



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, February 10, 2023  
Meeting Time: 10:00 a.m. to 1:47 p.m.  
Meeting Location: Microsoft TEAMS Meeting

**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  
Ms. Katie Merritt, Director of Policy & Planning – PA Insurance Department  
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine Lanc. Gen. Hlth. EXCUSED

**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**

Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs (OMAP)  
Dr. David Kelley, Chief Medical Officer, OMAP  
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  
Christy Stermer - PA eHealth Partnership Program

**Guests**

Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger  
Tara Gensemer, Cognosante  
Alix Goss, Imprado  
Jennifer Greene, Supervisor, Ambulatory Applications, Central PA Connect HIE (CPCHIE)  
Marc Jacobs, Chief Information Officer, Delaware Health Information Network (DHIN)  
Michael Lundie, VP, Interoperability Engineering, Cognosante  
Bill Marella, VP, Value Based Care & Analytics, Health Share Exchange (HSX)  
Heather Myers, Public Health Program Manager, Department of Health  
Christina Roberts, Lehigh Valley Health Network (LVHN)

Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

Steve Shine, Senior EPIC Consultant, LVHN

Amy Soto, Central PA Connect HIE

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

### **Welcome and Introductions**

Roll call was completed to determine those present today (in-person or via TEAMS), with the Wiretap Act and Consent to Recording read aloud and shared visually on the screen with all attendees.

Vice-Chair Paul McGuire presided over today's meeting. He acknowledged the appreciation of the Board and the community for David Simon's four years as the Advisory Board's leader and his unwavering support of a strong health information exchange in Pennsylvania. Since Board Chair David Simon announced his resignation from the Board a few months ago, there are currently 2 board vacancies: consumer representative and chair. The November 4, 2022, Meeting Minutes were approved by the advisory board in a vote.

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

For ID matching, Cognosante uses Verato, giving us a 38% matching rate similar to IBM's. The ADT communications contain an estimated 75,000 Unique Patients each week. There were 137 facilities in PROD for ADTs in August 2022, 149 facilities in PROD in September, and 163 facilities in PROD for ADTs currently. Currently, 30% of SNFs and LTC institutions are linked to an HIO. We haven't yet hit 2 million document retrievals, but we now think it's a realistic target.

### **State Medicaid Director Priorities**

DHS/OMAP Deputy Secretary Sally Kozak noted that the Acting DHS Secretary for the Shapiro Administration, Val Arkoosh, has been a healthcare provider and has administrative experience at the State and County level in PA (Montgomery), bringing a wealth of experience and leadership to her new role. The main priorities for DHS are: To shore up the workforce and childcare assistance; address hospital staffing shortages; and to improve housing resources, especially for the most vulnerable, such as those with mental illness and SUD (substance use disorder). The biggest priority which encompasses different challenges is SDOH and how the health of each person is affected by needs other than clinical, such as transportation, food, utilities. The state is focused on whole person care and the Resource and Referral Tool, or PA Navigate, will help foster that going forward. When asked what the future of Value Based Purchasing (VBP) would be going forward, the Deputy Secretary noted it was not a change of focus, but a re-focusing on this over the next few years. CMS has given DHS the flexibility they did not have before. She noted that DHS Acting Secretary Arkoosh has only been in the position for three weeks, yet much is already happening due to her proactive leadership, not only within DHS, but in the Insurance Department, PENNIE (the state's health insurance exchange) and CHIP (the Children's Health Insurance Plan). A major challenge for PA is the coming Medicaid Unwinding, which means that nearly 500,000 people may lose their health coverage, many of whom had kept for three years due to the COVID Public Health Emergency. During a Q & A, several items were noted, such as public health challenges, emergence of Health Data Utility (HDU) models and ID matching. Another question asked was whether the PA State Legislature is aware of the PA eHealth Partnership and what it does; DHS recently had a meeting with new members of the Legislature. The Legislative contact did reach out to PA eHealth, but only about Advisory Board appointments.

