



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, May 7, 2021
Meeting Time: 10:00 a.m. to 12:10 p.m.
Meeting Location: 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 - ABSENT
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 - EXCUSED
Mr. Michael Humphreys – Chief of Staff, PA Insurance Department
Ms. Julie Korick – Chief Financial Officer, PA Association of Community Health Centers
Ms. Minta Livengood – Volunteer - ABSENT
Mr. Paul McGuire (Vice Chair) – Chief Operating Officer, Quality Life Services - EXCUSED
Ms. Meghna Patel, Deputy Secretary for Health Innovation, PA Department of Health
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, Director, ClinicalConnect HIE

PA Department of Corrections (DOC) Staff

Mr. Phillip Coady – Corrections Healthcare Coordinator

PA Department of Health Staff

Ms. Dana Kaplan – Public Health Gateway Coordinator

PA Department of Human Services Staff

Ms. Kathleen Beani – PA eHealth Partnership Program
Ms. Debra Kochel – PA eHealth Partnership Program
Ms. Amanda McKenna – OMAP, Bureau of Data and Claims Management
Mr. Allen Price – Health and Human Services Delivery Center
Ms. Kay Shaffer – Health and Human Services Delivery Center
Ms. Christy Stermer – PA eHealth Partnership Program

Guests

Mr. Douglas Carroll, Mount Nittany Health System
Ms. Kim Chaundy, Keystone HIE
Ms. Alix Goss, Imprado
Ms. Susan Leitzell, Geisinger Health Plan-State Government Programs
Mr. Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project
Mr. Obaid Zaman, Hospital & Healthsystem Association of Pennsylvania

Welcome and Introductions

Chair David Simon welcomed participants to the meeting, being held via Microsoft TEAMS today.

Review of February 12, 2021 Meeting Minutes & March 19, 2021 Working Session Notes

The members voted to approve the February 12, 2021 meeting minutes as distributed.

There were no suggested changes or edits to the March 19, 2021 Working Session Notes, which have helped inform our continued work on the new PA eHealth Partnership Strategic Plan.

PA eHealth Partnership Program Updates and Accomplishments

Mr. Ciccocioppo noted the following:

The P3N ADT Service

The P3N continues to grow and has now delivered over 29 million outbound messages to the HIOs. Currently in Production, 114 facilities are sending ED ADTs, and 61 facilities are sending Inpatient ADTs. In the Pipeline, we have 4 facilities preparing to begin sending ED ADTs, and 37 facilities preparing to start sending Inpatient ADTs in 2Q 2021. By Q3 2021, we expect to have more than 120 ED and Inpatient ADT feeds. Later this year, the P3N ADT Service will begin adding Ambulatory feeds, and we hope to begin sharing ADTs with neighboring states (Maryland, Delaware, and West Virginia). We are also continuing the COVID-19 surveillance of P3N ADTs.

In reviewing the Weekly Unique Persons Sent Chart, Mr. Ciccocioppo noted that we had a high total of nearly 17,000 persons in the last week of January 2020, before COVID-19 hit Pennsylvania. That weekly number of unique persons steadily reduced, to a low of 6,700 in mid-April 2020. The current weekly total is now over 16,000, so we are headed back in the right direction.

Growing Participation in HIOs and P3N

In the past three years, there have been several contract levers and incentives that DHS has used to increase payer and provider participation in P3N HIOs. In 2020, DHS began requiring all Patient Centered Medical Homes (PCMHs) to join a P3N HIO, and in 2021, all Behavioral Health MA MCOs must join a P3N HIO. We are also expecting P3N participation to continue growing with the advent of P3N ADT sharing with several states. It was noted that about 400,000 Pennsylvania residents are currently accessing healthcare in DE, and Chair Simon asked about PA eHealth's status with the Delaware Health Information Network (DHIN). Mr. Ciccocioppo advised we are meeting with DHIN and IBM next week to discuss the P3N ADT sharing project.

HIE Onboarding Grants

These are made available to P3N Certified HIOs to support them in their efforts to connect a variety of healthcare providers to the HIOs' networks, and, in turn, to the P3N. This is the final year for these grants, which were first awarded as part of the American Recovery Act of 2009. Mr. Ciccocioppo noted that PA eHealth awarded \$7.7 million across 4 HIOs to onboard 223 inpatient and ambulatory organizations. He advised that we provided an official news release about these grant awards to DHS Communications on 4/10/2021; however, due to the many COVID-19-related news releases that need to be published first, our news release has not yet been issued.

