*Pennsylvania eHealth Partnership Advisory Board*

*Meeting Minutes*

**PA eHealth Partnership Program Advisory Board Meeting Date and Location**

Meeting Date: Friday, November 1, 2024

Meeting Time: 10:00 a.m. to 1:45 p.m.

Meeting Location: Harrisburg Uptown Building and via Microsoft TEAMS Meeting

**Advisory Board Members**

Ms. Caroline Beohm – Policy Director, PA Insurance Department

Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council [EXCUSED]

Dr. Robert Danoff – Director of Family Medicine Residency Program, Jefferson Health Northeast

Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System

Mr. Scott Frank – Chief Information Officer, Capital Blue Cross

Ms. Teri Henning – AVP Government Affairs, Aveanna Healthcare [EXCUSED]

Ms. Muneeza Iqbal – Deputy Secretary for Health Resources & Services, PA Department of Health

Ms. Julie Korick (Vice Chair) – Chief Financial Officer, PA Association of Community Health Centers

Ms. Minta Livengood – Volunteer [ABSENT]

Mr. Paul McGuire (Chair) – Chief Operating Officer, Quality Life Services

Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine

Mr. Mark Volovic – VP and Chief Information Officer, Indiana Reg. Med. Ctr. & Punxsutawney Area Hosp.

Dr. Margarete Zalon – Professor Emeritus, University of Scranton Department of Nursing [EXCUSED]

**Ex Officio Members (HIO representatives awaiting legislative appointment)**

Mr. Don Reed, SVP and Chief Operating Officer, Health Share Exchange

Ms. Phyllis Szymanski, President, ClinicalConnect HIE

**PA Department of Corrections (DOC) Staff**

Phil Coady – Corrections Healthcare Administrator

Erica Gipe –BHCS Project Manager

**PA Department of Health**

Kelly Friday, Public Health Program Associate, Health Informatics Office

Rae Ann Ginter, Director, Data Modernization Initiative, PA Department of Health

**PA Department of Human Services**

Kathleen Beani – PA eHealth Partnership Program

Dana Kaplan – PA eHealth Partnership Program

Deb Kochel – PA eHealth Partnership Program

Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program

Kay Shaffer – PA eHealth Partnership Program

Christy Stermer – PA eHealth Partnership Program

**Guests**

Barry Buckingham, Executive Director, PA Health Care Cost Containment Council (PHC4)

Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger

Keith Cromwell, Central PA Connect HIE

Dan Dreibelbis, Health Care Operations Specialist, HIT, PA Medical Society (PAMED)

Alix Goss, Point of Care Partners

Mia Haney, CEO of Home Care Association

Richard (Rick) Kerr, R. Ph. Administrator, Clinical Applications, LVHN

Joel Lange, Cognosante

Michael Lundie, VP, Interoperability Engineering, Cognosante

Bill Marella, VP, Value Based Care and Analytics, Health Share Exchange

Lacey Mendoza, P3N Operations Manager, Cognosante

Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

**Welcome and Introductions**

Roll call was completed. The following advisories were read aloud and shared visually on the screen with all attendees: Wiretap Act, Consent to Recording, and an additional advisory noting the Commonwealth does not approve having AI (Artificial Intelligence) bots interacting with Commonwealth meetings. Chair Paul McGuire called the meeting to order and welcomed all members and guests. He also encouraged robust participation, given the Board’s responsibility of advising the PA eHealth team and HIO community.

**Consent Agenda**

The August 2, 2024, meeting minutes were reviewed and approved by the Advisory Board as distributed.

**Health Information Exchange Trust Community Committee (HIETCC) Updates**

Mr. Phil Coady and Ms. Erica Gipe of the PA Department of Corrections (DOC) presented a comprehensive summary of what HIETCC has been working on over the past few months. The Consent Workgroup drafted a set of talking points last month to share with providers’ administrative staff as a pilot. The HIETCC has also reviewed the Strategic Plan metrics they have been using and will continue to use in the future. The PA eHealth Partnership is also reviewing the Certification Package with the HIOs and DOC to update Policies and Procedures, using the milieu of separate meetings scheduled for the sole purpose of that Review, which includes an emphasis not only on Disaster Recovery, but Cybersecurity as well. There have been developments in PA Navigate, which Mr. Keith Cromwell will provide updates on later during this meeting. Since LVHN already uses findhelp, they are currently working on integrating with CPC’s Epic Instance of findhelp. Fifty of the 94 CBOs that committed to signing up with an HIO for PA Navigate are not yet involved with findhelp, whereas 20 CBOs are active as of July 2024. For the findhelp work, we were given an extension of time from DHS. We were granted a lengthier extension, from January 2025 to September 2025, than we had anticipated, which was from January 2025 to June 2025. Therefore, there is still time to deploy findhelp and get additional CBOs involved. It was observed that the Area Agencies on Aging (AAAs) at the county level now use WellSky instead of PA Navigate.

