Pennsylvania eHealth Partnership Advisory Board
Meeting Minutes
February 22, 2019

PA eHealth Partnership Advisory Board Meeting Date and Location

Meeting Date: Friday, February 22, 2019
Meeting Time: Call to order: 10:07 A.M. Adjournment: 2:25 P.M.
Meeting Location: Keystone Building Desert Room
                      400 North Street, Harrisburg, PA 17120

Roll Call

Advisory Board Members

    David F. Simon (Chair), Consumer Representative
    Alison Beam, Insurance Commissioner Designee
    Martin Ciccocioppo, Secretary of DHS Designee
    Pamela E. Clarke, House Appointed HIO Representative
    Laura Fassbender, Executive Assistant to the Executive Deputy Secretary **(DOH substitute)**
    Joseph Fisne, Senate Appointed HIO Representative **(by phone)**
    Scott Frank, Insurer Representative
    Jennifer B. Haggerty, Home Care or Hospice Representative
    Dr. Timothy Heilmann, Physician or Nurse Representative **(by phone)**
    Julie Korick, Underserved Representative
    Minta Livengood, Consumer Representative **(by phone)**
    Paul McGuire, Post-Acute Care Facility Representative
    Dr. Michael A. Sheinberg, House Appointed HIO Representative
    Excused - Sarah Boateng, Secretary of Health Designee
    Excused - Dr. Brian Hannah, Hospital Representative

Department of Human Services

    Leesa Allen, Executive Deputy Secretary, Office of the Secretary
    Elizabeth Bahn, Program and Fiscal Manager, PA eHealth
    Kathleen Beani, Human Services Program Specialist, PA eHealth
    Terri Lynn Brown, Administrative Officer, PA eHealth
    Martin Ciccocioppo, Director, PA eHealth
    Rhonda Dolen, Research & Operations, PA eHealth
    Johanna Fabian-Marks, Chief of Staff, Office of the Secretary
    Dana Kaplan, HIT Coordinator, Promoting Interoperability Program
    Aleissa McCutcheon, Bureau of Information Systems

Health and Human Services Delivery Center

    Allen Price, Project Manager, Bureau of Information Systems
    Kay Shaffer, Business Relationship Manager, Bureau of Information Systems

Guests in Attendance
> Douglas Carroll, Director of Information Services, Mount Nittany Exchange **(by phone)**
> Dr. Mark Crider, Executive Director and Professor of Nursing, Harrisburg University
> Tara Gensemer, Practice Support Specialist, Pennsylvania Medical Society **(by phone)**
> Alix Goss, Vice President & Senior Consultant, Imprado
> Michael Martz, Chief Information Officer, Mount Nittany Exchange
> Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project

Call to Order

Chair David Simon called the meeting to order at 10:07 A.M. and welcomed all the participants. He announced that the meeting was being recorded to assist with minutes' preparation. He then asked all present to briefly introduce themselves.

Review of December 6, 2018 Meeting Minutes
The members voted to approve the minutes of the December 6, 2018 meeting as distributed.

PA eHealth Partnership Program Updates
At Chair Simon's request, Mr. Martin Ciccocioppo provided PA eHealth Partnership Program updates. He described how PA eHealth has been able to work within the Department of Human Services (DHS) to leverage managed care contracts, value-based payment programs, and federal HITECH funding to substantially increase provider and payer participation in health information exchange in Pennsylvania. As of October 2018, 63.5 percent of Department of Health (DOH)-Licensed Hospitals (134 out of 211) are affiliated with one or more P3N-certified health information organizations (HIOs). This is up from 41.4 percent in October 2017. We have also been successful in growing non-hospital provider participation in HIOs. As of October 2018, 18.7 percent of long-term care facilities were affiliated with a certified HIO. By the end of 2018, all MA Managed Care Organizations (MCOs) were members of a certified HIO. Several members observed that provider awareness of HIO onboarding grants and health information exchange has been a challenge. Some HIO representatives said that they have been more successful in persuading post-acute care providers and physician practices to join, but more outreach is needed.

PA eHealth is onboarding a new HIO, Central Pennsylvania Connect HIE, to the Pennsylvania Patient and Provider Network (P3N) and is actively working to connect the Department of Corrections electronic health record system to the P3N. We now have production connections to four public health registries through our HIOs, including retrieving immunization histories, and we are adding syndromic surveillance and Prescription Drug Monitoring Program (PDMP)connections this year. We are also adding an advanced directives document registry to the P3N, and are working to enable inter-state health information exchange by connecting to the National eHealth Exchange.

