



IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION

*Pennsylvania eHealth Partnership Advisory Board  
Meeting Minutes*

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

Meeting Date: Friday, November 3, 2023  
Meeting Time: 10:00 a.m. to 2:09 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  
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System  
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross  
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health **ABSENT**  
Dr. Timothy Heilman – CMIO, UPMC Susquehanna Health Medical Group **ABSENT**  
Ms. Teri Henning – AVP Government Affairs, Aveanna Healthcare  
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  
Dr. Margarete Zalon - Professor Emeritus, University of Scranton Department of Nursing

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

Mr. Don Reed, SVP and Chief Operating Officer, HealthShare Exchange  
Ms. Phyllis Szymanski, President, ClinicalConnect HIE

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

Phil Coady - Corrections Healthcare Administrator

**PA Department of Health**

Rae Ann Ginter – Director of Data Modernization  
Amar Pallavaram – Bureau of Information and Technology

**PA Department of Human Services**

Kathleen Beani – PA eHealth Partnership Program  
Dana Kaplan – PA eHealth Partnership Program  
Dr. David Kelley – OMAP Medical Director  
Deb Kochel – PA eHealth Partnership Program  
Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program  
Kay Shaffer – PA eHealth Partnership Program

**Guests**

Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger  
Alix Goss, Point of Care Partners  
David Grinberg, Imprado  
Richard (Rick) Kerr, R. Ph. Administrator, Clinical Applications, LVHN  
Michael Lundie, VP, Interoperability Engineering, Cognosante  
Maysee Ly – RN, Penn Medicine  
Bill Marella, VP, Value Based Care and Analytics, Health Share Exchange  
Asha Shah, Director for Clinical Applications Outpatient, LVHN  
Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

### **Welcome and Introductions**

Roll call was completed with the Wiretap Act and Consent to Recording read aloud and shared visually on the screen with all attendees. Chair Paul McGuire called the meeting to order and welcomed all members and guests. Attendees (in person or via TEAMS) were asked to introduce themselves to the group, as some individuals were attending this meeting for the first time.

### **Review of August 4, 2023 Advisory Board Meeting Minutes**

The Minutes were approved as distributed.

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

During Advisory Board meetings, a liaison from the HIETCC community provides a summary of the HIOs' activities over the past three months. Mr. Rick Kerr served in the HIO liaison role, noting great communication and collaboration among the HIOs, and LVHN's experience as the newest HIO. Due to technical issues, Mr. Ciccocioppo gave an overview of the HIETCC and what we have worked on with them.

During HIETCC HIOs discussed many topics, including the PA eHealth Strategic Plan; PA Navigate; the ongoing Cognosante P3N /PHG Implementation and Transition; achieving bi-directional ADT data sharing with CRISP; proposing a new MA Enterprise Funded ADT grant program for P3N HIO, which we hope will be able to launch in October 2024; working on the annual review of the P3N Certification Package; and preparing for the P3N Re-Procurement. TEFCA and its implications and adding the OB Needs Assessment form (ONAF) and AAA Care Plans into the P3N Care Plan Registry were also discussed. Mr. Ciccocioppo noted the great communication between the HIETCC and the Advisory Board on a regular basis, which helps in furthering initiatives and projects. We may add a new policy in consultation with the HIOs during our next annual assessment of the P3N Certification Package, taking into consideration PA Navigate downstream provisions.

### **PA eHealth Partnership Program Initiatives**

Mr. Ciccocioppo shared slides to illustrate the P3N - the functional diagram provided a comprehensive glimpse into what the P3N can do, how much has been accomplished and the work still in progress. The P3N includes connection to PHG for reporting of data to the Cancer Registry, PDMP, Immunization and Labs. We recently added to the list of Participants in the ADT Service: In October, we began receiving ADTs for Pennsylvania residents seeking treatment in one of the ADT data sources under CRISP (WV, DC, MD, CT, and Alaska). Also, we have spoken with OHIO Health Information Partnership (OHIP) about ADT data sharing and will continue that conversation into 2024.

