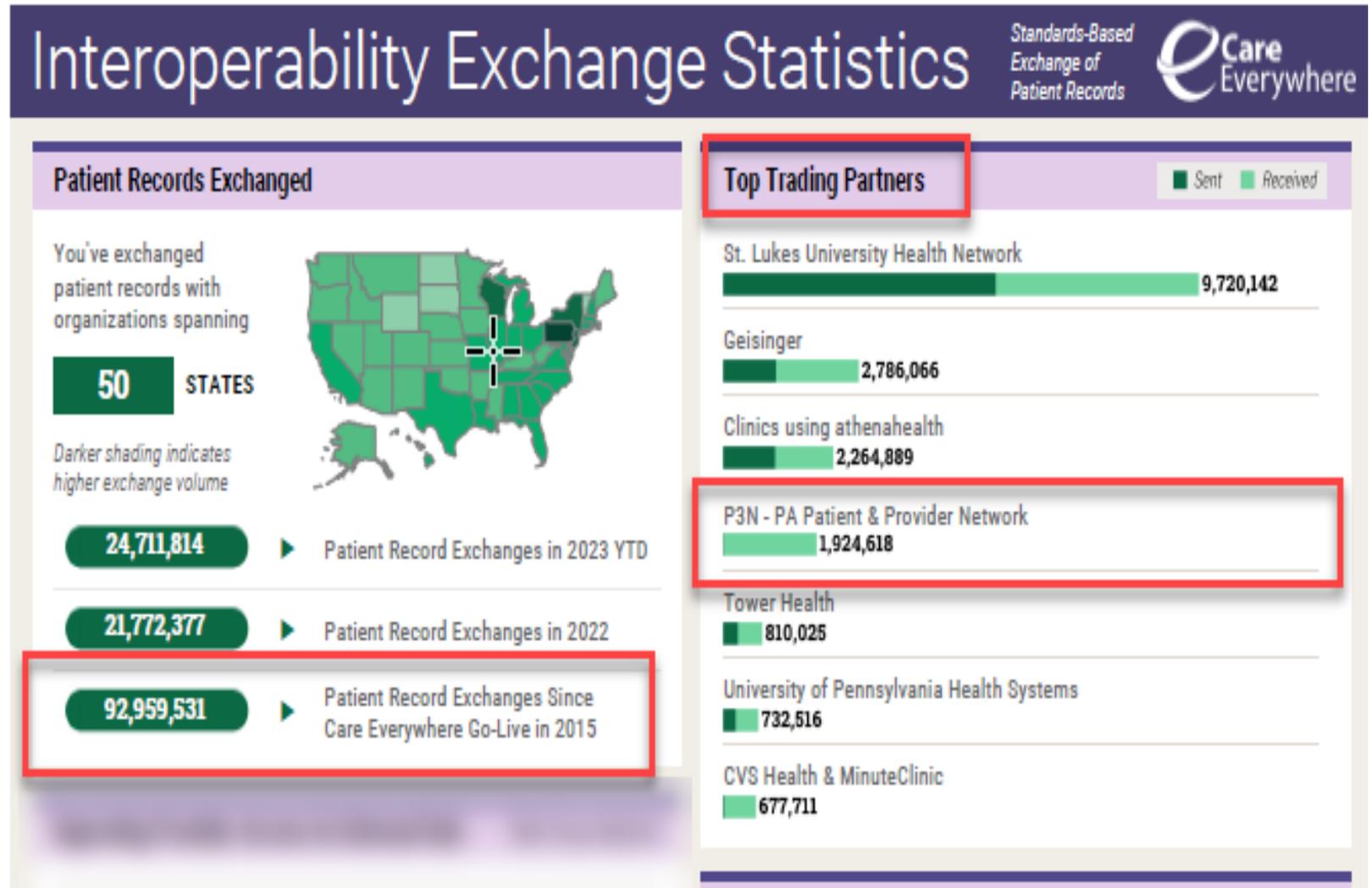
MyLVHN Patient Portal **Epic**
1,200,000+ patients **84%** active patients

MyLVHN **MyLVHN mobile** **MyLVHN Bedside**



Remote Patient Monitoring **Epic**
Home digital monitoring
17,379+ patients now monitored

Immunization **pennsylvania DEPARTMENT OF HEALTH**
PA Immunization Information System (PA SIIS),
6,186,638+ records shared **Includes COVID**



LVHN Health Information Exchange (HIE)

- LVHN has a strong history of supporting Health Information Exchange(HIE) for over 25 years.
- LVHN is a full member of the Sequoia project
 - Connect and share data with relevant Federal agencies: SSA, VA, DOD
 - Connection to Carequality to share data with care providers using many different EHR vendors
- Multiple connections to HIE entities and capabilities
 - National eHealth Exchange – connecting to federal agencies: SSA, VA, DOD
 - Epic Care Everywhere – connecting to all Healthcare Networks that use Epic as their EHR.
 - Carequality– Connecting to many non-Epic EHR systems like All Scripts, Athena, NexGen.
 - SureScripts DIRECT– Connecting to Surescripts HISP.
 - PA P3N– Connecting to all certified HIOs and their partners.
- Non-HIE
 - PDMP
 - Skilled nursing
 - Home health
- LVHN is one of five Pennsylvania Patient & Provider Network (P3N) certified health information exchange organizations in support of statewide HIE along with the PA Department of Corrections.



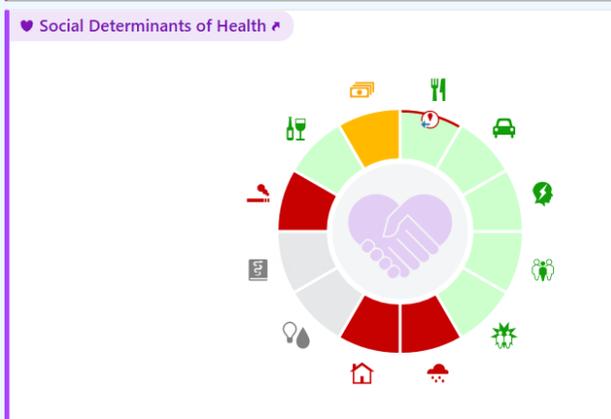
LVHN EHR Support of Partners – Drives Higher HIE

- LVHN has deployed the Epic EHR fully across the continuum of care
- LVHN hosts its Epic EHR to a growing number of community partners
 - 5+ independent physician practices
 - Public Health – Allentown Health Bureau and Bethlehem Health Bureau
 - Valley Health Preferred FQHC – many sites and services
- Epic Care Link
 - Provides access to the LVHN Epic EHR to community practice partners, access patient records, PACS images, schedule encounters, and other functionality
 - Over 2,000 independent community providers use this capability
- Independent EMS units
 - LVHN hosts and subsidizes EmsCharts EHR, interfaced to Epic EHR, for 3 EMS organizations.
- University Student Health
 - LVHN hosts and subsidizes the Medica Student Health EHR for two Universities
 - Planning to transition them to Epic in 2024.
- Integrated with Nursing Home / Long Term care partners and point click care connecting to Epic, clinical workflows, and analytics.

