



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, August 2, 2024
Meeting Time: 10:00 a.m. to 1:36 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
Dr. Robert Danoff – Director of Family Medicine Residency Program, Jefferson Health Northeast
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System [EXCUSED]
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross
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 [EXCUSED]
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

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

Erica Gipe – BHCS Project Manager

PA Department of Health

Kelly Friday – Public Health Program Associate, Health Informatics Office

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
Christy Stermer – PA eHealth Partnership Program

Guests

Rachel Bard, Senior Manager, Enterprise Project, Health Share Exchange
Kathryn (Katie) Buch, Lancaster General Health
Barry Buckingham, Executive Director, PA Health Care Cost Containment Council (PHC4)
Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger
Keith Cromwell, Central PA Connect HIE
Alix Goss, Point of Care Partners
David Grinberg, President, Imprado

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

John P. Leed, UPMC Health Plan

Michael Lundie, VP, Interoperability Engineering, Cognosante

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

Beck Moore, CEO, Community Action Association of PA (CAAP)

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.

Consent Agenda

The May 3, 2024, meeting minutes were reviewed and approved by the Advisory Board as distributed.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Phyllis Szymanski of CCHIE filled the role of HIO liaison, who reports to the Board at each meeting on the progress and achievements of HIETCC over the previous few months. The July 2024 HIETCC Agenda and approved HIETCC Minutes for April, May and June 2024 were distributed by PA eHealth to participants prior to this meeting. Several topics were noted among the 17 HIETCC themes that the HIETCC has addressed: We kicked off our annual certification package review, which involves reviewing policies and procedures with the HIO community to see if any updates or changes are necessary; we strengthened PA Navigate by utilizing funding from the American Rescue Plan Act (ARPA); two workgroups have met monthly: The Consent Workgroup focuses on how to best educate provider staff and patients about Consent, and is currently working with the HIOs on a set of talking points that providers can offer to patients to help explain the process; the Performance Workgroup, which includes representatives from each HIO, focuses on fixing connection problems and data errors to improve data quality. Potential ADT sharing with the state of Ohio was highlighted in another significant HIETCC topic: The P3N ADT Service policy states that after two weeks, if we get an ADT for a patient but there is no match in our MPI and no treatment relationship is established for that patient, the patient's ADT will be destroyed. OHIO is unable to comply with the same rules in their existing platform, but they should be ready to do so in 2025, at which point we can talk to them again for interstate ADT sharing.

PA eHealth Partnership Program Initiatives

Mr. Ciccocioppo gave a presentation on the program's initiatives and progress since the last meeting. Next week, we expect a second state agency, OMHSAS (Office of Mental Health & Substance Abuse Services), to have their new EHR, Netsmart, go live. Several dates have been set for staggered go-lives for one or two of OMHSAS's state hospitals at a time, until all six have been connected to the P3N later this year.

As of July 31, 2024, 83% (147 of 178) of Acute Care Hospitals had Emergency Departments were attached to a P3N HIO, representing 89% of Acute Beds. Mr. Ciccocioppo reported that this number of Acute Care Hospitals with Emergency Departments continues to improve. Additionally, we maintain watch on the list of hospitals that are not affiliated with any HIOs. A few HIOs are in continuous discussions with various providers about possible affiliation, highlighting the advantages and worth of doing so.

A number of charts that covered P3N activity for the period from May 1 to July 31, 2024, were shared. Over 23.6 million ADTs were received, representing over 1.3 million Unique Patients; over 823,000 Unique Patients were represented by the outbound ADTs sent within the same time frame. More than 3.2 million

document queries and more than 3 million document retrieves were reported in a Tableau dashboard report.

Engaging Community Based Organizations to Improve Patient Health

Mr. Beck Moore, CEO of CAAP (Community Action Association of PA) presented on PA Navigate from a Community-Based Organization (CBO) perspective. The HIO Consortium (CCHIE, CPCHIE HSX, and KeyHIE) engaged CAAP as the Community Engagement entity to help with SDOH by marketing and supporting onboardings to PA Navigate platform. Across Pennsylvania, there are 43 Community Action Agencies (CAAs) that assist the public across all 67 counties. Each one uses different programs to combat SDOH, using Community Needs Assessments (CNAs) to determine what each community's current needs are. CAAP views itself as the "authority against poverty." Every county is served by public and nonprofit organizations, and each CAA is supported by federal funding under the Community Services Block Grant (CSBG). Numerous SDOH, or health-related social needs (HRSN), are addressed by their programs, which include financial literacy, employment, economic development, educational literacy, and training. Child development, emergency services, case management, housing/shelter, food/nutrition, health, veteran services, elder services, and transportation are also addressed.