Mr. Ciccocioppo said that the 2019 Hospital Quality Incentive Program is driving increased HIO and hospital emergency department (ED) participation in the P3N statewide encounter notification service. Requirements associated with the MA patient-centered medical home (PCMH) value-based payment incentive program are also driving increased practice onboarding to HIOs. There are ongoing discussions within the DHS about requiring Community Health Choices (CHC) MCOs to join an HIO.

Mr. Ciccocioppo then began a discussion of the Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) notice of proposed rulemaking (NPRM) that would implement interoperability provisions of the 21st Century Cures Act, noting that those rules are out for comment now. Information blocking is a principal subject of the rules

noted in the ONC's voluminous document. There will be financial penalties imposed for not sharing information, but there are also exceptions and some technology issues that need to be dealt with. There was an active discussion regarding the NPRMs among Advisory Board members, staff, and guests. Dr. Sheinberg said that this could be a game changer. PA eHealth will likely be able to share comments on the proposed rules with the Advisory Board in advance of the next meeting.

State Ethics Commission Response to Request for Advisory Opinion
Ms. Elizabeth Bahn reported that the State Ethics Commission affirmed that Advisory Board members are not required to file an ethics/disclosure report.

PA eHealth Annual Report and Financial Report
Ms. Bahn noted that PA eHealth is now part of DHS, which provides medical care and personal services to needy and vulnerable persons in the Commonwealth. She explained the role of PA eHealth and reviewed a summary of PA eHealth activities and accomplishments, which were included in the 2017-2018 PA eHealth Annual Report to the Governor and General Assembly. Also included in the report were financial statements and grant activity. There was considerable discussion regarding the HIO Onboarding Grant Program and why some of the awarded grant funds were not claimed. It was noted that the FFY2019 HIO Onboarding Grant Program has fully transitioned into DHS Procurement, which has caused delays that threaten how robust the program will be this year. DHS plans to have full funding for the FFY2020 HIO Onboarding Grant Program and is taking steps to ensure a timelier and more streamlined program for the coming year.

HIO Fee Schedule and Model
Ms. Bahn explained the HIO fee schedule and model. She advised that the fee is based on the size and activity of the HIO. She stated that P3N Policy #8 dictates the fee calculation process, and that certification policies must be adhered to. PA eHealth worked with DHS executive leadership and the HIOs to set the SFY 2019-2020 and SFY 2020-2021 HIO fees at the SFY 2018-2019 rates. The Advisory Board will have an opportunity in mid-2020 to provide advice on the SFY 2021-2022 rates.

Department of Human Services Priorities
Leesa Allen, Executive Deputy Secretary, discussed DHS priorities with the Pennsylvania eHealth Partnership Advisory Board. She said that success in taking value-based purchasing to the next level requires us to: have consistency in data sharing; incorporate standardized assessments of social determinants of health (SDOH) into patient records; enable closed-loop community referrals to address identified patient needs; and share information more broadly, with patient consent. The Advisory Board identified current and future health information exchange initiatives in health information organizations (HIOs) and across the Pennsylvania Patient and Provider Network (P3N) that are already addressing some of these needs for improved care coordination and community engagement.

Ms. Allen said DHS has been talking with MCOs and community organizations about effective ways to meet SDOH needs. Obtaining this information will enable DHS to screen SDOH for eligibility for our programs. They want to leverage this opportunity to develop a standardized assessment and create a statewide portal with identifiable issues. Ms. Allen also explained the MANNA program, noting the direct correlation between a discharged patient's proper nutrition, and containment of diabetes costs. She also mentioned that Lancaster County health care providers and community organizations are using a coordinated system for assessment-referral-electronic feedback/follow-up, so that their residents can get the services they need. DHS needs to find ways to have community caseworkers access all available community resource information to make referral for patients and families in need. Ms. Allen concluded by stating that DHS is exploring many other ideas, looking at the big picture, but they do not know

exactly what each county is currently providing to people in need. She then asked the Board if they had any questions.

Chair Simon asked about the cost and availability of value-based purchasing. Ms. Allen replied that DHS wants to see things expand more broadly, with the goal of getting everyone connected. Chair Simon expressed concern about the areas of Pennsylvania that have not yet engaged in robust health information exchange across the P3N. Chair Simon noted Lehigh Valley Health Network (LVHN), one of two prominent, large health systems that do not participate, and how to bring this information to them. He expected a lot of questions and concerns from attendees about this topic, and a lively discussion ensued. In response to a question, Ms. Allen said that all the physical health and behavioral health MCOs are focusing on SDOH, and that DHS has looked across the nation for SDOH-related products, but the Commonwealth has not decided on one yet.