LVHN – P3N Certified HIO

- LVHN team collaborated with IBM and PA eHealth resources to interface the LVHN version of the HIO, and went live on the P3N network on February 1, 2022 - and LVHN was officially certified as a HIO.
 - From 2/1/22 to 1/28/2024—shared **909,004** patient records.
- HIO IRIS Technology transitioned from IBM to Cognosante early 2023.
- LVHN turned on P3N ADT August 18, 2023.

Supporting Social Determinants (SDOH)



155k+ LVHN patients screened*
3360 VHP patient screened*

Current Domains

Patients screened for SDOH concerns through MyLVHN, via tablets in exam waiting rooms, or by clinical support staff during rooming. Inpatient patients are screened via MyLVHN Bedside or by nursing staff

BPA drives referral and diagnosis process

Snapshot and Longitudinal Plan of Care (LPOC) report spotlight SDOH concerns throughout the network

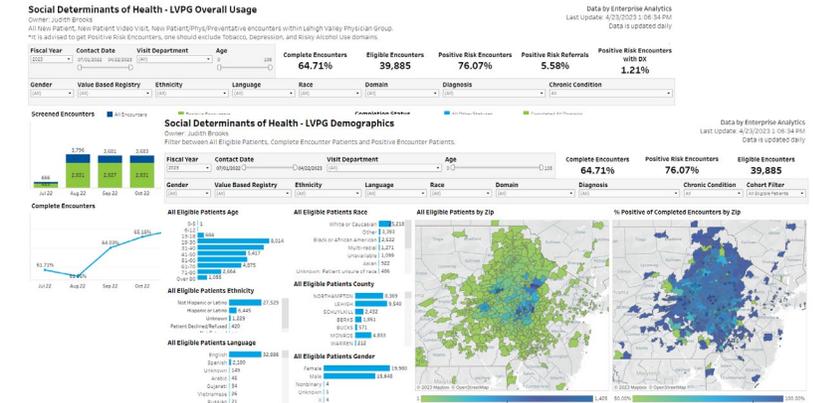
- Alcohol Use
- Tobacco Use
- Housing Instability
- Depression
- Intimate Partner Violence
- Social Connection
- Stress
- Physical Activity
- Transportation Needs
- Food Insecurity
- Financial Strain
- Utilities
- Health Literacy

7306 searches on findHelp platform*
1120 CBO connections*

Integration with findhelp (formerly Aunt Bertha) allows for closed-loop referral tracking with Community Benefit Organizations (CBOs) in our area. **Live in February '22**

findhelp network includes **15,741** programs across the state, including some of our top referral partners; **1,527** of which participate in closed-loop referral system

findhelp's resource directory imported directly into Epic EHR



Data visualizations in tableau display screening and positivity rates across the network, broken down by practice or patient demographics

Referral and diagnosis metrics help us understand how we are getting patients the support they need

PA Navigate

- Despite not pursuing grant funding (already live with findHelp platform), LVHN has remained close to PA Navigate project, joining weekly touch base calls
- LVHN is deeply committed to secure health information exchange and “coalition sharing” – the term used by PA Navigate to denote the sharing of CBO referral information across the P3N network
- LVHN has started integration discussions with PA Navigate. Technical details and timeline TBD



Questions?

TEFCA Discussion

Martin Ciccocioppo, MBA MHA

Director

Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

TEFCA is Live

Newly Designated Qualified Health Information Networks (QHIN)



Applicant QHINs Include:

CommonWell Health Alliance, eClinicalWorks, Kno2, and Surescripts Health Information Network

TEFCA Evolution

2016

21st Century Cures
Establishes TEFCA

April 2019

ONC releases
TEFCA Draft 2

2020-2021

ONC and RCE Stakeholder
engagement

Jan 2022

RCE and ONC release
**Common Agreement
Version 1.0, QTF Version
1.0, and related materials**

Dec 2023

Go-live on Common
Agreement Version 1.1 and
QTF Version 1.1

Jan 2018

ONC releases
TEFCA Draft 1

Aug 2019

ONC selects The
Sequoia Project
as the
Recognized
Coordinating
Entity (RCE)

Aug 2021

RCE and ONC release
**draft QHIN Technical
Framework (QTF)
Elements of the Common
Agreement**