The other three grants were awarded as follows: \$60,000 in PHG Onboarding Grants to two HIOs; \$500,000 in Payor Onboarding Grants to 3 HIOs; and \$300,000 in Patient Matching Grants to 3 HIOs. Mr. Ciccocioppo noted that the HIOs must complete all grant-related work by September 30, 2021. It was also noted that, on the federal level, the Biden Administration is currently promoting its American Rescue Plan (ARP) which may potentially provide funding for this work.

After Mr. Ciccocioppo's explanation of the grant awards, Chair Simon asked the HIOs which of their Payors received those Payor Grants. Mr. Ciccocioppo noted that KeyHIE received grant funds for Gateway and Geisinger; Ms. Phyllis Szymanski of CCHIE noted that CCHIE received grant funds for UPMC

Health Plan for Medicaid and Community Health Choices Plan (CHC Plan); and Mr. Don Reed of HSX noted that HSX received grant funds for United and Health Partners Plan.

P3N Re-Procurement

In November 2020 CMS approved the new P3N infrastructure to be a model for PA's new MMIS and in January 2021, they approved the P3N Request for Proposal (RFP). RFP 09-19 was then posted January 27, 2021, and responses were due by March 31, 2021. Mr. Ciccocioppo noted we want to complete the new P3N procurement by the end of this calendar year and complete the transition from the IBM P3N by April 2022. He also noted this new P3N will incorporate all current statewide HIE services and the PHG service, which is currently provided by the Commonwealth. The new P3N will also be integrated with the statewide resource and referral tool (Aunt Bertha).

DOH – Women, Infants and Children (WIC)

Mr. Ciccocioppo noted that WIC is looking to obtain P3N access for 50 individuals (25 WIC nutritionists and 25 backup supervisors). WIC is trying to get more pediatric offices to join an HIO, so WIC can obtain needed clinical data on the infants and children in their caseloads. Since some WIC employees under DOH are contractors, not state employees covered by HIPAA, DOH/WIC's legal department is working on a solution for this issue.

Health Information Exchange Trust Community Committee (HIETCC) Updates

During each Advisory Board meeting, an HIO representative is chosen on a rotating basis to serve in a liaison role to update the Advisory Board on the HIOs' accomplishments, activities and issues addressed by the Health Information Exchange Trust Community Committee (HIETCC). The previous Chair of the HIETCC was Ms. Kim Chaundy of KeyHIE, and the current Chair of the HIETCC is Mr. Keith Cromwell of CPCHIE. For today's meeting, Ms. Kim Chaundy of KeyHIE served in this liaison role. The participants of this meeting received a packet containing copies of the two previous HIETCC Meeting Minutes (February and March 2021) as well as the April 7, 2021 Meeting Agenda. We provide these meeting documents to the Advisory Board at every quarterly meeting to keep them apprised of the topics and issues that are raised, and to summarize the work being done by the HIOs.

Ms. Chaundy noted that most of the topics listed on the slide were already covered by Mr. Ciccocioppo during his presentation of PA eHealth updates, so Ms. Chaundy gave a summary of KeyHIE's recent Star Grant work. Ms. Chaundy noted KeyHIE's goal of reducing the whitespace and expanding HIOs to facilitate vaccination (vax) information to PA SIIS. Both HSX and KeyHIE met by phone with PA SIIS (immunization registry) for their pharmaceutical (pharma) and ambulatory groups and others to get vax info (within 24-48 hours) to DOH/PA SIIS. We need to get PA SIIS to register results in a timely manner. KeyHIE takes vax data contained in a csv file and produces an HL7-VXU message. A lot of the pharmacies and special areas are using non EHR solutions – like Salesforce and Excel Spreadsheet – need to manually enter/submit thousands of vax results to PA SIIS. The Star Grant has enabled KeyHIE to help these providers to not have to manually input all these vaccines by uploading them as a HL7-VXU file. Ms. Chaundy noted that as of May 4, 2021 KeyHIE converted 166,225 vaccination messages and sent them to PA SIIS. She added that one prominent provider contacted Governor Wolf's office, noting they still had a backlog of 66,000 vax results that should have been submitted to PA SIIS. KeyHIE was able to complete that submission in about 12 hours. Ms. Chaundy noted that HSX also has a Star Grant and is ensuring that they are getting the information processed and over to PA SIIS. Ms. Chaundy concluded by saying that we all need to break down roadblocks and enhance interoperability with the HIEs and PA SIIS. Ms. Dana Kaplan thanked Ms. Chaundy for KeyHIE's work on this, adding that PA SIIS appreciated their work as well.