Future focus of HIETCC is to have more LTC facilities to become part of the P3N ADT Service along with ADT sharing with OHIP, the HIO for the state of Ohio and a few surrounding areas. OHIP is currently unable to fulfill one of the requirements we have for all P3N participants; once they implement that capability in 2025, we hope to establish an ADT data sharing agreement with them. HIETCC also discussed TEFCA and QHINs, and this topic will be further discussed later today. The QHIN Version V2.0 was published as of July 1, 2024, and several EHR vendors want to be QHINs. OMHSAS (Office of Mental Health & Substance Abuse Services) will have all six state hospitals connected to send CCDs to P3N by November 2024. Several months ago, Ms. Tara Gensemer of Cognosante, provided an MPI Tune-up document, to help the HIO community with improvements in patient matching.

As Ms Gipe and Mr. Coady presented their HIETCC summary, they were asked about the DOC Consent process, for new inmates, and those preparing to release back into their communities, prompting a sidebar discussion: Inmates often change Consent decisions several times, for different reasons. DOC also acknowledged their nurses need better training on the process of P3N Consent with the prison population. This is often hampered by staff turnover, which varies from one State Correctional Institution (SCI) to another. It was also noted that the staff do a Consent process with an inmate each time they are admitted to a SCI, so it is not a ‘once and done’ process. Ms. Kay Shaffer observed there is not just one Consent process for P3N; the HIOs have their own processes for Consent. The draft distributed by the Consent Workgroup is being used as a pilot for us to get feedback from providers, such as Lancaster General. Mr. Coady noted the big challenge is to make it easy to understand for both administrative staff and the patient.

HIETCC also participated in a tabletop Cybersecurity Exercise on October 2, 2024. A sample scenario was set up, and the incident was carried through from inception of the initial incident, through the recovery process following that event. Especially noteworthy were the importance of effective communications and maintaining key contact information for appropriate staff. Mr. Don Reed of HSX noted that, considering that a ransomware attack already happened to one of the other HIOs, does Cognosante and PA eHealth have Breach Counsel and Response companies in place in case of such an attack? Ms. Shaffer noted that OAIT (Office of Administration Information Technology) does have Breach Counsel in place for the Commonwealth, but she was not sure of the technical support piece; this will be an action item for Ms. Shaffer to obtain that information and provide it to the group.

In response to Mr. Reed’s question, Mr. Mike Lundie noted that Cognosante/Accenture has an Incident Response team in place, an Operations team on high alert for these, as well as an Internal Process team. They have also completed a Disaster Recovery event each year with PA eHealth and the HIOs for the P3N. Mr. Lundie stated Cognosante/Accenture can provide more information on this if requested. Mr. Reed advised looking at contracts for levels of Cyber Insurance, noting we push more than 5 million patients or 15-20 million records, so we should have sufficient insurance levels. He added that the Cybersecurity companies can recommend attorneys, helping secure Breach Counsel and Incident Response. Mr. Reed believes this is a topic we should dig into more. Mr. Scott Frank added to the topic, noting there was a relatively minor event with a subsidiary, but it was still an education, as you need to have Counsel and Privacy folks ready to go, and if you do not have Legal involved, it will increase your insurance costs. It was also noted that an Incident Response Plan containing all this information should be on file.

**PA eHealth Partnership Program Initiatives**

The RFP for the next P3N was published July 29, 2024, with proposals due by October 7, 2024. Our goal is to have a contract executed by January 2026.

With the addition of new facilities connected to the P3N, we have also decreased the amount of "white space" in PA in comparison to the previous year. Mr. Ciccocioppo noted 176 out of 650 total LTC facilities are connected to an HIO. Chair Paul McGuire asked if there are any incentives being offered. Mr. Ciccocioppo stated there is for care coordination, but not for the facilities to be onboarded to an HIO, or for an HIO-connected LTC facility to be onboarded to the P3N ADT Service.