Feb 2023

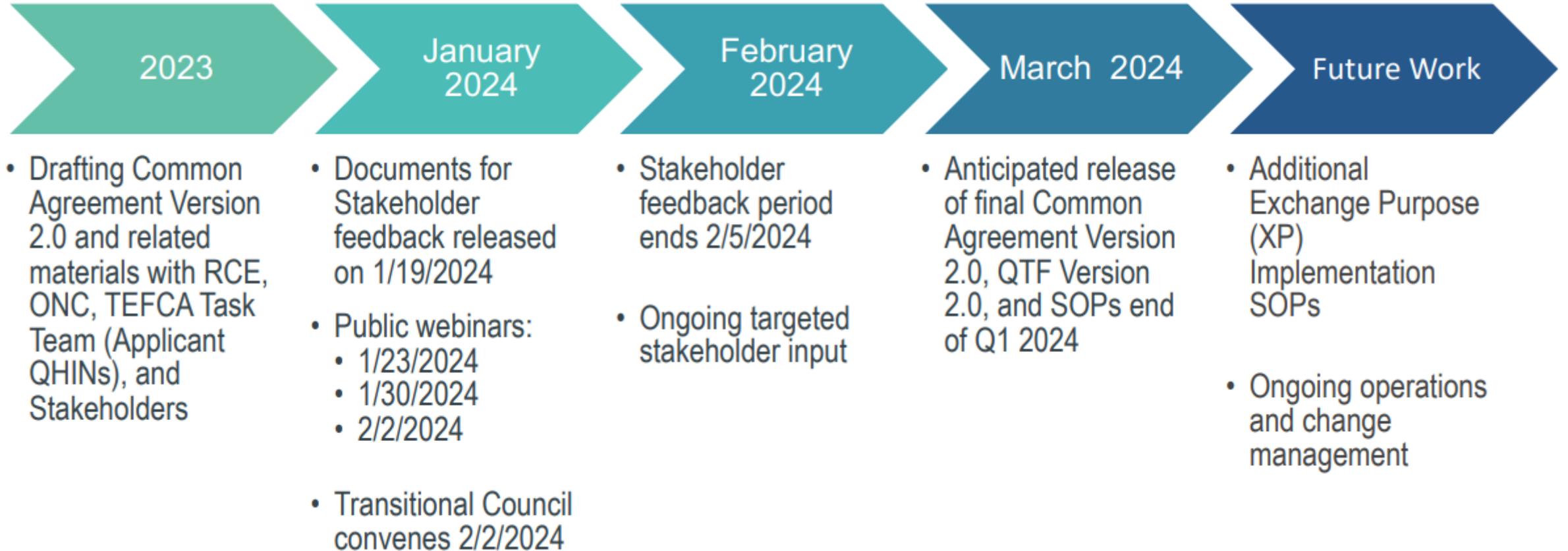
First
applications
accepted for
testing

Q1 2024

RCE and ONC release
**draft Common
Agreement Version
2.0 with Facilitated
FHIR and related
materials**



TEFCA Evolution



Common Agreement Versions At-a-Glance



Link to Draft Common Agreement Version 2: <https://rce.sequoiaproject.org/rce-draft-documents-for-feedback/>



PA Navigate

A statewide community information tool designed to address health and social care needs for Pennsylvanians by connecting them to community services.

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

ZIP

19019

 Search



PA NAVIGATE

linking patients to community resources

[Brief Demo - https://l-d-3.wistia.com/folders/q1kgk1m9x4](https://l-d-3.wistia.com/folders/q1kgk1m9x4)



PA Navigate Launch

Public launch of PA Navigate took place on January 23, 2024, at CAP of Lancaster County with a Press Conference and DHS Press Release. Here are links to some of the media coverage generated from the launch:

WESA: [New Pennsylvania website links health care and social services](#)

WENY: [PA Navigate: Searchable database of local health and social services](#)

WPSU: [New PA website links health care and social services](#)

Lancaster Online: [PA Navigate website aims to simplify referrals to food, housing, other services](#)

Butler Radio: [New Website Connects Residents To Resources](#)

WITF: [PA Navigate website aims to simplify referrals to food, housing, other services](#)

MyChesco: [PA Navigate: A New Digital Platform Bridging Gaps in Pennsylvania's Health and Social Services](#)

Pittsburgh Post-Gazette: ['The need is great': New state health program focuses on pregnant women, new mothers](#)

State Scoop: [Pennsylvania launches new website to find food, housing, childcare services](#)

WFMJ: [New program helps Pennsylvanians find housing, food and community services](#)

One United Lancaster: [DHS launches 'PA Navigate' social service referral platform](#)

ABC27: [New program helps Pennsylvanians find housing, food and community services](#)

FOX43: [Shapiro administration launches new Pa. Navigate website](#)

WBRE/WYOU: [Shapiro Administration Launches PA Navigate to connect residents to health services](#)

WFMZ: [Pa. tool aims to help people find resources to meet basic needs such as food, shelter, health care](#)

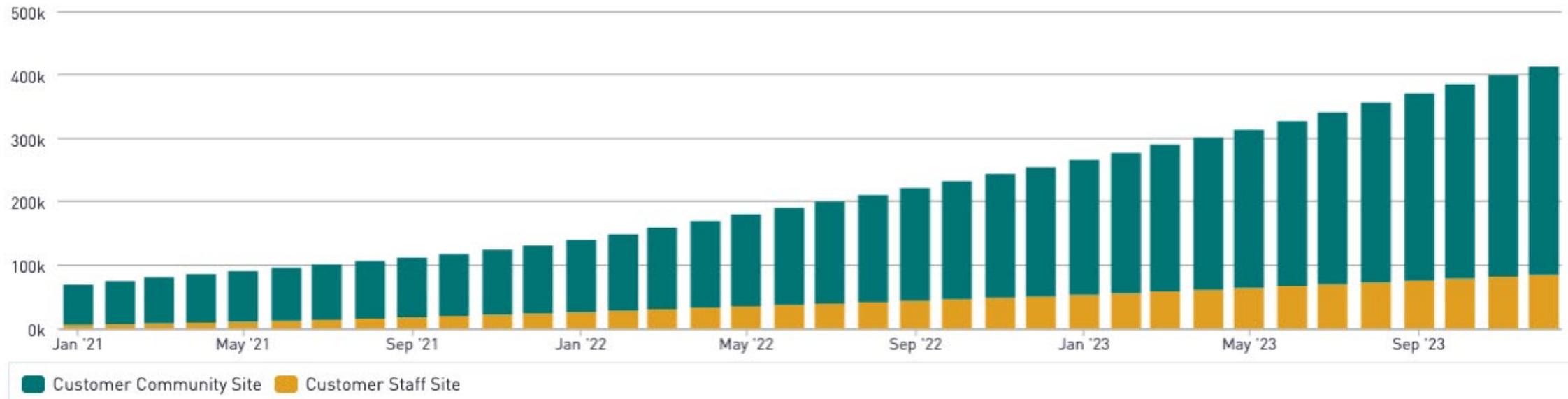


Pennsylvania has 1.3 million+ users on findhelp

Including Patients, Members, Clients, CHWs,
Care Coordinators, Nurses, Social Workers,
Outreach Workers, and more!

