



IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION

Pennsylvania eHealth Partnership Advisory Board

Meeting Minutes

PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, November 4, 2022

Meeting Time: 10:00 a.m. to 2:00 p.m.

Meeting Location: Harrisburg Uptown Building (HUB), 2525 N 7th Street, Harrisburg, PA and Microsoft TEAMS Meeting

Roll Call

Advisory Board Members

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

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

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

Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health Medical Group

Ms. Teri Henning – CEO, Pennsylvania Homecare Association

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

Ms. Julie Korick – Chief Financial Officer, PA Association of Community Health Centers

Ms. Minta Livengood – Volunteer **EXCUSED**

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

Ms. Katie Merritt, Director of Policy & Planning – PA Insurance Department

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

Mr. David F. Simon (Chair) – Chief Legal Affairs Officer, Philadelphia College of Osteopathic Medicine

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, Health Care Administrator

Erica Gipe, EHR Project Manager

PA Department of Human Services Staff

Kathleen Beani – PA eHealth Partnership Program

Dana Kaplan – PA eHealth Partnership Program

Debra Kochel – PA eHealth Partnership Program

Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program

Kay Shaffer – PA eHealth Partnership Program

PA Office of Administration-Bureau of Informatics and Information Technology

Rae-Ann Ginter, IT Manager 2

Amar Pallavaram

Guests

Keith Cromwell, CPCHIE Program Director, HIETCC Chair

Julie Crouse, Vice President, Technology Operations, Solution & Technology – Cognosante

Alix Goss, Imprado

David Grinberg, Imprado

Sameerul Haque, Geisinger

Susan Leitzell, Geisinger

Laval Miller-Wilson, PA Health Law Project

Christina Roberts, Lehigh Valley Health Network

Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

Patrick Weiss, Imprado

Dr. Margaret Zalon, The University of Scranton Department of Nursing

Welcome and Introductions

Roll call was taken, and introductions were done for those that were attending for the first time.

The Advisory Board members voted to approve the August 5, 2022 Meeting Minutes as distributed.

PA eHealth Partnership Program Initiatives

Mr. Ciccocioppo noted the many accomplishments and activities of PA eHealth, in collaboration with the HIOs and other stakeholders. We have statewide connections to five P3N certified HIOs: Clinical Connect (CCHIE); Central PA Connect (CPCHIE), Health Share Exchange (HSX), Keystone Health Information Exchange (KEYHIE) and Lehigh Valley Health Network (LVHN). There is also have a State agency EHR connection to the Department of Corrections (DOC). We have interstate connections for ADT sharing with Delaware Health Information Exchange (DHIN) and are working on an Agreement between Pennsylvania and CRISP Shared Services, to share ADTs with Maryland, West Virginia and District of Columbia (DC).

As of September 2022, 77% of acute care hospitals with ED a connected to an HIO in PA. For Long Term Care facilities, previously 34% connected to an HIO, but dropped to 30% in March due to the ownership of these facilities changing along with their new priorities, they chose to not maintain the previous affiliation with an HIO.

The Cognosante P3N Roadmap, Transition Phase 1, was noted for months 0- 3; Transition Phase 2 would occur in months 4-6; Implementation was to occur in months 7-12, with complete Implementation taking no longer than one year's time.

Mr. Ciccocioppo shared the Cognosante P3N ADT Dashboard, to show the data available, including Inbound ADT totals, Outbound ADT totals and Total Unique Persons as well. Also shared was the COVID Dashboard, showing both Exposed and Confirmed COVID Cases in PA using ADT data, as we did with the ADT Reports we received from IBM, our previous P3N vendor.

Stating that there is a problem with our system, when it comes to helping people with their healthcare concerns; Social Determinants of Health (SDOH) have a great impact on the person/patient, who may have food insecurity, housing issues poor diet and other factors in their life that can impede their ability to achieve better health outcomes. SDOH looks at not only physical health, but health behaviors, like tobacco use, D & A abuse, and the impact of economic hardship, and limited employment and/or education.