### **MMIS Streamlined Modular Certification (SMC) Operational Readiness Review (ORR)**

Kay Shaffer gave a presentation on the recent session held between PA eHealth, CMS, and MITRE on January 24, 2023. We currently receive 50% funding from CMS for Maintenance and Operations (M&O)

of the P3N. However, completing an ORR will enable us to receive 75% funding for M&O, to lessen our costs. During the session with CMS and MITRE, the agenda included the following: System and Program Overview; Plans for Releases, Training and Testing; System Defects and Risks; System Demos; Metrics Discussion; Security and Privacy. The session also included a Q & A for each side, as well as an Action Item Review and a discussion of Next Steps. There are nine CMS-Approved P3N SMC Outcomes, which will be supported by Metrics for each: Master Patient Index (MPI), increasing the matching and linking rates; implementation of the P3N Patient Portal, which will enable the Patient to access their medical data and Consent decision documents more frequently and easily over time, as the Portal matures; implementation of the P3N Provider Directory, which can be accessed by Medicaid beneficiaries and Providers regularly and successfully as it matures; P3N Provider Portal, which will enable Providers to confirm their credentials and verify the Medicaid enrollment and eligibility of the patients for which they have a treatment relationship; The P3N Clinical Data Registry & Repository will improve population health and patient experience by hosting clinical data, such as Consent documents, Care Plans, Advance Directives and Common Clinical Data Set Notes and Narratives; P3N Consent Registry and SPD Tagging & Filtering Service will enforce technical controls so information is shared with Providers, while protecting Patients' rights by only allowing clinical data to be exchanged (or not) when authorized by the Patient; the P3N Encounter Notification Service reduces ED and hospital readmissions and duplicative testing and improves outreach and care coordination; Clinical Data Push Service improves patient care by delivering clinical data without the need to initiate a query and retrieve, as well as provide clinical document exchange with healthcare systems in the absence of other standardized document sharing infrastructure.

As this capability is implemented and matures, there will be an increase in Medicaid Provider utilization, and the number of Medicaid Beneficiaries affected; the Public Health Gateway (PHG) Service will improve the state's public health reporting requirements, such as Lab Reporting, Cancer, Immunization, PDMP and electronic Case Reporting (eCR). The PHG offers query access (Immunization, PDMP) by providing a single connection point to state registries from HIOs and Providers.

CMS provided two recommendations for PA eHealth: Prior to the Certification Review, the state should provide completed independent, third-party penetration testing results, as well as the Security Assessment Report (SAR), vulnerability scans, and the Plan of Action & Milestones (POA&M) outlining resolution of any significant deficiencies. Secondly, the state should conduct an actual Disaster Recovery exercise and provide evidence of Disaster Recovery test results to the CMS certification team in advance of the Certification Review.

### **DHIN's Collaborative Efforts with Pennsylvania**

Mark Jacobs, DHIN's CIO, provided an overview of their services and accomplishments. They have a connection of some type with all 50 states and DC. This year, their initiatives include the following: Granular Patient Consent Tool, enabling Patient input on who can see (and how much of) their data; expected statewide implementation of Student Absenteeism alert system (and working on other SDOH applications); completion of routine test pilots (Delaware Medical Society and Aledade); standard claims data extract for Delaware state agency use; enabling DHIN's clinical data for data analytics. They noted they supported PA eHealth in 2012, when it was an Authority. In July 2019, DHIN began ADT data sharing with HSX. In late 2021, DHIN and PA eHealth Partnership Program, reached an agreement to share ADTs for their residents traveling for healthcare to each of their respective states. That data sharing began in January 2022. DHIN filters out SPD so it is not transmitted. The ADT sharing has gone well, with our P3N receiving a steady number of DHIN ADTs; the number of ADTs we have provided to DHIN via the P3N has steadily increased, with more DHIN facilities being added to the P3N ADT Service next month. DHIN's vision for the future is to improve and strengthen DHIN and P3N collaboration, such

as potential expansion of data sharing, to include clinical results (ORU messages- lab, pathology, etc.), CCD exchange and Public Health Data (Immunizations, Syndromic). They also noted several trends in a recent survey of 20 HIEs: The Changing national network landscape, TEFCA, the need for workflow into EMR, a growing number of EHR vendor networks, addressing SDOH issues and the emerging Health Data Utility (HDU) model.