We are in the process of establishing a link with OMHSAS, another state agency, which should be operational by September 2024 following their implementation of the NetSmart EHR. With LTC and SNF, we have made some progress with HIO connections, and AAAs in 18 of the 67 counties are linked to an HIO. Conemaugh, will be connecting to CCHIE soon, and we would like St Luke's, Penn Highlands and Commonwealth Health to join an HIO. Overall hospital participation= 63% of all hospitals, and 87% of acute beds are connected to a P3N HIO.

Core services we have with Cognosante P3N include: P3N Master Patient Index (MPI) via VERATO; statewide Query and Retrieve; and statewide and interstate alerting. We have enhanced the P3N with a Care Plan Registry, that we plan to populate with OB Needs Assessment Forms, integrated care plans, Pediatric Shift Nursing care plans, and AAA SAMS care plans. PHG has the PA state Immunization Information System (PA SIIS), which will be moving to PIERS in 2024), electronic Lab Registry (eLR) and PDMP (Prescription Drug Monitoring Program).

Additionally, we have been working on the individual access services, the Patient Portal. As part of the Streamlined Modular Certification (SMC) process with CMS, we are now working on demonstrating six

months of activity in the Patient Portal. In response to a query on opt outs, there are currently 515 people who have opted out, and the PA eHealth team still handles this manually.

We have over 23 million unique identities in our MPI, according to the September 2023 P3N Verato MPI Link Summary Report. However, there may be multiple entries for a single person, therefore we are addressing data quality issues with the HIOs. In October, over 7.5 million ADT messages came into the P3N, representing over 483,000 unique persons for those messages. Out of those 483,000 unique persons, 273,000 had a clinical history with another HIO, prompting the P3N to forward those messages to that patient's home HIO, or to that other state where the person resides. Within the Interop Report dashboard, a review of the number of document queries can be seen in the period of choice. According to this report, more than 1.3 million document retrievals and over 1.4 million document searches were finished in October 2023. Nearly 7 million messages are processed by the P3N PHG annually. (Immunizations, electronic Lab Registry and PDMP)

TEFCA: 7 QHIN applicants are working through the testing phase of onboarding, and it was noted there must be 3 QHINS up and running first, for this QHIN process to work. The Draft Common Agreement, version 2 and Trusted Exchange Framework version 2 were expected in Q4 2023. P3N Certified HIOs have all opted out of QHIN participation at this time. A link was put into the chat during this meeting, for those wanting to follow the TEFCA QHIN process and how it is progressing. There will likely be updates and clarification on TEFCA and QHINs published in 2024 and 2025. [HHS Marks Major Milestone for Nationwide Health Data Exchange | HHS.gov](#) and [The Sequoia Project](#)

In response to a question concerning how to connect more LTC-type facilities to a P3N HIO, we pointed out that the 31% we have already accomplished is excellent in comparison to other states. We also reminded others that, out of the 150 entities we could have assisted through the Home Health Agency (HHA) funding program, only 37 successfully completed the entire procedure. One of the causes of this is that many of them lacked the certified EHR component, which was a requirement. Chair McGuire stated that we should engage and connect more providers, as Ms. Teri Henning pointed out that they are open to future choices.