The Resource and Referral Tool for RISE PA will have these traits: It will be a platform to screen for SDOH domains; maintain data; contain a searchable and accessible resource directory; provide a closed loop referral system; provide a care coordination and management platform for Community Based Organizations (CBOs); allow for some interoperability and integration with stakeholders and commonwealth systems. A few years ago, PA DHS came up with RISE PA, and a Resource and Referral Tool was to be chosen and implemented. Many stakeholders held meetings on RISE PA and their advisory committee worked to bring this initiative to fruition. However, due to the COVID-19 Public Health Emergency's administrative impact, the Procurement had to be cancelled.

In this current effort to create and implement a RISE PA Resource and Referral Tool, the previous feedback collected from the advisory committee is being leveraged. Four HIOs (CCHIE, CPCHIE, KeyHIE and HSX) will collectively procure a single, statewide RISE PA tool vendor with the desired functionality to do closed loop referrals for SDOH needs. The HIOs will integrate the tool into the P3N and health information exchange. This means providers or other stakeholders could access the tool if they have already been onboarded by any of the HIOs. The selected vendor will onboard the CBOs, with no cost to non-profit CBOs. Agencies will also be able to access the tool through working with the vendor or the HIOs.

Nearly \$15.5 million in ARPA funding is being used to support this grant program. The Department is working to finalize the grant agreements, the process should take 2-3 months. Once the grant agreements are fully executed with the HIOs, the HIOs will work together to select a single statewide Resource and Referral Tool (RRT) vendor – the process should take them 4-6 months. Once the RRT vendor is selected and contracted, the Department will pay a portion of the grant to the HIOs, which includes pass-through funds for the selected RRT vendor. After the HIOs become interoperable with the RRT vendor, the Department will pay the final milestone payment to the HIOs, which includes additional pass-through funds for the RRT vendor.

PA Department of Health Data Modernization

Ms. Muneeza Iqbal noted the focus on data modernization, first mentioned by her predecessor, Mr. Shinabery. The focus is to have data that is acceptable, timely and reliable, and moving it from the electronic data warehouse to the Cloud. In Q4 of 2024, they expect LIMs to go live. PA SIIIS has a new vendor, and they expect that implementation to go live in February 2024. NEDS will have 18 new features in backlog and releases over the next two years. The PDMP transitioned to a new vendor in February 2022, with 98,000 prescribers and over 30 million searches having been done. The UMPI they are working on with Verato is set to go live in March 2023. They are working with Talon to assist with data governance. They are also working with the University of Pittsburgh to do a data literacy project.

The COVID Pandemic revealed how many systems in the US are siloed. The CDC is working with PA and a few other states regarding how data can come through a single-entry point rather than so many different entry points. The CDC is also looking to modernize itself in these efforts. The pilot with PA and other states will last for 12 months, and then its results will be reviewed. Another focus noted that RX Check 3.0 was updated in September 2022, but they also want to get information from other states, and they are working with others on data exchange.

Mr. Ciccocioppo then noted there have been challenges in communication with DOH regarding the PHG, as we want to integrate it into the new P3N, so PHG will no longer be a separate entity. Ms. Ginter is aware of this, and stated they want to keep it manageable at an Enterprise level. It is worth additional discussion, as Cognosante's team needs to know how to proceed in preparation for PHG integration into the new P3N. Ms. Ginter stated that she and/or Mr. Greg Johnson could be contacted regarding this.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Mr. Keith Cromwell, HIETCC Chair, served in the liaison role to provide a summary of the Committee's activities. Over the past several months, the HIOS have been discussing and working on the following:

RISE PA Grant Program for HIOs to select a Statewide RRT vendor; the Cognosante Implementation of the P3N/PHG; Interstate Data Sharing with CRISP (which will include MD, WV and DC); two ARPA-funded Grants for Home Health Agencies (HHAs), HIE Onboarding and EHR Incentives; Trusted Exchange Framework and Common Agreement (TEFCA); NCQA Data Aggregator Validation (DAV) Certification; electronic Case Reporting (eCR); completion of the Annual Review of the HIO Participant Agreement and related Policies; initiated the annual Super Protected Data (SPD) coding workgroup.