*Over 420,000 users come from PA
customer staff and community sites*

① Cumulative Active Users by Source



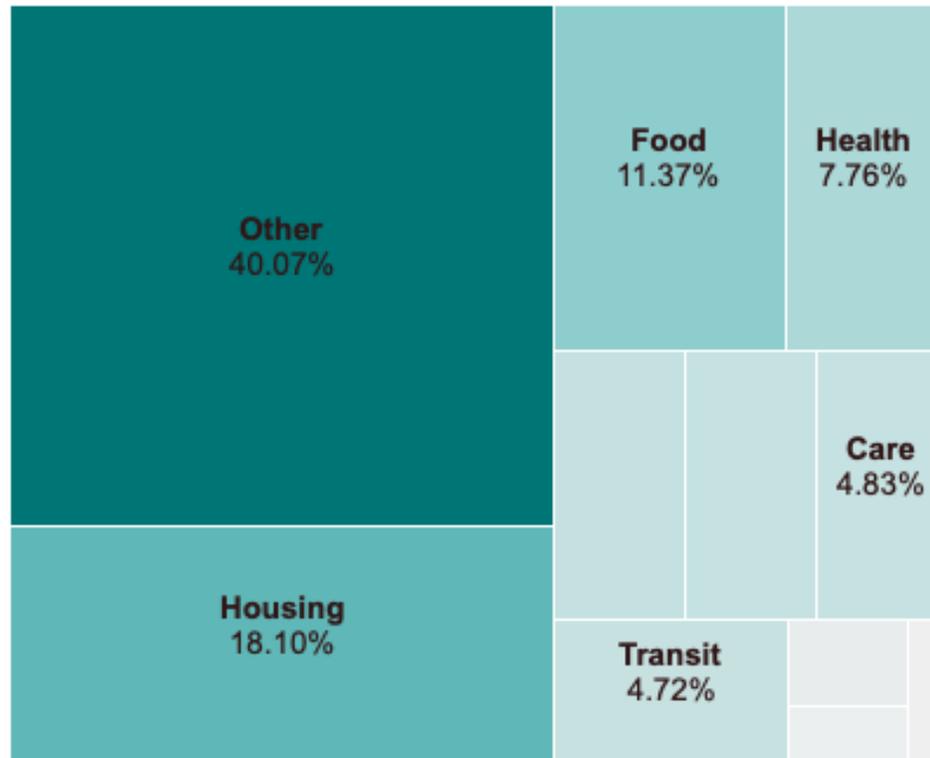
Cumulative over Last 2 years



Searches in Pennsylvania

Select a Category

Approximate breakdown of search categories and top search terms

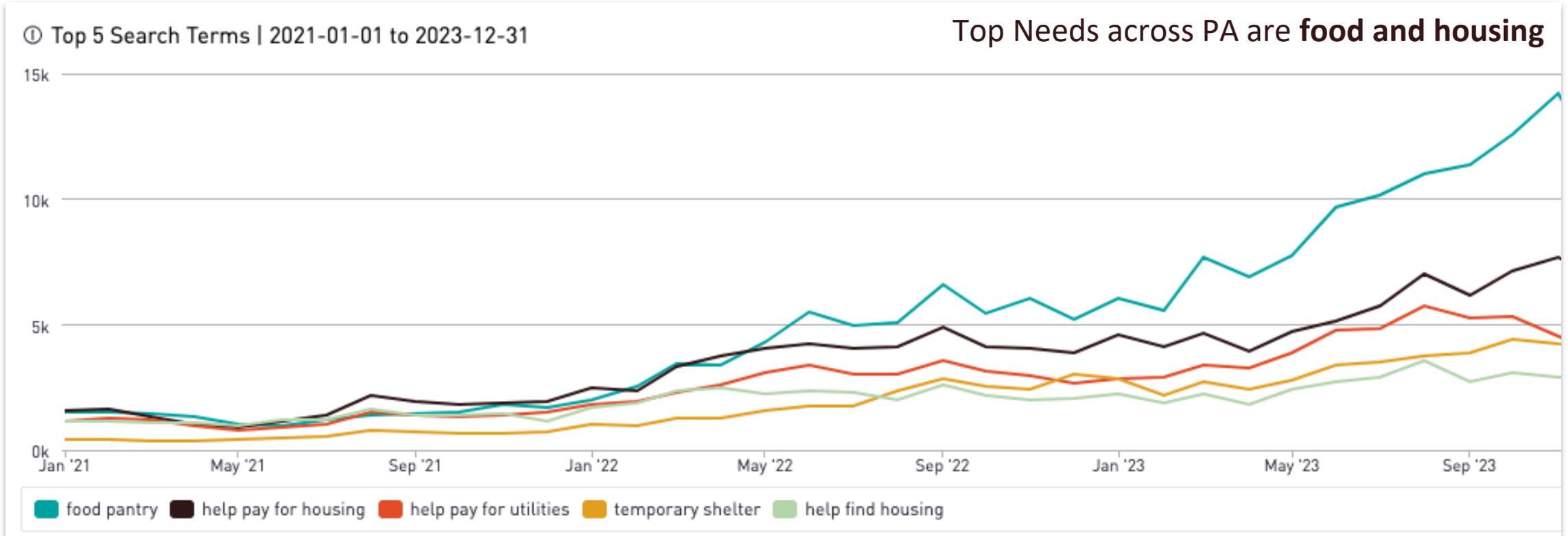


Top Search Terms





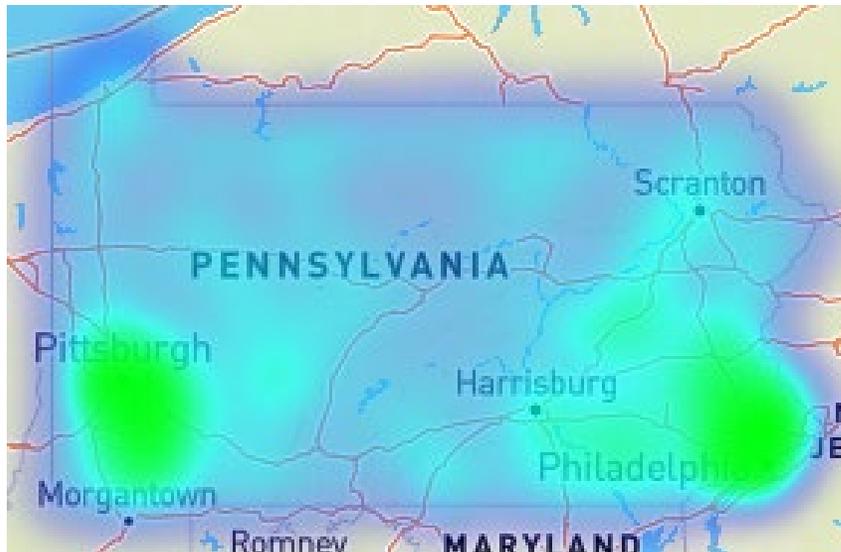
Top Needs in Pennsylvania





Top Needs in Pennsylvania

PA Searches Heat Map



Scranton

1. food pantry
2. help pay for housing
3. help pay for utilities
4. help find housing
5. temporary shelter