In their 2023 Annual Report, CAAs aided more than 475,000 PA residents: 225,000 packages of food distributed; 38,000 prepared meals were served; 40,000 single-parent households were helped; nearly 43,000 received emergency rent payments; nearly 30,000 maternal and child health services were provided; and more than 11,000 early child education opportunities were granted.

The development of the statewide resource and referral tool, which links residents to their healthcare team and CBOs services to meet their needs, has been funded by PA DHS to HIOs. Serving on the steering, communications, and community engagement committees, CAAP is the partner for community engagement. CAAP's goals are to obtain a 60% or higher CBOs that are involved; have CBOs claim their program listings; have CBOs use the referral tool; provide a monthly report to the Community Engagement Committee; suggest and oversee CBO Incentive programs to help CBOs implement them; and have quarterly meetings with CBOs. CAAP is also a subcontractor to findhelp to educate, engage and convene with these goals. To learn more about CAAP, please go to their website: www.thecap.org

HIO Overview

HIO spotlight focused on ClinicalConnect Health Information Exchange (CCHIE), with an overview of the HIO's accomplishments and services they offer presented by Phyllis Szymanski, President. Located in western PA, with more than 6 million patients participating in their exchange from across 50 states, Puerto Rico and Guam. They are connected regionally, statewide with P3N, and nationally with the national eHealth exchange. They are a 501(c)(3) nonprofit, founded in 2011. Members include an Accountable Care Organization (ACO), 8 independent physician practices, a Federally Qualified Health Centers (FQHC), UPMC Health Plan, 3 Managed Care Organizations (MCOs), 2 Social Service Agencies (PA PACE and Allegheny County Department of Human Services). The most recent member is the Hemophilia Treatment Center of Western PA. CCHIE offers these services: Connect Alert (real-time ED and hospital encounters); Connect Chart (longitudinal patient record), Connect Community (SDOH); Connect Direct (secure email) and Connect Quality (data aggregation).

CCHIE represents 37% of Total Unique Patients in the P3N. CCHIE also represents 32% of all Inpatient hospitals. CCHIE has an Opt-out patient consent model, in which the data is exchanged unless the patient requests to not participate. During Connect Chart onboarding, the patients Consent decision is captured through each provider's registration system. This policy is communicated via the provider's Notice of Privacy Practices (NOPP). To be a member of CCHIE, the provider must have a patient Opt-out process in place. CCHIE technically tracks all patient consent decisions and honors the last received. The trusted

external data sources for CCHIE Clinical Data Repository (Connect Chart) include Allegheny Health Network, Conemaugh Health, DaVita Dialysis, Veterans Health Administration, including Department of Defense, Naval Hospital and Army Medical Center, West Virginia Health Information Network (WVHIN) and CRISP. Connect Quality is CCHIE's clinical data aggregation, standardization, and delivery service for health plans, which can use the data for HEDIS reporting, care management and quality analytics. Connect Community is CCHIE's pathway to PA Navigate. PA Navigate SDOH data is loaded discretely into Connect Chart clinical data repository under the 'Problems' data domain. CCHIE's clinicians have asked for this to be available in the clinical viewer.

PA eHealth Partnership SFY 2023-2024 Strategic Plan Accomplishments

Ms. Kay Shaffer facilitated a presentation on accomplishments of PA eHealth and the HIOs to further the 7 Goals in our Strategic Plan (2021-2024), specifically noting what was done in 2023-2024. A set of slides was provided summarizing the 7 Goals, as well as how these were achieved this past year.

Enabled robust HIE by launching bi-directional ADT exchanges with CRISP for the states of MD, WV, CT and Alaska, as well as Washington DC in October 2023; LVHN began ingesting P3N ADTs in August 2023; the PA Navigate consortium contracted with findhelp as the statewide platform for closed-loop referrals for Health Related Social Needs (HRSN); CCHIE connected 3 new Hospitals (Millcreek, Conemaugh and Indiana); LVHN added 3 new hospital sites: Gilbertsville, Macungie and Highland Avenue; many PA Navigate and P3N presentations were held with stakeholders, as well as in national conferences, such as the annual meeting of Civitas and the State Health IT Connect Summit.

Two new onboardings to the PHG eLR registry and one new onboarding to the PHG PDMP will increase quick access, availability, and accuracy. established two new workgroups (Consent and Performance) in January 2024; improved inbound ADT monitoring; deployed PA Navigate and granted DHS access to its activity reports; and obtained more funding to provide CBOs with incentives for claiming their listings on PA Navigate and responding to referrals from PA Navigate.