PA Department of Corrections (DOC) Leverages the P3N for Improving Care

Mr. Phil Coady and Ms. Erica Gipe gave their presentation today. Mr. Coady explained that DOC finally connected to the P3N about three years ago, but the initiative was worked on years earlier, as far back as 2011, when the prison system still used mostly paper medical records. Sapphire is DOC's EHR vendor, and they worked with PA eHealth and IBM for about 18 months (from early 2018 to Fall 2019) to finally make the DOC's connection to the P3N a reality. Mr. Coady showed a map of different SCIs in PA, noting a total of 39,000 inmates and parolees under their supervision. The smallest facility is Quehanna Boot Camp (431 inmates) while the largest, SCI (State Correctional Institution) Phoenix, is comprised of 2,698 inmates. DOC has a total of 15,000 employees. According to figures from 2021, the DOC had over 12,000 admissions to their facilities, and a total of over 14,000 releases. DOC Bureau of Health Care Services (BHCS) establishes policies and procedures to oversee and monitor DOC's health care delivery system. It provides support through two divisions: Clinical Services and Quality Improvement. When the inmate first enters the facility (or returns as a parole violator), the DOC EHR (Sapphire) automatically scans the P3N for files. The trigger for the scan is when Nursing completes a DC-472N Reception Progress Note for that person. P3N files appear in Sapphire under Documents and are available to prison health care providers, since it gives them a medical background of the new inmate to ensure appropriate care. At the other end of the spectrum, when an inmate is ultimately released from prison, Sapphire will send a continuity of care document (CCD) to the P3N. Prior to their release, the inmate must complete a DC 108A, Authorization for Release of Information, which gives DOC the consent to release the CCD. This data will assist providers out in the community who may become part of the former inmate's medical care team after he or she is released from prison. Some inmates ask not to have their data shared via the P3N. However, some of them Opt-In to have their data shared via the P3N as it is helpful in avoiding duplicative testing or repeated doctor visits to determine medical information that is already known to the system. Mr. Coady noted that, the way the inmate may decide to not share their data may depend upon the way it is presented to them by staff. DOC has been providing more training to its staff on what Health Information Exchange (HIE) is, and what the P3N is. In turn, it can greatly assist the inmate in providing them with the most appropriate care and the coordination of the care they receive.

PA eHealth Partnership Program Annual Report

Presented at this meeting were the draft letter from DHS Secretary Meg Snead, noting how the Department is focused on whole-person care helping to meet the needs of Pennsylvanians in the most cost-effective ways. Also presented was a draft of the Annual Report (July 1, 2021- June 30, 2022) that was provide to the Governor and General Assembly under Act 76 of 2016. The Report is for the Fiscal Year July 1, 2021 to June 30, 2022 and includes a summary of PA eHealth's activities and accomplishments, a list of contracts entered, and a summary of reportable breaches.

We have met many of PA eHealth's goals and objectives: enabled ubiquitous, robust HIE by adding LVHN to our group of P3N Certified HIOs; sharing of data with DHIN; expanding P3N access to other state program areas, completing 121 HIO onboardings and 4 Payer integrations with FFY 2021 HITECH Grants; regaining Allegheny Health Network and Wellspan Health participation with P3N certified HIOs.

We have increased timely access accuracy and availability of data by securing ARPA funding for a new RISE PA Resource and Referral Tool (RRT) to integrate closed-loop referrals for unmet SDOH needs; we have included integration of the PHG in the new P3N procurement.