### **Resource and Referral Tool Update**

Mr. Bill Marella gave an update on the work being done by four P3N certified HIOs to select a vendor for the Resource and Referral Tool, which the group intends to re-brand as PA Navigate. The main goals of this initiative are: To build a Statewide platform for connecting patients to social services, making SDOH data as shareable as clinical data, making Social Care sustainable, and enabling a Population-level view of citizens' needs and the CBOs' capacity to meet those needs. Clinical Care factors into just 20 % of a person's health outcomes; the other 80% is determined by other factors (housing, food, employment, other economic/social elements).

In a Tower Health Reading Hospital case study, an Accountable Health Community survey showed a population that was significantly low income, immigrant, food insecure, and living in a food desert (lack of local food retailers). The Community Connection Project was comprised of Providers, Payers, and CBOs (food banks and pantries), and for SDOH screening and referrals, they used Wellsky. A total of 85% of referrals were fulfilled, and within one year, 74% of that community had their food needs resolved. Among those patients whose food needs were resolved: 32% had fewer ED visits; 32% had fewer hospital admissions; 30% had fewer readmissions and 31% had fewer hospital costs.

The Grant period for PA Navigate: August 31, 2022- January 31, 2024 (likely extended to January 31, 2025). PA DHS funding: Up to \$15.42M across four HIOs: \$900K to each HIO (\$3.6M), \$2.25M x4 for selected vendor (\$9M), 90+ Member/CBO Integration (\$82 M). In the timeline, it is expected that vendor Procurement will be complete in Q1 2023, with member integration complete by end of Grant; Procurement envisions a 5-year Performance Period. Community value of the PA Navigate initiative includes improved outcomes resulting from better coverage of SDOH needs; a single solution for SDOH data sharing; population health monitoring for social needs; state subsidy benefits members and CBOs; tracking health outcomes by addressing social needs; standardizing/streamlining workflows. There are also challenges as the initiative moves forward: Many SDOH referral systems are already in use, with one vendor dominant; CBO community engagement and capacity varies for each Organization; SDOH-related standards are still emerging; Provider EMR capabilities are not mature in this area, and there are concerns about sustainability and future funding. There are also ways that DHS/PA eHealth can help: State agencies as a group are a significant stakeholder; we can possibly require use of PA Navigate in Medicaid MCO contracts; we can collaborate on a future funding model (e.g., 1115 waiver; Medicaid Modernization Funds, etc.); CBO engagement; in-kind support for marketing and adoption of PA Navigate.

### **Cognosante P3N Update**

Mike Lundie and Joel Lange of Cognosante presented an update on the P3N, citing the one-year anniversary of their February 8, 2022, Kick-Off call event with the Department. They outlined a Support Update on staffing change, as the Advisory Board had met different members of Cognosante at the previous meeting in November 2022: Executive Account Director, from Julie Crouse to Michael Lundie; Maintenance & Operations Manager, from Leslie Stine-Muse to Tara Gensemer; Technical Lead, from Clark Shaw to Chris DeSocio (interim). Just before a Planned Downtime event on January 9, 2023, an Unplanned event occurred causing the P3N eSante platform and IRIS to go down for more than six hours; there was no effect on Verato that had to be mitigated. Cognosante has since made capacity

enhancements to their system as well as changes to their processes, including Planned events being scheduled during other time periods and requiring a higher executive-level approval before future comprehensive Planned events can be scheduled for completion. They also provided to the Department a detailed Root Cause Analysis (RCA) of that Unplanned Downtime event.