OMHSAS had its first state hospital connect go live in August 2024, and the last of the 6 state hospitals will be connected the week of November 4, 2024. There is a possibility that OMHSAS will attend the next Advisory Board meeting in February 2025, to tell us about their journey from paper-based records to full EHR implementation.

To demonstrate our progress through September 30, 2024, Mr. Ciccocioppo outlined the metrics and goals that we discussed during the August meeting. For Goal #1, Enable ubiquitous, robust health data sharing while maintaining privacy and security. Goal #2, Increase timely access to usable health and community information, we are still in a nascent period. Ms. McCutcheon told the Board that we have attempted to standardize the data so that the ratio is accurate or at least comparable, and after we receive all the information.

We have had concerted efforts with the HIOs to address XCA (cross community access) errors. If there is an XCA error, no document list and no documents are showing up for that person. Mr. Ciccocioppo also noted errors the HIOs have worked on that appear within the ADT messages, such as all caps, mixed cases, etc. For data driven goals, it was noted that ONAF integration into the P3N is not operational yet, and the PDA (PA Department of Aging) SAMS Care Plans are not yet in the P3N.

For ADT volumes and totals, if it doubles, it shows not only the totals of ADTs but also the rate at which it happens. For Goal #4, care coordination, we have more interstate data sharing with US Virgin Islands, as well as South Carolina. We are working with ODP (Office of Developmental Programs) for possible Poison Surveillance - to determine an unknown substance ingested- what brought them into the ED.

We are working on Increasing the number of public health registries connected to the P3N, the Birth and Death Registries are now transitioning to a new platform. There will likely be an opportunity in CY2026 to connect the P3N to DHS’ new Enterprise Case Management (ECM) system (ECMS). There is also an opportunity to connect the Department of Military & Veterans Affairs (DMVA) Matrix Care EHR to the P3N.

The topic of sustained funding came up for the next fiscal year: while we have gotten CMS approval for a new Care Coordination Grant Program with then 75% enhanced federal match, OMAP has not been able to secure the $500k in state funding needed to implement the grant program. The coming state fiscal year will be challenging for the Medicaid cost increases. DHS has leveraged $6.1 million in COVID Relief funding to further support PA Navigate expansion. Mr. Reed reminded the group about the Crozer Health System’s inability to pay their bills. Mr. Frank added that a lot of hospitals are losing money, yet are open 24/7, and Aetna just terminated their CEO. He also noted Epic is pushing everything to the doctors and hospitals where they are. Mr. Ciccocioppo stated we currently push out 23 million messages for 1.36 million people. We forwarded ADTs for 1.2 million Unique Patients and in one quarter alone, and participants retrieved 2.6 million documents. Our Tableau dashboard can be reviewed on a daily or hourly basis. Working along with their vendor and Cognosante, one HIO was able to resolve a backlog of P3N requests.

**PA Department of Health (DOH) Data Modernization Initiatives and Priorities**

Ms. Muneeza Iqbal and Ms. Rae-Ann Ginter provided a presentation on Department of Health data modernization initiative (DMI). DOH’s DMI strategy was kicked off in 2021. When examining consistent data sources, they consider the kinds of data that are accessible, the identities of the data stewards, and data governance (internal and external). Public Health Data Strategies (PHDS) are the center of their strategic emphasis and initiatives; each strategy has its own goals and promotes effective data utilization and data governance. They now use centralized cloud-based data warehouse. They also noted that PDMP has been onboarded and are currently onboarding PANEDSS data to this data lake and synapse environment. Using Verato, they have an MPI across different platforms and get good identification of patients and enriched data services, noting 25 million Unique Identities. There is a Centralized Reporting Hub, and Ms. Iqbal noted closely working with OA and PA eHealth, who have been quite supportive, as they go through their processes. Currently, they are working with the Allentown Health Department on STD Morbidity Data sharing and with Philadelphia and Allegheny County Health Departments on PDMP dispensation data.

DOH requested a PRR (Program Revision Request), seeking new ways to get funding stability. They are developing Policy and Procedures to onboard to the EDW (Enterprise Data Warehouse) to UMPI (Universal MPI) and a Central Reporting Hub. In October 2024, they produced a 5-minute video on Policy and the processing of data-illustrating policy related to data collection instruments for every DOH employee, noting what DMI is, and how it affects them. They also noted different opportunities to collaborate and attend each other’s meetings, such as the Bureau of Community Health Systems, an October retreat with the MCOs, and discussion of TEFCA’s enabling of Northstar Architecture for public health.