Erie

1. food pantry
2. help pay for utilities
3. help pay for housing
4. financial assistance
5. transportation

Philadelphia

1. help pay for housing
2. food pantry
3. help find housing
4. help pay for utilities
5. food pantries & emergency food

Pittsburgh

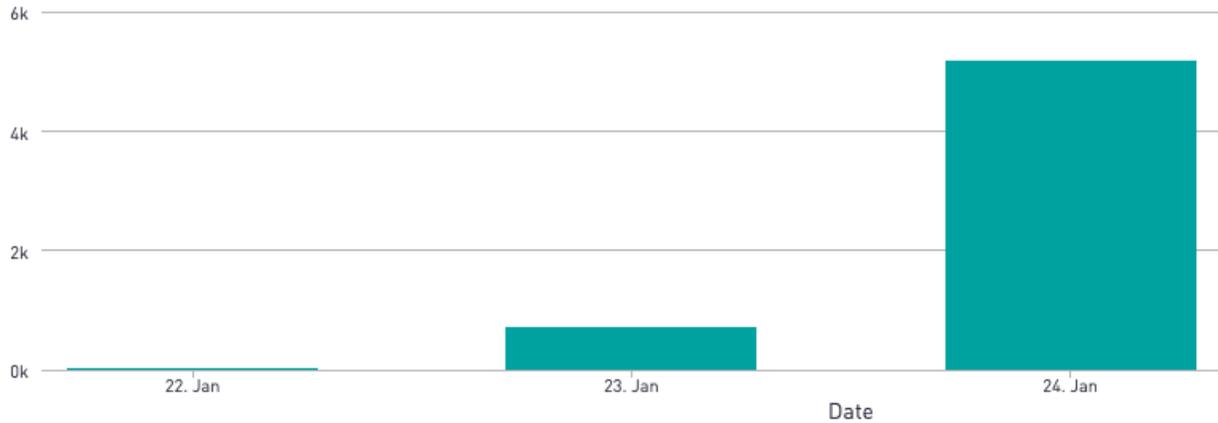
1. food pantry
2. help pay for housing
3. help pay for utilities
4. financial assistance
5. help find housing