By Improving upon existing P3N services there is expanded monthly reporting to CMS and eHealth Partnership received Certification from CMS for enhanced MMIS funding (75/25) for P3N Maintenance and Operations; we facilitated extensive discussion with DHS and findhelp to enable bi-directional data sharing; renewed discussions with PA Department of Aging (PDA) on hosting AAA (Area Agency on Aging) Care Plans in the P3N Care Plan Registry.

To alert patient care teams to relevant patient encounters: We increased the number of EDs sending ADTs to P3N by 161% (391); increased number of Inpatient facilities sending ADTs to P3N by 122% (436); increased total of ADT messages sent by P3N by 15% (more than 62 million); continued developing capability to identify possible abuse/neglect cases for ODP program participants; Using incentives from UPMC Health Plan, Conemaugh began sending ADTs to the P3N ADT Service (via CCHIE).

To support care coordination and improve quality DHS submitted a 1115 Waiver request to CMS to address HRSNs; met with MCOs and HIOs to ensure valuable access to alerts, clinical and quality data; onboarded to PDMP a major health system, helping them avoid 6-figure costs they would have incurred from Bamboo Health.

To improve patient outcomes and satisfaction we worked with OA on new technology requirements for ID-proofing patient portal access; worked with Optum and MCOs to authorize sharing of ONAF forms with P3N; incorporated heat mapping in new P3N monitoring dashboard; successfully transitioned from PA SIIS to PIERS, providing improved access to immunization information via PHG; developed and received CMS approval for a competitive re-procurement of the P3N.

To optimize HIE stakeholders' experience we created P3N Tableau dashboards to understand ADT activity and P3N responsiveness and trained the HIOs on how to use those available to them; have employed the Performance workgroup to identify problems with HIO responsiveness to P3N queries.

Strategic Plan Metrics

We wrote more condensed Vision and Mission Statements for our new Strategic Plan (July 1, 2024–June 30, 2027). Ms. Lisa McCutcheon provided a list of metrics, definitions, and baselines for each of the objectives during this meeting to illustrate how we can assess our progress.

As part of the first goal, we would increase each type of facility up to 2% annually, expanding the number of long-term care (LTC) facilities and hospital connections to an HIO. We would also need to align HIE with federal HIT goals and objectives by acquiring a new P3N vendor contract by October 2026 that complies with those federal standards. Additionally, we would increase Patient Portal utilization and Webpage hits by 5% annually.

For the 2nd Goal, we would integrate P3N into MMIS by Q2/2027 and review possibly paying for MA in lieu of services via PA Navigate in SFY 2024-25. We would also integrate PA Navigate with Compass, exposing closed-loop referrals to COMPASS, and COMPASS program participation data to PA Navigate in CY 2025.

For the 3rd Goal, we will support advancements to clinical information by hosting ONAF forms in P3N by end of CY 2024; host PDA SAMS care plans by end of CY 2025; achieve automated ID proofing and patient enrolment into the Patient Portal in CY 2025. To support electronic digital performance measures, we would use the metric of increasing operational efficiency by reducing XCA and ADT errors by 3% per year and reducing the total number of PIX records with missing information by 3% per year.

For the 4th Goal, we would expand number and type of ADT messages sent to the P3N ADT Service, and the metric would be increasing interstate ADT sharing by 1 state per year and increasing ADT volume sent from the P3N by 5% per year. We would capture ADT information for analysis and population health reporting, using the metric of creating ADT surveillance to support areas like abuse and neglect in CY 2024, and poison control in CY 2025. Reducing duplicative or unneeded services, the metric would be to increase the number of reports accessed by P3N Participants by 10% annually.

For the 5th Goal, to increase closed-loop referrals for HRSNs, we would be promoting health equity with the metric of a 10% increase in number of closed loop referrals annually. By supporting and collaborating with PA Navigate, we would use the following metrics: Leverage P3N MPI with PA Navigate by CY 2025 and leverage the P3N for closed-loop referral notifications to the HIOs by CY 2025.

For the 6th Goal, we should expand and improve access to public health reporting registries, using the metric of increasing message volume via PHG by 5% per year; increase number of registries in PHG by 1 per year. To provide P3N access to state program areas, the metrics would be: increase number of state programs P3N access by 1 per year; integrate P3N with Enterprise Case Management System by CY 2025, and integrate P3N with state EHRs: OMHSAS by CY 2024, and DMVA by CY 2025. To expand P3N and/or PA Navigate access to PA County facilities, entities, and county agencies, we would increase the number of county and local programs using PA Navigate by 5% per year and would increase the number of county prisons connected to certified HIOs by 2 per year.