### **HIO Overview—Health Share Exchange (HSX)**

Mr. Don Reed and Mr. Bill Marella gave an overview of the services their HIO offers and accomplishments they have achieved. They showed the evolution of the HSX company, from its inception in 2012, through 2023. They worked to improve care and lower costs, and serve patients in PA, NJ, and DE., and have become a trusted community asset, and they are able to combine data to support value-based care models. HSX offers 3 different categories of Services: Core services, including CDR, ADT ENS and Panel Management, HISP and Direct Services, and PHG and Exchange Connectivity. Their Plus services are: Real Time Results Interface, Care Management System Integration, Population Health programs, such as benefits outreach; and their 2 newest Plus Services: NCQA DAV (Data Aggregator Validation) quality reporting, and SDoH Platform: PA Navigate. HSX has more than 500 members but their main ones are: Jefferson Health, Main Line Health, Temple Health and Trinity Health Mid-Atlantic. Among many health plans under HSX (which encompass 6.5 million Covered Lives), the largest are Aetna Better Health, AmeriHealth Caritas; Health Partners Plans, Independence Blue Cross and United Healthcare. HSX also has 4 ACOs, 2 Behavioral Health, including Merakey, and 6 Post-Acute organizations as members. Ms. Clarke also mentioned that Community Behavioral Health (CBH) in Philadelphia is a part of HSX, which was a noteworthy accomplishment. HSX Advanced Services include Analytics and Reporting, Quality Programs and Research.

HSX maintains attributed panels for care organizations and sends notification of encounter to care teams. HSX has 15 million Unique Patients with clinical history, and 7 million patients are currently monitored.

In response to a query about information that HSX offers that can be proactive or actionable, Mr. Marella gave the example of a project. IQVIA and the Juvenile Diabetes Research Foundation had asked HSX to assist with cases of people who were mistakenly diagnosed with Type 2 diabetes when they actually had Type 1. After using a QVIA algorithm and data from HSX, they discovered 25,000 people who had received false diagnoses. In the end, the patient's care team or hospital can be notified and utilize a particular enzyme test to confirm the patient's genuine diabetic type.

Outreach began in 2019 of a pilot with Benefits Data Trust (BDT) through the Dept. of Aging, which would generate a contact shortly after a patient's hospital discharge, to check on their PACE eligibility. HSX later decided to expand this, to check their need for SNAP, LIHEAP and other types of benefits. They enlisted Penn, Jefferson, Einstein, Temple, Crozier and Main Line Health to participate. HSX is the only HIO that has done this type of outreach, and since June 2021, this has helped to connect more than 1,800 households to \$ 2.7 million in annual benefits.

HSX has achieved the Data Aggregator Validation (DAV) certification and only 1 other HIO, KeyHIE, has been doing this. HSX has made improvements in their performance with DAV since they have done this for several years, they increased their compliance with standards, from 83% to 97% and increased their PSV success rate from 70 to 94%.

For the past few years, HSX has also linked patients to social services; now, PA Navigate will assist even more individuals. Working committees have been formed, and contracts have been signed between HIE and findhelp, the vendor. The public website and initial integrations are scheduled for January 2024, while work toward the integration of HIEs and members is ongoing. The closed-loop referral is crucial in order to confirm that the person has been referred and has either received assistance or been given the chance to get it.

#### **Data Modernization Initiative (DMI) and Health IT Priorities**

Ms. Muneeza Iqbal stated that the DMI and Health IT Priorities project was started several years ago, and that to proceed with it more effectively, the Department of Health needs to fill two full-time positions for it. Ms. Rae Ann Ginter, as of November 6, 2023, began as the Director of Data Modernization. She reviewed significant accomplishments made between 2021 and the present, including the go-live of PIERS (formerly known as PA SIIS), which is scheduled for mid-January 2024.

The goal of PA DOH is to provide all internal and external public health decision makers with accessible, timely, reliable, and meaningful data to drive policies and interventions. The CDC provided states with a health data strategy, noting these steps: Build the right foundation, accelerate data info action, develop a state -of-the-art workforce, support and expand partnerships and manage change and governance. CDC's goal is to get better, faster, actionable insights for decision making at all public health levels. The focus of the CDC has been the following: investment in public health data infrastructure, upgrade outdated systems, eliminate silos between health data bases and promote both internal and external data sharing.