Mr. Ciccocioppo thanked Ms. Chaundy for being the committee liaison for this meeting and then noted the HIETCC may be growing larger, as Lehigh Valley Health Network (LVHN) approached PA eHealth about becoming a P3N certified HIO. Mr. Ciccocioppo noted they were a pilot for HIE in 2014-2015, then

stopped the process when they switched from Orion to Epic. He also noted that PCMHs are now required to join an HIO. Some of these are under LVHN, so that likely played into their decision to try to become an HIO. Chair Simon noted this is good for reducing the whitespace in the eastern part of PA, and then he asked about St Luke's University Hospital Network (SLUHN). Ms. Chaundy replied that KeyHIE will be meeting with SLUHN next week, and Chair Simon stated this was great news as well.

To round out the summary of topics covered by HIETCC at their past three meeting, Mr. Ciccocioppo noted that the HIOs discussed WIC access to P3N and Interstate ADT sharing with DHIN and CRISP over the past few months, and he thanked the HIOs for agreeing to support these PA eHealth initiatives.

Central Pennsylvania Connect HIE (CPCHIE) Overview

Another rotated feature of each quarterly Advisory Board meeting has been giving one P3N Participant the opportunity to present an overview of their services and HIE. When we started this practice, CPCHIE was the first Participant in the spotlight, and after the other 4 HIOs and DOC have had their opportunity to highlight their services and accomplishments, we came full circle, back to CPCHIE for today's HIO overview, given by Dr. Michael Sheinberg.

Currently, CPCHIE has enabled PA SIIS, PDMP via RxCheck, and Electronic Lab Reporting (ELR). In February 2021, they established a mass vax site in Lancaster, and since March 10, 2021 they have sent over 175,000 vax immunization messages to PA SIIS. They expect to continue operations at this site and submit additional messages to PA SIIS through June 30, 2021. The weekly volume of messages for CPCHIE include: 46,300 PA SIIS messages, 5,350 PDMP messages, and 4,400 ELR messages.

In 2021, CPCHIE has continued to expand its HIO member organization network. As of April 30th, they have added 2 physician practices, 6 PA Long Term Care (LTC) facilities; and they are in the process of adding 9 physician practices, 3 PA LTC facilities and 1 hospital. As of April 28th, 2021, they have processed over 850,000 document-retrieve queries (from other HIOs to CPCHIE) and have processed over 309,000 document responses (from CPCHIE to other HIOs).

CPCHIE completed onboarding as a Carequality implementer, which allows a lighter, more affordable implementation strategy to get MOs (especially smaller ones) connected to P3N. The volume of queries has increased in retrievals from other HIOs to CPCHIE, and they have set up an auto-query schedule to go out to retrieve documents and send documents out to the other HIOs that have queried CPCHIE.

Ms. Pam Clarke appreciated the growth and expansion and asked Dr. Sheinberg if this immunization data sharing was bi-directional, and whether providers can access the information. He replied that CPCHIE is in a process that is like 'auto-reconciliation' in batches. It has been a challenge, but due to the connections CPCHIE has done, this is setting the table for bi-directional to happen. Ms. Chaundy advised that PA SIIS allows Epic to do this (like CPCHIE) but PA SIIS is not allowing it to go to the HIOs, and the HIOs are hoping to get this to happen. Mr. Ciccocioppo noted providers connected to CPCHIE or KeyHIE are bi-directional with PA SIIS but the HIO itself cannot do this.

Chair Simon asked if the Philadelphia FEMA site and the former Philly Fights COVID sites have reported their COVID vaccines to PA SIIS. Mr. Ciccocioppo stated that Philadelphia has their own separate registry that those sites would be reporting the data to. Reporting was voluntary in the past, but when COVID-19 hit PA, the reporting became mandatory statewide. Also, PA SIIS was overwhelmed by the volume of data being submitted to them from all over the state.