DHS is currently looking for feedback on the Resource Coordination RFI. There have been more than 60 replies, and up to 13 vendors will be presenting demonstrations within the next month. DHS is in the infancy stages of this endeavor but moving quickly. Other states, such as Michigan and North Carolina, are also focused on SDOH initiatives. Ms. Clarke asked if Lancaster community resource tool was connecting with health information exchange, and Ms. Allen said that they were. Mr. Paul McGuire spoke about long term care, noting the county map showing low participation rates in some areas. Ms. Allen said that we are making great strides in getting long term care facilities engaged in heath information exchange, but there is more work to be done in getting these facilities to implement electronic health records and getting them connected to HIOs. Mr. Laval Miller-Wilson said that Medicare has a component that also needs to be tied in, referring to the Medicare Advantage side. The State needs to ensure that they have a dual special needs plan, in addition to the assessment, to be linked in the HIO. Mr. Miller-Wilson noted CHC will be fully implemented across Pennsylvania on January 1, 2020. Mr. McGuire said that you are only as good as you are in handing off each area of care, so that quality outcomes will make or break. Regarding the MANNA program noted earlier, Ms. Clarke said they are receiving HSX data today and hope to contribute a nutrition assessment and make it available in the HSX clinical data repository. Regarding the development of standardizing assessment for SDOH, she asked several questions of Ms. Allen: What is the process for us to give input into what DHS is looking at, where are you in that process, and how can the Advisory Board help or engage in this process? Ms. Leesa Allen replied that Medicare Improvements for Patients and Providers Act (MIPPA) agreement for information sharing would be leveraged and she advised that feedback is needed. She reiterated that DHS received more than 60 responses to the overall RFI, and 13 of those are vendors who have products, and DHS wants to know what they're offering, and if they have all the components DHS is looking for. She concluded with the observation that we need to do a better job in SDOH assessment standardization. Chair Simon thanked Ms. Allen for her presentation to the Advisory Board.

PA eHealth Partnership Advisory Board Draft Bylaws Review and Vice Chair Nominations
After lunch, Chair Simon reconvened the meeting at 12:36 p.m. He led a group discussion regarding the draft Advisory Board bylaws. The draft was read aloud, and members agreed to the proposed mission statement and duties contained in the draft bylaws. A question was raised concerning whether the P3N Health Information Exchange Trust Community Committee (Trust Community) should be specifically mentioned in the Advisory Board bylaws. Mr. Ciccocioppo then explained what the Trust Community is and how PA eHealth relies on regular interaction with the Trust Community to move forward effectively. Chair Simon said that the Advisory Board should establish a connection with the Trust Community, and suggested inviting the chair of the Trust Community, Mr. Daniel Wilt, to the next Advisory Board meeting to discuss the role of the Trust Community and synergies between the Trust Community and

the Advisory Board. Ms. Clarke agreed with that suggestion. It was also noted that the Advisory Board bylaws would be voted on at the next meeting in May.

Chair Simon continued to the next agenda item, nominating and electing a Vice Chair, an important role on the Advisory Board. Mr. Paul McGuire nominated himself for Vice Chair, noting that he had previously served as Vice Chair of the PA eHealth Partnership Authority Board. Since no other nominations were presented, Chair Simon designated Mr. McGuire as the Acting Vice Chair until a formal election is held at the May meeting.

FFY 2019 Projects
Chair Simon then asked Mr. Ciccocioppo to provide an overview and status of PA eHealth's federal fiscal year 2019 Internal Advance Planning Document (IAPD) funded projects.

HIE Onboarding Grants – Applications in response to Request for Applications (RFA) #19-18 were due December 18, 2018. Under this grant program, a HIO can get up to $50,000 to onboard a new inpatient member (Lot 1), such as long-term care facility, hospital, or specialty hospital. Lot 2 (up to $25,000) is for any other type of outpatient provider, such as a home health agency, physician practice, school nursing program or corrections facility. Each of the grants are awarded in milestones, the highest of which is fully onboarding the new provider to an HIO. Ms. Clarke remarked on the effectiveness of this grant program, which has helped the HIOs recruit new members by eliminating the hurdle of onboarding costs. DHS Procurement has not made any awards under RFA 19-18 to date.

PHG Onboarding Grants – Applications in response to Request for Applications (RFA) #20-18 are due on March 4, 2019. These grants provide financial assistance to HIOs in onboarding to a maximum of 6 public health registries and for connecting their member organizations to specific registries.