During 2021-2022, PA DOH's planning activities included: Working to define their DMI Vision and Mission, create a charter, define their framework and scope, obtain CDC feedback, and obtain DOH buy in, to get DOH's program offices on board with this initiative. In Phase I (2022-2023) they began to build a foundation, by implementing Azure for Modern Data ecosystem, then procured and implemented UMPI (Universal Master Person Index), evaluated and procured a Reporting HUB Solution. In Phase 2 (2023) they onboarded to the foundation by onboarding key data sources to the Enterprise Data Warehouse. PDMP was first since they had end-to-end processes DOH could put into the data warehouse. They onboarded key data sources to the UMPI: PANEDSS, PA SIIS and PDMP. The planned implementation of a Reporting HUB, by selecting a system and procuring it was next.

In parallel to Phase 1 and 2 of DMI related activities, the following will also achieve CDC goals: PA DOH will transition PA SIIS to PIERS (Q1 2024). For Vital Records system replacement the Birth module is already live, and the Death module is expected to be done by Q32024. The Lab Information Management System replacement will occur in Q42024, and the PA-NEDSS System enhancements are set for Q1 and Q2 2024.

Phase 3 of the DMI, Operationalizing will occur in 2024 and 2025. They will establish standard processes for onboarding to the EDW, UMPI and Reporting HUB; prioritize onboarding of health systems to our data ecosystem; and create robust Data Governance processes. They will also be evaluating opportunities for DMI related engagement with TECCA, CDC Building Blocks, the PA eHealth Partnership Program and HIEs, as well as local Health Departments.

January 17, 2024, is the go-live date for PIERS. Project Manager Mr. Amar Pallavaram gave a few updates. He noted that they have been migrating to Envision, and testing is ongoing, which has less than 20% due to schedules. He noted they have started conversations for PHG for HIOs who send HL7s. Module testing is ongoing, but Application testing has been completed. After the go-live, there will be other opportunities for providers to connect directly, or come through the HIO, as there is flexibility there, and using the Reporting HUB, they can provide Reports as well.

### **Vice Chair Nomination/Vote**

At the August meeting, it was noted Ms. Julie Korick accepted nomination for Vice Chair for the remainder of her predecessor's term, through October 2023. At the November meeting, Ms. Korick was voted in as Vice Chair of the Advisory Board for CY2024.

### **PA eHealth Strategic Planning**

Ms. Kay Shaffer led a discussion of our Strategic Plan, which must be reviewed and revamped every three years. The chief focus has been on formulating and improving upon our Vision and Mission Statements, as well as our Strategic Goals and Objectives as we go through this process.

Over the past few months, several review and collaboration opportunities have taken place: During the August Advisory Board meeting, we reviewed the current Plan (July 1, 2021- June 30, 2024) to review what worked well, what we could retain and improve upon for our next Strategic Plan. The PA eHealth team also held an in-person workshop at the HUB office on Sept. 22, 2023, to review our Vision and Mission Statements, as well as our Goals and Objectives. During the October 4 HIETCC meeting, we asked the community for their input in creating our Strategic Plan-from the HIO and HIE perspective. This review of and collaboration on our Strategic Plan continued during the October 12<sup>th</sup> meeting of the PHG Governance Team. During these sessions, each group (HIOs, PHG Governance, Advisory Board, PA eHealth) was first asked for their own input and feedback, then we shared input we had compiled from the other groups during their collaborative sessions.

At today's meeting, we noted a proposed change to the Vision statement: Champion whole-person care for PA communities through the sharing of health care data. We also noted a proposed change to the Mission statement: To Leverage the secure, authorized sharing of electronic health data to improve patient care, care coordination, and reduce costs for PA.

For the Strategic Plan Goals and Objectives, the following changes were proposed:

1. Enable ubiquitous, robust health data sharing, while maintaining privacy and security by:  
Expanding the number and type of stakeholders in HIE and educate them on the value of participating in HIE and align HIE with federal HIT goals.
2. Increase timely access, accuracy, and availability of health data: Integrate P3N into MMIS; support value based purchasing and other initiatives to bend the cost curve; make the data more useable in the stakeholder workflow. and provide easy access to help when it is needed.