Mr. Don Reed of HSX noted that Philadelphia's system is called PhilaVax, and individual providers have access to the data, but the HIO/HSX does not, since they are not a 'provider' or part of a provider organization. Ms. Meghna Patel of DOH noted any administration of a vaccination goes through PhilaVax then from the Philadelphia team to CDC. There is interoperability between Philadelphia and the state, and state to state has been discussed by the CDC since October 2020. It is not set up yet for PA to get this information. Ms. Patel also noted that PA SIIS is bi-directional, to let providers know about PA

vaccination records, so DOH does not see why the HIOs want to access that information. The HIOs want to provide MCOs with the information, but the MCOs can reach out to Ms. Audrey Marrocco at PA SIIS to see if their enrollees have been vaccinated. There was a suggestion to invite Ms. Marrocco to attend a future meeting as a subject matter expert (SME) to weigh in on how PA SIIS works (rules, processes, etc.) to help improve the current situation.

Public Health Reporting Initiatives

Due to time constraints of the February 12, 2021 Advisory Board meeting, the topic of public health reporting initiatives was tabled until today's meeting. Ms. Dana Kaplan, PHG Coordinator, noted the chart on one of the slides she presented would be changing, now that some PHG onboardings are being completed this year. PA SIIS is the State Immunization Information System for 66 PA counties, and Philadelphia reports separately on its own to DOH. It was noted that PCR is the PA Cancer Registry.

Mr. Ciccocioppo advised that providers are interested in submitting birth and death registrations through PHG, and they also want access to other registries. Ms. Kaplan stated that she plans to assist via phone and/or email. She also informed the group that they are close to rolling out eCR and developers are working on a few more things. She noted that in 2-3 weeks, they will be seeing development in the role of the HIOs.

Mr. Phil Coady of DOC noted that telemedicine has been invaluable to the State Correctional Institutions (SCIs) within DOC, as it has resulted in reduced financial and safety concerns. The SCI does not have to physically transport the inmate to an outside healthcare setting if he/she can be seen virtually by a provider via a computer.

Strategic Planning

A copy of the PA eHealth Partnership Draft Strategic Plan was provided to attendees prior to the meeting. Chair Simon noted that one should look at an entity's Vision and Mission statements, to see what they really want to do. Then, we can go over each of the seven stated goals, one by one, and get comments and opinions from others. The Draft Strategic Plan has three main objectives for overall improvement for PA eHealth. For the Vision Statement, there were no suggested changes or edits. Mr. Ciccocioppo advised that we talked about this Plan at the March 19th Working Session of the Advisory Board, and during at the April 7th HIETCC meeting, and we made real-time changes/edits to the Plan during those meetings, and several times within the PA eHealth team. We will take the comments and suggested edits we receive at today's meeting and discuss them at the next HIETCC meeting on May 12th. We will then send the final Draft Strategic Plan to the Advisory Board for review and approval. Chair Simon will submit it to Ms. Meg Snead, Acting DHS Secretary for review and approval.

The Mission statement was noted as having verbiage, or a disconnect within it, comparable to the Vision statement. Ms. Clarke had a question on Mission – authorized exchange of information – but she thought PA eHealth was the certifying body. Chair Simon noted the word 'ensure' fits privacy and security. Mr. Ciccocioppo told Ms. Clarke that this is tied to PA eHealth's HIO certification that the patient is authorizing data to be shared. He then explained that on pages 7-8 there are more detailed descriptions of each objective, their goals, and how they will be achieved.

Objective #2 - Chair Simon noted the timing of the access, not the speed of the access, is most important. Ms. Alix Goss noted it should be timely access, not real time access – should be changed from speed to timely access. Mr. Ciccocioppo commented on Regional Accountable Health Councils (RAHCs). But our role is to report on outcomes, not the reporting - that is what the HIOs do. He then commented on promoting health equity, suggesting we talk to DHS and DOH and ask if they see a role reporting would take for PA eHealth. Ms. Patel agreed it is the role of HIOs in exchange of information, not PA eHealth; but population health outcomes help providers to improve outcomes with the medical

decisions they make. Chair Simon could see Ms. Patel's point, and suggested we check with DHS on this, too.

Objective #3 - P3N and MMIS – no more changes or edits were offered.