The final 7th goal, we would have MA Coordination grants, with metric of implementing MA Care Coordination grants in FFY 2025. We would also expand the use of P3N services by HIOs to reduce duplication of services, using the metric of enhancing the P3N ADT Service to meet the HIOs' needs for alerts and notifications by CY 2024.

Establishing a Baseline and gathering pertinent data is the strategy for achieving our objectives. Observe, tracking, and updating monthly with Excel; review every three months and make adjustments as needed; Report both in workgroups and through leadership.

Trusted Exchange Framework and Common Agreement (TEFCA) Discussion

The following seven QHINS have been made public: Kno2, Health Gorilla, eHealth Exchange, MedAllies, EPIC Nexus, KONZA National Network, and Commonwell Health Alliance. Conformance testing is being done on two potential QHINS: Surescripts Health Information Network and eClinicalWorks. Two Letters of Intent are presently in effect, while one other QHIN application was in the review stage. Ten more are no longer in consideration because the obstacles in the QHIN application procedure prevented them from gaining the necessary points to forward their applications.

The general ONC organization for TEFCA remains essentially the same, although Mr. Mickey Tripathi now holds the post of Assistant Secretary for Technology Policy (ASTP) at the federal Department of Health and Human Services (DHHS). Information security for DHHS has been the largest addition to the ASTP purview. Version 1 of the Common Agreement in TEFCA was first presented in January 2022. Version 1.1 was provided in December 2023 and included adjustments that HHS had to make before TEFCA could go live. As a result, version 1.1 was in effect when TEFCA was formally launched. In July 2024, the Common Agreement V2.0 replaced V1.1, incorporating changes and new components that mandate the implementation of HL7 FHIR-based transactions.

It was discovered during the shift from version 1.1 to version 2.0 that there were 28 flow-down provisions in version 1.1 that a QHIN had to commit to, and each QHIN could do it in a different way. This presented a challenge. In V2.0 the flow-downs are in a stand-alone Terms of Participation for new QHINS and they must comply with these by December 2024.

To provide comprehensive information or needs linked to TEFCA Exchange, TEFCA has a set of Standard Operating Procedures (SOP) that are integrated into Framework Agreements. SOPs cover QHIN application and designation, RCE directory services, governance, privacy, and security requirements for QHINS, Participants, and Sub-Participants.

The Exchange Purposes (XP) SOP gives specific details relevant to when and how information can be requested or shared via TEFCA Exchange. The Exchange Purpose (XP) Implementation SOP contains more details for specific Use Cases, as needed. The SOPs create flexibility for TEFCA to evolve and expand over time; they can also be modified and finalized through a defined change management process. Two SOP Batch Releases are available: the first, which was released on July 1, 2024, had 10 SOPs, one of which was an XP Implementation SOP for the Use Case of Treatment. Eight further SOPs, two of which are security-related and three of which are connected to the Use Cases of Public Health, Health Care Operations, and IAS Demographic Matched, are scheduled for publication in the summer or fall of 2024. A table that shows instances of needed XP codes, if a response is required (Yes/No), and whether fees are allowed (Yes/No) for each code is available for SOP exchange purposes.

It was noted that the Centers for Disease Control (CDC) is pressuring Health Agencies to use TEFCA. None of our five HIOs in PA are now a part of a QHIN and do they not intend to be as of today's meeting.

Mr. Keith Cromwell said that EPIC currently only offers an Honor Roll incentive to customers that use the EPIC QHIN. However, at a meeting last week, EPIC's QHIN announced that EPIC intends to have all of its EHR customers in production using the EPIC QHIN by the end of CY2025; they hope to get all of their customers to commit to this by the end of CY2024. Although there hasn't been much coverage of the present QHIN activities, one example indicated that there have only been 125,000 exchanges from 84 health systems thus far in the QHINS.

Vice Chair Nominations

The Vice-Chair is chosen annually by the Advisory Board, whereas the Dept of Human Services appoints the Advisory Board Chair. Ms. Julie Korick was nominated to stand for election as the Advisory Board Vice-Chair for Calendar-Year 2025. Nominations are still open for additional Vice-Chair candidates until the election is held at the November 1, 2024, meeting.

New Business

None

Public Comment

None

Action Item

- Provide name(s) for Vice Chair Nominations – Advisory Board members

Remaining Advisory Board Meetings Scheduled for 2024.

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

Adjournment

The meeting was adjourned at 1:36 p.m.

APPROVED: November 1, 2024