3. Improve upon existing P3N services by supporting advancements for access to clinical information and providing support for electronic digital quality measures.
4. Expand care coordination to improve quality and reduce healthcare costs: Expand the number/types of ADTs contributed to the P3N ADT Service, capture meaningful ADT data for analysis and population health reporting, reduce duplicate or unneeded services, and enable sharing of Care Plans, and promote health equity.
5. Increase closed loop referrals for health-related social needs: Support and collaborate with PA Navigate.
6. Expand our collaboration with Commonwealth agencies: Expand and improve HIO access to public health reporting registries, provide P3N access to state program areas, and include county facilities, local entities, and county agencies in that collaboration.
7. Advocate for sustainable HIO funding: Creation of MA Care Coordination Grants and sustainability for PA Navigate.

It was noted that we will keep reviewing the Strategic Plan and provide an update on further edits/changes made to the Plan during the February 2, 2024, Advisory Board Meeting. The new Strategic Plan, once it is approved by the DHS Secretary, will be in effect as of July 1, 2024.

#### **PA eHealth Partnership Program SFY 2022-2023 Annual Report**

The slide deck for today's meeting included a draft letter for the Secretary, expenditures and funding, and the main accomplishments by PA eHealth for the State Fiscal Year 2022-2023 (July 1, 2022, through June 30, 2023). The Advisory Board recommended that the draft Annual Report be submitted for DHS approval before being distributed to the Governor and the Legislature.

#### **PA Navigate Project Implementation**

Currently, there is no standard screening for social needs, and a healthcare provider has no direct means of referring a patient to a Community Based Organization (CBO). We want to deal more effectively with health-related social needs, if a patient is having trouble with housing, food, employment, income, or transportation. The goal of PA Navigate is to build a statewide platform for connecting patients to those services they need. We want SDOH data to be as shareable as clinical data. This initiative will also enable population level view of people's needs and the CBOs' capacity to meet those needs. We also want PA Navigate to make Social Care sustainable, not just for a limited period.

A Consortium of four HIOs (CCHIE, CPCHIE, HSX and KeyHIE) were awarded nearly \$15.5 million in ARPA funds to procure a single, statewide resource and referral tool with the functionality to do closed-loop referrals for health-related social needs. Using this PA Navigate Grant Program (RFA 03-22), the HIOs will integrate the tool into the P3N and health information exchange. The selected vendor will onboard CBOs, with no cost to non-profit CBOs. Agencies will be able to access the tool through working with the vendor or the HIOs.

The PA Navigate Consortium selected findhelp (formerly known as Aunt Bertha). findhelp was chosen due to these factors: They had a substantial existing PA market share, better integration capabilities, partnered with United Way of PA, had financial incentives for CBOs and received a #1 SDOH network rating by KLAS.

There are multiple forms of integration for PA Navigate: For native users via the Web, there is Coalition Sharing via the web; for users in other systems of record, there are EMR/Case Management/Workflow integrations; for non-users, there is data sharing through the HIEs.

Implementation steps for PA Navigate were noted as follows: A Kick-off meeting was held with United Way on August 17, 2023, followed by a Kick-off meeting with PA eHealth and Cognosante the next day. Effective September 11, 2023, all 4 HIOs had five-year contracts with findhelp, which require integration

with the HIO technology platforms within 120 days. LVHN, already uses findhelp and will integrate with PA Navigate through Coalition Sharing. DHS Communications is participating in the PA Navigate Communications workgroup, with the public launch of PA Navigate is planned for mid-January 2024.

We anticipate using the ADT Service and P3N MPI more effectively to share findhelp CCDs. We are also considering PA Navigate integration with state social support programs, such as SNAP, WIC, Medical Assistance (MA), and LIHEAP.

**New Business**

None

**Public Comment**

None

**Advisory Board Meetings Scheduled for 2024**

February 2, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

May 3, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

August 2, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

November 1, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

**Adjournment**

The meeting was adjourned at 2:09 p.m.

**APPROVED: February 3, 2024**