They are using 3 vendors: CRISP, Guide Health and Mathmatico, and this project will advance FHIR and TEFCA, and it will explore the adoption of this assessment. It will look at standard definitions, a data catalog, and a data sharing guidebook. This will form a clear path to data sharing and integration, clarifying processes, and making them less arduous. A draft will be coming out in the next 1-2 months.

According to Mr. Ciccocioppo, PA's move from PA SIIS to PIERS was a significant endeavor that has so far gone smoothly. Verato UMPI will be used by the Commonwealth for DOH, hosted by the State, for disease investigation. The process is underway for an EHR for service providers in DOH. We have P3N interoperability for DOC and OMHSAS’ EHRs, so when DOH has the EHR we hope to get that interoperability value with DOH. Executive leaders will meet with DOH to discuss PA Navigate in a week or two.

**Central Pennsylvania Connect HIE (CPCHIE) Overview**

During each quarterly meeting, a different P3N Participant presents an overview of their organization and its accomplishments. Dr Michael Sheinberg and Keith Cromwell provided an overview of CPC. This HIO has 25 hospitals in PA and 3 large health systems. The CPC HIO has had 10 million documents queried in 1 year, and that 75% of what is generated in the P3N comes from CPC. Ninety-three percent of the queries that are sent to P3N result in a list of documents that are returned for usage. They produce 2.5 million ADTs for little around 2 million individual patients. They have received ADTs from as far away as Guam, he added. CPC was questioned regarding PA Navigate during their HIO spotlight; however, it will be covered later at this meeting. United Way was going to become the community engagement arm for PA Navigate, and Lancaster United Way received a $650,000 grant. Mr. Cromwell noted he has an upcoming meeting regarding integrating Visionlink with the PA Navigate platform along with Lancaster 211. Mr. Cromwell then noted he will share the takeaways from that meeting to members.

**PA eHealth Partnership Program SFY 2023-2024 Annual Report Review**

The draft annual report for this year that we will submit to the Legislature was briefly reviewed. The PA eHealth Partnership's development and a letter to the Secretary of the Department of Human Services open the annual report. It will include information on funding for PA Navigate and the onboarding of OMHSAS, LVHN, CRISP. The report will include a discussion to raise awareness of TEFCA and its potential detrimental effects on HIE in Pennsylvania. It also mentions the expansion of CCHIE. The switch from PA SIIS to PIERS is mentioned. A total of $6.1 million in grants were awarded to four P3N HIOs to support the growth of PA Navigate.

**PA NAVIGATE Project Implementation**

One helpful development in recent months is that when onboarding CBO groups to PA Navigate, it is now easier for an HIO to exchange out one organization for another. Instead of completing an amendment, the HIO only needs to send PA eHealth an email to start the process. Additionally, the PA Navigate Consortium conducted extensive outreach and education regarding PA Navigate, the goal is to get more CBOs engaged with PA Navigate. There are 11 organizations “live” in PA Navigate. PA Navigate activity between July 1, and October 28, 2024, consisted of 300 Seekers, 98 referrals with responses, and 56 closed loop referrals, with 21 seekers receiving the help they needed. It is also important to do engagement with covered and non-covered entities. Two prominent programs in the HSX area, Manna and Pathways to Housing, both share a patient panel use case. It is hoped that if the 1115 Waiver is given, they will have CBOs that are non-covered entities connected to PA Navigate. Privacy officers are concerned with privacy issues with CBOs. For HSX’s use case, they have covered entities and business associates and bring them into the HIPAA bubble. It was noted DHS has an RFI published for a Third-Party Administrator for the 1115 Waiver. The CBOs may have to illustrate their IT integrity and cybersecurity of the data they are sharing. When asked ‘How can we make the CBOs use this’? It was noted that some of the CBOs have few or no staffers and are in areas outside Philadelphia and Pittsburgh, which have a higher CBO presence. A clarification about the presentation was noted: There were not just ‘300 seekers’ but between 300,000-400,000 people using the platform in PA. When asked why CBOs are not connecting to PA Navigate, it was noted there is no incentive to respond if the CBO gets no funding for doing it. The CAAP (Community Action Association of PA) told Mr. Cromwell that the CBOs may use as many as 15-20 different systems. Questions asked were: “Is it possible to do more integration, so we are not just adding one more platform? Can we aggregate data for these CBOs?” Eventually that would be done in standardization, such as in school districts. According to Mr. Ciccocioppo, ODP has four waivers for 64,000 Pennsylvanians, and in 2026, performance-based incentives will be incorporated into their contracts with healthcare providers. The WIC program has some centers that are HIPAA-covered, but other WIC entities are not.