An update on the Implementation Roadmap and what work still needs to be done, including the following: Public Health Gateway (PHG) Production, System Connectivity for future HIO onboardings, and to add CRISP data sources to the P3N ADT Service; the Provider Portal, SPD tagging and Filtering; a Provider and Patient Relationship Service; Care Plans, including the OB Needs Assessment Form (ONAF) SAMS Care Plans (for Area Agencies on Aging). MA Care Managers and Pediatric Shift Nursing Care Plans. Another Project Requirement is the Encounter Notifications Service (ENS) through Inform, which would include Specialized Screening and Specific Codes. The XDS Registry and CDR would include Longitudinal de-duplicated records, Medications list and Department data. Consent Management would include managing Consent tied with document upload, as well as the inclusion of effective date/end date. Data Analytics would include Risk Scoring and Population Health Management.

Some of the deferred requirements are: Having an interface with other Program areas, such as ODP Developmental Centers, OMHSAS, DMVA, with other State Agencies, MMIS Modules and with federal agencies, such as the DoD and the VA. Also down the road of Implementation is Clinical Data Push, as well as the Resource Referral Tool (PA Navigate), SDOH Data and MA Claims Data.

Maintenance & Operations Activities were noted: Monthly HIO meetings; Security Testing, Reporting, System Monitoring and Operational & Performance Metrics, System Upgrades, Help Desk Support, Maintenance Activities, Defect Management. Disaster Recovery & Backup (including a Tabletop Exercise set for next month), Onboarding and Offboarding, and Training to be available to all stakeholders on P3N systems. Cognosante's commitment to ongoing improvements includes these components, as they each provide comprehensive advantages: Health Lake, WellBase, Inform Improvements, Verato CSP and Snowflake.

Cognosante noted we can leverage P3N core Components for future capabilities in the following ways: IRIS Health service Bus can help with Clinical Event Detection Triggers, Compound Processing and Clinical Data Push; the MPI can include PA Navigate Patients, RLS and PIX feeds; the Provider Directory can incorporate the Community Based Organizations (CBOs); the Provider Portal can be integrated with the RRT/PA Navigate. For Data Analytics, SDOH data could be reported out by zip code, etc. to help determine hot spots for greatest need- could offer collaborative efforts with PA Navigate.

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

During today's meeting, Ms. Kim Chaundy of KeyHIE served in the HIO liaison role to provide a summary of the Committee's activities

Over the past several months, the HIETCC included the following items during their meetings: Phyllis Szymanski, President, CCHIE, was elected HIETCC chair for calendar year 2023. Work is progressing on the RISE PA grant program (RFA 03-22) for the HIOs to choose a Statewide Resource & Referral Tool (RRT) vendor, and the HIOs have rebranded this initiative as PA Navigate. We have also looked at potential ARPA- funded grants for HIE onboarding and RRT EHR Integration. Cognosante is progressing in its Transition and Implementation phases of the new P3N. They have also worked to enhance P3N Operations and Transparency, as well as creating and providing Reports to PA eHealth via the P3N Tableau Dashboard. We will soon have an interstate Data Sharing Agreement with CRISP to share ADTs with Maryland, DC, West Virginia, and Connecticut.

The HIETCC has also discussed the Trusted Exchange Framework & Common Agreement (TEFCA) and its implications. Ms. Kay Shaffer spearheaded formation of the annual Super-Protected Data (SPD) workgroup, which meets to ensure we have updated SPD coding to be shared with the HIO community. Another topic focus for the HIETCC was Data Aggregator Validation (DAV) Certification, which HSX and KeyHIE have gone through that vigorous process successfully.

**New Business**

None noted

**Public Comment**

None were offered.

**Remaining Advisory Board Meetings Scheduled for 2023**

May 5, 2023, In-person at 2525 N Seventh Street, Harrisburg 10 a.m. - 2 p.m.

August 4, 2023, In-person at 2525 N. Seventh Street, Harrisburg 10 a.m. - 2 p.m.

November 3, 2023, In-person at 2525 N. Seventh Street, Harrisburg 10 a.m. - 2 p.m.

**Adjournment**

The meeting was adjourned at 1:47 p.m.

**APPROVED: May 5, 2023**