PA Navigate - Data since Launch

8,050+ Searches since January 22, 2024

① All Searches | 2024-01-22 to 2024-01-26

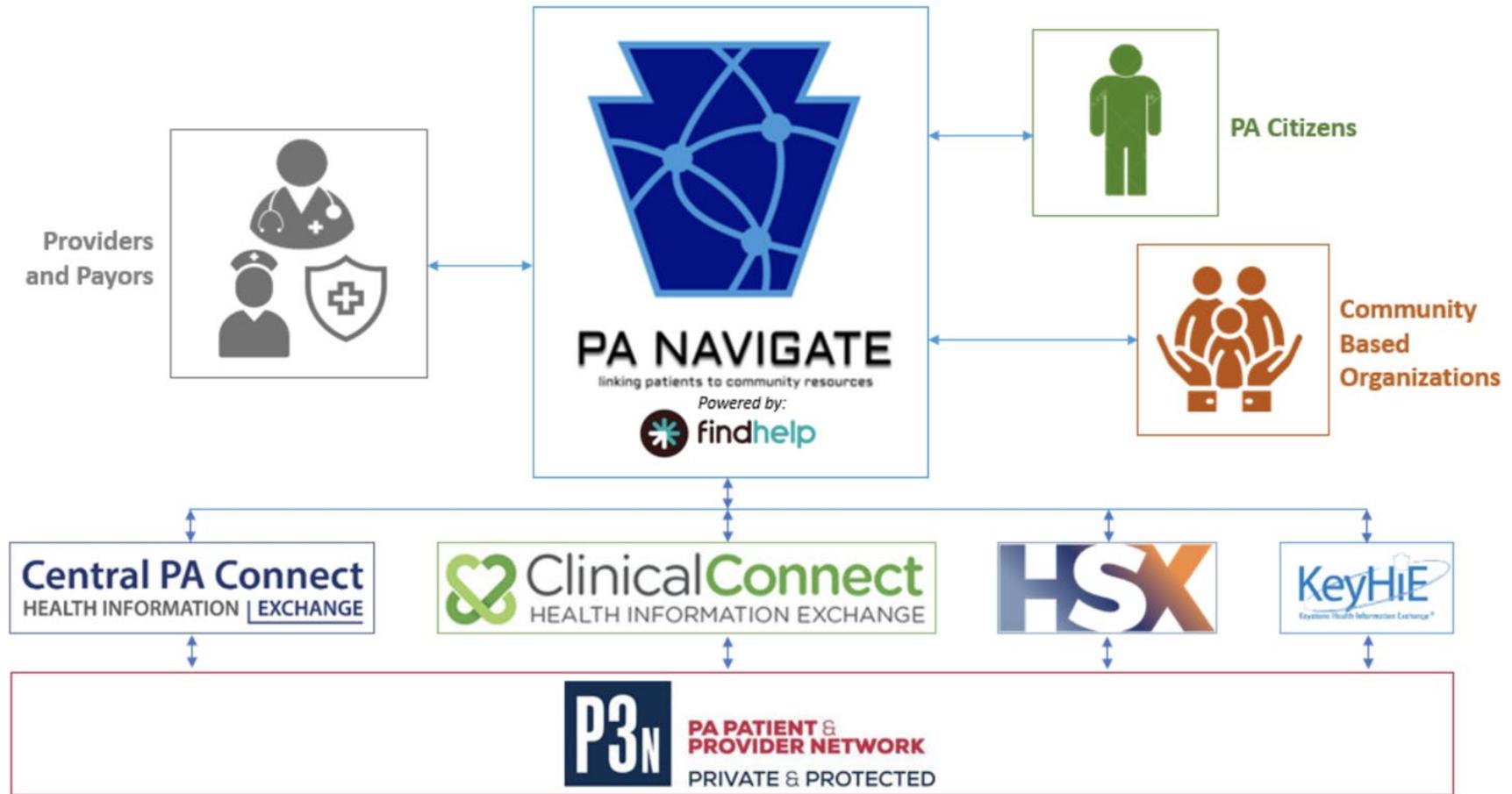


① Top 10 Cities | 2024-01-22 to 2024-01-26

CITY	SEARCHES
York, PA	531
Pittsburgh, PA	457
Philadelphia, PA	430
Lancaster, PA	373
Harrisburg, PA	259
Reading, PA	222
Allentown, PA	213
Butler, PA	115
Altoona, PA	100
Scranton, PA	93

① Most Common Search Terms | 2024-01-22 to 2024-01-26

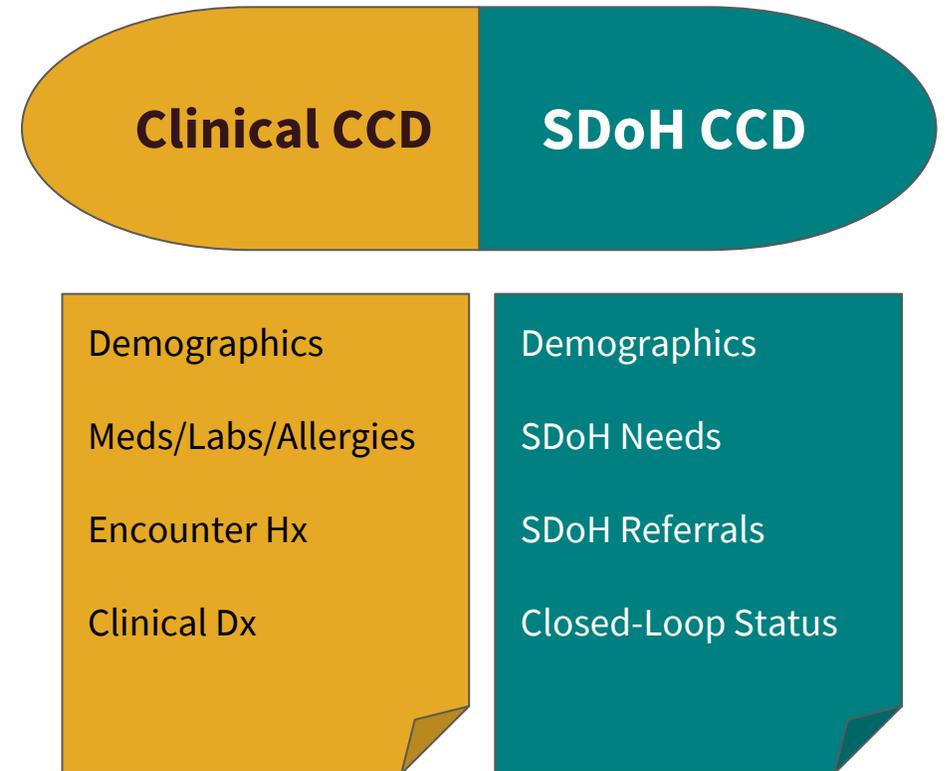
TERM	DOMAIN	SEARCHES
help pay for housing	housing	396
help find housing	housing	375
food pantry	food	253
emergency food	food	153
housing vouchers	housing	151
help pay for utilities	housing	128
food delivery	food	127
help pay for food	food	103
government food benefits	food	86
temporary shelter	housing	81
help pay for car	money	71
transportation for healthcare	transit	68
meals	food	68
help pay for gas	transit	61
bus passes	transit	57