Findhelp Version 3 will be in effect January 2025, and it has data elements with SDOH. When CBOs want to know which people are in PA Navigate already, they can see that information in the Care Navigation function. PA Navigate will be a topic at the HIMSS Conference in March 2025. HSX's Mr. Marella informed the board that local hospitals are involved in internal marketing for the platform. Since many veterans are on fixed incomes and in need of assistance, Ms. McCutcheon suggested that they may conduct outreach to organizations related to military service, such American Legion or VFW posts. Mr. Marella stated that because many people lack computer access or are not tech-savvy, they have conducted outreach with the PA Library Association. Mr. Marella added that the majority of AAAs in Southeast Pennsylvania assist those who qualify for PACE prescription assistance.

The Philadelphia Corporation for Aging received a grant of $50,000 to do analysis with referring organizations and people related to them, such as elderly who are pre-diabetic or diabetic. It was noted there have been challenges with PCA integration to PA Navigate. Another challenge is that the AAA’s in PA are not mandated to connect to PA Navigate. PA DMVA has been given funding for VetConnect so they are open to connecting to PA Navigate. Mr. Coady suggested that they reach out to the PA County Commissioners. It was noted Dr. Val Arkoosh is a former Commissioner of Montgomery County, and a vocal promoter of PA Navigate. She recently appeared at a meeting with PA CAAP with over 500 attendees.

**New TEFCA Developments**

Mr. Micky Tripathi has a newly created position in the federal government as an Assistant Secretary of Health and Human Services (HHS). There is a lot of pressure being put on the HIOs and other organizations to join a QHIN. If an entity is a QHIN Participant, they are a TEFCA Connected Entity. There are now 7 QHINs, and most are EHRs: Epic Nexus, Kno2, MedAllies, Konza, Surescripts, Healthgorilla and eClinicalworks. It was also noted that Oracle was seeking to become a QHIN as well, according to a late October 2024 article but it is not known what stage they are currently in. TEFCA is looking at the realm of Public Health, such as electronic Case Reporting (eCR) and electronic Lab Reporting (eLR). For jurisdiction of data, they include both the healthcare provider location, as well as the patient’s residence.

The QHINs are altering TEFCA's operation by leveraging their market dominance. Epic informed its clients in August that in order to be a QHIN member in 2025, they have to join up for the Epic QHIN by December 31, 2024. Most of them declined. One of the worries was that a provider would not be able to connect to other QHINs if they used the QHIN of an EHR. Epic recently said that Carequality facilitates sharing with non-Epic businesses; yet they will lose a great deal of interoperability once Carequality leaves Epic. They would still have internal interoperability, according to another individual. Without making any changes, they should not take the user interface for granted. It was also noted that CMS did not plan on EHRs becoming QHINs. With the possibility of a new presidential administration and changes to the composition of the US House and US Senate, the November election next week might potentially alter the TEFCA/QHIN scenario.

**Vice Chair Election**

The Advisory Board voted unanimously to elect Ms. Julie Korick as Advisory Board Vice Chair for another term.

**New Business**

Since the term of the current Consumer Representative on the Advisory Board has ended, there is a vacancy for that seat. Mr. Ciccocioppo has requested the MAAC to suggest possible nominations for that Seat on the Advisory Board.

**Public Comment**

None

**Action Item**

* Provide copy of HSX 1-page contact for PA Navigate - Mr. Bill Marella
* Provide information on OAIT’s Breach Counsel & Response Team - Ms. Kay Shaffer

**Adjournment**

The meeting was adjourned at 1:47 pm.

**2025 Pennsylvania eHealth Partnership Advisory Board Meetings**

* Friday, February 7, 2025, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.
* Friday, May 2, 2025, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.
* Friday, August 1, 2025, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.
* Friday, November 7, 2025, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

**APPROVED: February 7, 2025**