Radiology Image Sharing – Mr. Joe Fisne explained that the Keystone Health Information Exchange (KeyHIE) has been interested in incorporating diagnostic images into their exchange for several years and that this grant program is making that possible. KeyHIE is the only HIO participating in this program, since image sharing across HIEs is not typically done. Mr. Fisne said that the process is going well so far. They are working closely with one of their partners, Life Imaging, and they expect to have an agreement signed with DHS soon to move forward very quickly. They've already started work on the initial phases of the project and hope to have an update in the next several weeks.

Advance Care Planning Documents – The primary goal of this project is to customize and extend the already-established P3N to provide a state-wide centralized ACPD registry available to all healthcare providers in PA (for Medicaid patients, initially). The project will establish an advance care planning document registry in cooperation with our HIO partners; develop an operations and support plan; determine usage metrics and steps to increase utilization; and develop an education and outreach plan. PA eHealth is having some difficulty with its vendor, IBM Watson Health, while working to get this project completed by September 30, 2019.

HIO Integration for Department of Corrections – The goal of this project is to enable health information exchange for the Pennsylvania Department of Corrections by connecting their electronic health records system to the P3N. To reach this goal, DHS will create a customized interface between Corrections and the P3N. The interfaces will support submission of data to – as well as query of – the state's health registries and certified HIOs. The goal is to have them fully onboarded to the P3N by September 30, 2019. We also want to do the same thing with the Department of Military Affairs. DMVA was behind in their matrix, and we hope to learn some things within the interagency process.

PHG Utilization, Case Reporting, and Immunization Registry Interoperability – These are all projects the Pennsylvania Department of Health is working on to improve the effectiveness and capacity of public health registries for connections to the HIOs through the Public Health Gateway.

Education & Outreach – DHS has contracted with Quality Insights to offer training, technical assistance and outreach to small and mid-sized provider groups and eligible professionals in Pennsylvania to continue the group's participation in the incentive program and engage in health information exchange.

Allegheny County Population Health – The Allegheny County Health Department (ACHD), in collaboration with Western Pennsylvania's two largest health systems, is implementing an open-source population health analytics and visualization software tool to conduct population health analysis of EHR data aggregated from the participating systems. Specifically, the ACHD will use this software tool to perform an analysis of the geographical distribution of diabetes and hypertension, looking at disease progression, treatment and control.

FFY 2020 Projects Prioritization and Scoping
Ms. Dana Kaplan explained that eight of the FFY2019 IAP funded projects are proposed to continue for the FFY2020 IAPD at roughly the same funding levels as 2019. Ms. Kaplan then led a lively discussion regarding potential new IAPD Projects for FFY2020.

Electronic Health Records for State Mental Hospitals – This potential project could help implement one EHR solution for all four state mental hospitals, enable HIE between them and provide a basis for expanding HIE. None of the hospitals currently has a full EHR.

Support State Efforts to Reduce Opioid Abuse – PA eHealth is currently gathering information regarding current state efforts.

Emergency Management Services – Enable health care volunteers and first responders access to the ONC Patient Unified Lookup System for Emergencies (PULSE)

Care Plan Registry – Enable sharing of Medicaid beneficiary care plans among MA providers and payers statewide to improve care coordination.

Community Information Exchange – Enable social determinants of health to be shared electronically by non-traditional providers/sources.

FHIR APIs – Implement the Fast Healthcare Interoperability Resources (FHIR) Specification of Application Programming Interfaces (API) to expand the state's ability to share certain health information (possibly with consumers via smartphone apps).

Advisory Board discussion focused mainly on the Care Plan Registry concept, how it would work, and whether physical and behavioral health providers and payers would be able to use the registry effectively. In light of Ms. Allen's earlier comments, Community Information Exchange and its potential to impact value-based care outcomes was also discussed. Ms. Alix Goss provided additional information on FHIR and modernization of health information exchange options. Ms. Clarke asked about the possibility of using HIO onboarding grants to help onboard health plans. Mr. Scott Frank said that health plans were doing case management, clinical reviews and value-based medicine. Several members identified potential problems securing CMS financial support for onboarding health plans to HIOs.

P3N Health Information Exchange Procurement
As we had run out of time, Chair Simon advised Mr. Price that he will have a chance to discuss P3N health information exchange procurement timing and concepts at the next meeting on May 3, 2019.

Public Comment
There were no comments from the public.

Action Items
1. P3N Health Information Exchange Procurement presentation by Allen Price
2. Vote on amended Bylaws
3. Invite Mr. Daniel Wilt, Chair of the Trust Community, to attend meeting of May 3, 2019
4. Share CMS/ONC NPRM comments with the Advisory Board
5. Share FFY2020 IAPD draft recommendations with the Advisory Board

Adjournment
The meeting was adjourned at 2:25 p.m. by Chair Simon.

Minutes Approved: May 3, 2019