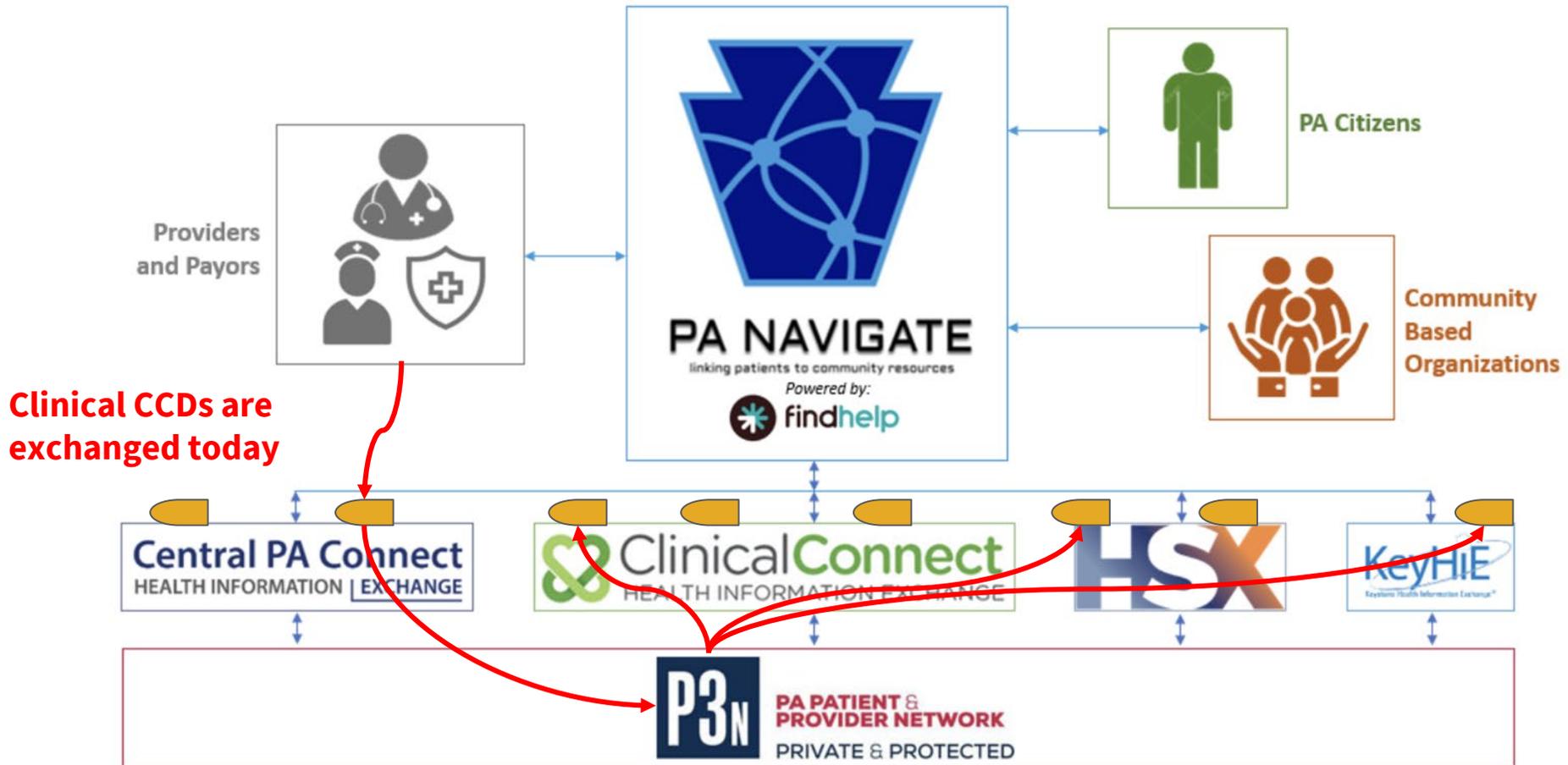


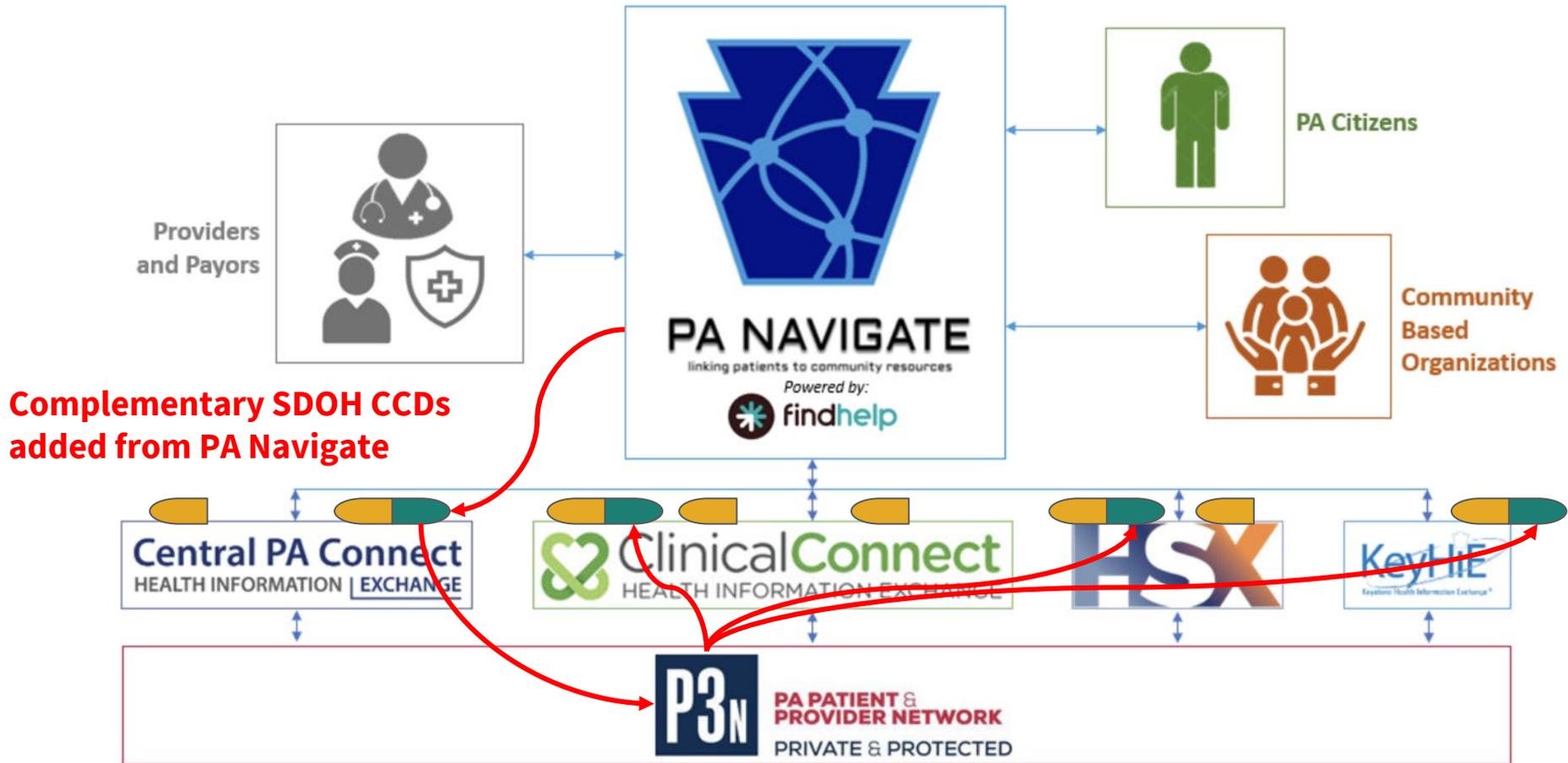


Continuity of Care Documents (CCDs)

- PA Navigate achieves enhanced interoperability by exchanging both clinical CCDs and social care CCDs.
- For example, care team members can ensure patients with diabetes have access to proper diet and prevent no shows for well child visits for those that need transportation assistance.