Objective #4 - ADT related - We have already been doing this as part of COVID-19, since March 2020 when the Pandemic unfolded in PA: Surveillance of all Exposed/Confirmed cases we report to DOH via a Summary Graphic several times per week. Ms. Clarke then suggested that is, indeed, population health reporting. Chair Simon agreed it is, and it may be a good use case for population health outcomes.

Objective #5 - Reduce Healthcare Costs

In Value Based Purchasing (VBP) are the providers meeting certain criteria and using good preventive measures? Management can bend the cost curve - support VBP and put that into #5. Chair Simon stated that what Mr. Ciccocioppo just said was perfect and suggested we use that quote in the Draft. Chair Simon then asked what the providers are asking for in VBP. Mr. Reed of HSX said they have Plans in their HIO and Accountable Care Organizations (ACOs) that want Encounter Notifications and quality data, such as architecture, CCD, immunizations, prescriptions, allergies, etc. – a full data set to support quality measures, like HEDIS. Mr. Scott Frank agreed with Mr. Reed's point: What we do is identify gaps in care. It is important to look at health and wellness and SDOH to make sure people are getting appropriate care. A lot of it is clinical data, but after the Encounter Notification; we need it before or during to help make ADT ENS data more useful; we need it quickly and up front, before the claim, to reduce the ultimate cost of that claim. Mr. Reed noted we cannot have direct access to third-party now, but we can make use of the data – it is worth it. He added that paying for improvements is happening there. Chair Simon suggested to add this: work on coordination with healthcare costs.

Objective #6- Improve Patient Outcomes – Ms. Teri Henning said her suggestion could go into either #6 or #7 - There is a potential to include home care – Can home care providers be part of this inclusion? Chair Simon observed, that if Vice Chair Paul McGuire were present today, he would bring up LTC and home care in the same vein.

Objective #7 - Mr. Reed noted the term 'provider', but HSX also has other types of members that must do reporting. He suggested we call it stakeholder's workflow, instead of provider's workflow in that Objective. On the phrase 'easy access to help' Chair Simon asked what type of help it refers to. When a provider needs to query but they have trouble getting it; or they do get data, but it is not useful. Chair Simon noted it leads into education of the public: providers, patients and other users of the P3N.

Chair Simon then asked if anything was missing from these Strategic Goals. Ms. Clarke said that when we went through the Mission statement regarding terms such as 'authorized', 'privacy' and 'security', perhaps there should be something spelled out that PA eHealth is tasked with privacy and security of that data. Chair Simon agreed with that for Objective #1 and said to add 'secure' to that as well, and to be sure that privacy is noted, too. Ms. Goss commented on 'ensure consent' – We have that role under the legislation for PA eHealth.

Mr. Ciccocioppo reminded everyone how we came to this Plan: We obtained input from the Advisory Board, HIETCC, DHS, IHRC, the five HIOs and DOC, and the Federal government's own Strategic Plan all helped inform this work. We noted in the Draft how HIE works from query starting point and gave a description of what is meant by each goal and objective. He then advised that this group was the first one on the Advisory Board to see this Draft Strategic Plan for PA eHealth.

Chair Simon then asked about the timeline for a final Draft. Mr. Ciccocioppo said we would be taking today's suggested edits and changes and discussing them with the HIOs at the next HIETCC meeting on May 12th. We hope that by May 14th, we have a final Draft to give to the Advisory Board.

Chair Simon asked if there was any new business to be discussed. Mr. Ciccocioppo advised that we hoped to resume in-person meetings by August 2021, but for now, we will continue to meet virtually, via Microsoft TEAMS. In November 2021, we are set to move into the new building at 2525 Seventh Street in Harrisburg and become part of the Bureau of Data and Claims Management (BDCM) area of DHS. They do have a conference space there, so will most likely meet there in person for the February 2022 Advisory Board meeting.

When attendees were solicited for additional questions on any of today's topics, none were raised.

Public Comment

There were no requests for public comment.

Remaining 2021 Advisory Board Meetings

Friday, August 6, 2021 – Via Microsoft TEAMS Meeting, 10 a.m.-12 noon

Friday, November 5, 2021 – Via Microsoft TEAMS Meeting 10 a.m.-12 noon

Adjournment

The meeting was adjourned at 12:10 pm.

Approved: August 6, 2021