We have improved on our exiting P3N services by securing a 5-year, \$20 million contract with Cognosante to replace the legacy P3N and enhance the new P3N with integration of PHG, a new Care Plan Registry, and prepared a final five-year State Medicaid Health IT Plan (SMHP), which CMS approved.

We have enabled alerts to patient care teams for relevant encounters by increasing the number of facilities sending ADTs to the P3N, from 98 to 154; establishing ADT sharing with the DHIN; directed Cognosante to incorporate the entirety of the ADT messages into the new P3N ADT Service and

developed PA eHealth staff resources capable of using Tableau for enhanced analytics and visualizations to communicate P3N operations data to key stakeholders.

We have supported care coordination to improve quality by enforcing the requirement for Patient Centered Medical Homes (PCMHs) to participate with an HIO and increasing P3N, PHG and ADT Service participation to reduce duplicative or unneeded services.

We have improved patient outcomes and satisfaction by contracting with Verato to use referential data in the Master Patient Index (MPI), coordinating HIO communication during the PDMP vendor transition, and meeting with HIOs and PA State Immunization Registry about the need and approach to improve COVID immunization record matching.

The HIE stakeholder experience has been optimized in several ways: by offering 24/7 access to on-demand training on the new P3N, providing additional training for existing P3N users in Medicaid Fee-For-Service (FFS) and Office of Developmental Programs (ODP) and provided funding in the RRT Grant program to customize provider EHRs for deep integration with the statewide RRT vendor through the HIOs.

Ms. Beani reiterated the comprehensive activities PA eHealth has employed to reach their goals and objectives and Ms. Shaffer noted other aspects of the Draft Annual Report, including the Receipts and Expenditures chart. For FFY July 1, 2021- June 30, 2022 Receipts totaled \$12,349,473 and Expenditures totaled \$19,995,178.33. Ms. Shaffer then noted the only contract that we currently have is the 5-year contract with Cognosante, totaling \$19,995,178.33. The last part of the draft Annual Report noted that there were no reportable breaches that occurred.

Journeying Along the Cognosante P3N/PHG Roadmap

Ms. Julie Crouse was in-person to present to the Advisory Board on Cognosante's progress with the New P3N/PHG project. For the Go-Live Recap/Status, she noted that on August 25th at 12 pm, the participating HIOs, DOC and DHIN began cutover activities from the IBM P3N to the Cognosante P3N solution. 29 hours later, on August 26th a successful go-live was declared, with several issues that prevented full interoperability across P3N data sources. Post go-live updates included these items: 95% of issues encountered after go-live were resolved within 30 days; there is now an effort underway to further align standardization of the expanded ADT messages closer to HL7 standards. Updates on interoperability included ADT Inbound processing, expanded ADT forwarding, and Query and Retrieval of Documents. There will also be a regular cadence of releases (which will happen closer together than previously noted) to include enhancements, issues (bugs) and implementation scope. A screenshot of the eSante Dashboard screen was shared to show how it looks from different points such as Admin, HIO, or a different type of P3N user. In the Implementation Timeline for year 1, Cognosante believes they are on track to get the work done in a timely manner. The Risk and Issue Dashboard was also shared, noting how the Cognosante team looks at different issues that can happen and the different types of risks that those issues can cause.

PA eH Partnership Advisory Board Vice-Chair Nominations/Election

In addition to Mr. Paul McGuire, the current Vice Chair, there were no other nominations received for the office of Vice Chair of the Advisory Board between the prior meeting and today. The Board members voted to re-elect Mr. Paul McGuire to serve as Vice Chair for calendar year 2023.

New Business

None noted.

Public Comment

None were offered.

Action Items

None.

Advisory Board Meeting Schedule for 2023

May 5, 2023 in-person at 10 a.m. – 2 p.m.

August 4, 2023 in-person at 10 a.m. – 2 p.m.

November 3, 2023 in-person at 10 a.m. – 2 p.m.

Adjournment

The meeting was adjourned at 2 p.m.

APPROVED: February 10, 2023