New Data Opportunities

- Identify “food deserts” or areas where CBO resources are low relative to the number of referrals
- Identify most engaged and responsive CBOs per referring entity; explore incentives
- Identify high utilizers of social services through:
 - Social Care Data - 80% impact on overall health
 - Clinical Data - 20% impact on overall health
- Identify Medicaid members eligible for MCO services
- Keystones of Health
 - People with diabetes
 - First time mothers
 - Inmates transitioning back to community
 - Children under 6





Ideas for the Future

Expedite proactive outreach to Medicaid members based on EMR and social needs data available many days before claims

- *Example: automated messages to contact case manager*

Leverage new data sources to predict services that Medicaid members may be eligible for in advance

- *Example: information collected on screeners about changes in employment or living arrangements*

School Care

- *Example: Social needs assessments and referrals for Medicaid families can be funded by services provided in the school for their Medicaid covered children*





Recap

- Initiatives like PA Navigate are key to driving adoption, generating data that can inform policies and investments
- Available Social Care Data includes users, searches, connections, referrals, and CBO engagement
- findhelp data elements can be imported into PA DHS data lake using SQL and other solutions
- Data can also be viewed using Analytics Suite from within findhelp platform

PA eHealth Partnership Program Strategic Plan

Kay Shaffer

Project Manager

Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

Vision and Mission Statements

Pennsylvania eHealth Partnership Program Strategic Plan July 1, 2024 – June 30, 2027

This is a three-year Strategic Plan for the Pennsylvania eHealth Partnership Program in the Office of Medical Assistance Programs in the Pennsylvania Department of Human Services.

VISION

Champion healthy communities for all Pennsylvanians through the secure sharing of health and community information.

MISSION

Providing value and efficiency for all Pennsylvanians by aligning with health care partners to improve whole person care.

Goal #1 with Objectives and Metrics

1. Enable ubiquitous, robust health data sharing while maintaining privacy and security.

A. Expand the number and types of stakeholders actively participating in HIE.

- 1) Increase number of long-term care facilities participating in HIE by 2% per year
- 2) Increasing number of hospitals connected to certified HIOs by 2% per year
- 3) Increasing number of providers connected to certified HIOs by 2% per year

B. Educate stakeholders, including patients and their advocates, on the value of participating in HIE.

- 1) Increase patient portal usage by 5% per year
- 2) Increase number of Pa eHealth website hits by 5% per year

C. Align health information exchange with federal HIT goals and objectives.

- 1) Secure contract with new P3N vendor that meets federal requirements by Q1 2026

Goal #2 with Objectives and Metrics

2. Increase timely access to usable health and community information.

A. Integrate P3N into the Medicaid Management Information System (MMIS).

- 1) Complete MMIS integration by 2Q2027, including exposing MA claims information to the P3N
- 2) Investigate possibility of paying for MA in lieu of services through PA Navigate in SFY 2024/2025

B. Integrate PA Navigate with Compass.

- 1) Expose closed-loop referrals to Compass in CY2025
- 2) Expose Compass program participation information to Pa Navigate in CY2025

C. Make health related social needs data available through PA Navigate.

- 1) Increase number of organizations integrated with Pa Navigate by 5% per year

Goal #3 with Objectives and Metrics

3. Improve upon existing P3N services.

A. Support advancements for access to clinical information.

- 1) Hosting ONAF forms in P3N clinical data repository by end of CY2024
- 2) Hosting Department of Aging SAMS care plans by end of CY2025
- 3) Automated identity proofing and enrollment of patients in the P3N patient portal in CY2025

B. Support for electronic digital performance measures.

- 1) Increasing operational efficiency by reducing XCA and ADT errors by 3% per year
- 2) Reduce number of records with missing information by 3% per year

Goal #4 with Objectives and Metrics

4. Expand care coordination to improve quality and reduce health care costs.

A. Expand the number and types of ADT messages contributed to the P3N ADT Service.

- 1) Increase inter-state ADT sharing by 1 state per year
- 2) Increase volume of ADTs sent from the P3N by 5% per year

B. Capture meaningful information from ADTs for analysis and population health reporting.

- 1) Create ADT surveillance system for support of program areas such as abuse and neglect in CY2024 and poison control in CY2025

B. Reduce duplicative or unnecessary services.

- 1) Increase the number of reports accessed by P3N participants by 10% annually

Goal #5 with Objectives and Metrics

5. Increase closed loop referrals for health-related social needs.

A. Promote health equity.

- 1) 10% increase in number of closed-loop referrals in PA annually

B. Support and collaborate with PA Navigate.

- 1) Leverage the P3N MPI with Pa Navigate by CY2025
- 2) Leverage the P3N for closed-loop referral notifications to the HIOs by CY2025

Goal #6 with Objectives and Metrics

6. Expand our collaboration with commonwealth agencies.

A. Expand and improve access to public health reporting registries.

- 1) Increase the volume of messages traversing the public health gateway by 5% per year
- 2) Increase the number of registries participating in the public health gateway by one per year

B. Provide P3N access to state program areas.

- 1) Increase the number of state programs accessing the P3N by 1 per year
- 2) P3N integration with the Enterprise Case Management System by CY2025
- 3) P3N integration with state EHRs (OMHSAS by CY2024, DMVA by CY2025)

C. Expand P3N and/or PA Navigate access to PA county facilities, local entities, and county agencies.

- 1) Increasing number of county prisons connected to certified HIOs by 2 per year
- 2) Increase number of PA county and local programs using PA Navigate by 5% per year

Goal #7 with Objectives and Metrics

7. Advocate for sustainable HIO funding.

A. Creation of MA Care Coordination Grants.

- 1) Implement MA Care Coordination Grants in FFY2025
- 2) Continue and increase MA Care Coordination Grants each year

B. Expand use of P3N services by the HIOs to reduce duplication of services.

- 1) Enhance the P3N ADT service to meet HIO needs for alerts and notifications by CY 2024

2024 Advisory Board Meetings

Friday, May 3, 2024, in-person at 2525 North Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, August 2, 2024, in-person at 2525 North Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, November 3, 2024, in-person at 2525 North Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Public Comment and Internet Resources

- Name of submitter for written comment submission acknowledged by chair
- Verbal comment (3 minutes per commenter)

PA Navigate:

<http://panavigate.org>

For further information:

<http://dhs.pa.gov/ehealth>

PA eHealth Partnership Advisory Board:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/eHealth-Advisory-Board.aspx>

P3N HIO Certification Package:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/HIO-Connection.aspx>

P3N Certified Health Information Organizations (HIO) Information:

<https://www.dhs.pa.gov/providers/Providers/Documents/Choose%20your%20HIO.pdf>