IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION

Pennsylvania eHealth Partnership Advisory Board
DRAFT Meeting Minutes

PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, November 5, 2021
Meeting Time: 10:00 a.m. to 12:00 p.m.
Meeting Location: Microsoft TEAMS Meeting

Roll Call

Advisory Board Members

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council - ABSENT
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 - EXCUSED
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health
Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health - EXCUSED
Ms. Teri Henning – CEO, Pennsylvania Homecare Association
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
Mr. Paul McGuire (Vice Chair) – Chief Operating Officer, Quality Life Services
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine Lancaster General Health
Mr. Jared Shinabery – Deputy Secretary for Health Innovation, PA Department of 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 - EXCUSED
Ms. Phyllis Szymanski, Director, ClinicalConnect HIE

PA Department of Corrections (DOC) Staff

Erica Gipe – EHR Project Manager
Phil Coady – Healthcare Administrator

PA Department of Human Services Staff

Ms. Kathleen Beani – PA eHealth Partnership Program
Ms. Dana Kaplan – PA eHealth Partnership Program
Dr. David Kelley – OMAP Medical Director
Ms. Debra Kochel – PA eHealth Partnership Program
Ms. Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program
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. Amy Dupuy – Lehigh Valley Health Network (LVHN)
Mr. Richard Fronheiser - Lehigh Valley Health Network (LVHN)
Ms. Alix Goss - Imprado

Mr. David Grinberg - Imprado
Ms. Susan Leitzell - Geisinger Health Plan-State Government Programs
Mr. Patrick Weiss - Imprado
Mr. Laval Miller-Wilson - Executive Director, Pennsylvania Health Law Project
Christina Roberts - Lehigh Valley Health Network (LVHN)
Dr. Margaret Zalon, Ph.D. – The University of Scranton Department of Nursing

Review of August 6, 2021 Meeting Minutes

The members voted to approve the August 6, 2021 Meeting minutes as distributed.

PA Department of Health

Mr. Jared Shinabery, Deputy Secretary for Health Resources and Services is the most recently appointed Advisory Board member, having replaced Ms. Meghna Patel, who departed PA DOH for another position earlier this year. Mr. Shinabery has worked in the past on the PDMP and several innovative projects within DOH. He agreed to speak with the Advisory Board today about DOH's priorities, and where the HIOs may fit into that landscape going forward.

Currently, DOH is focused on a Data Modernization Initiative funded by the CDC and would like the HIOs input on it since COVID 19 had revealed some issues in the public health data ecosystem in PA, and DOH needs timely and reliable data to make informed policy decisions and interventions. The health data ecosystem is siloed and, in some cases, inaccessible. This Initiative seeks to eliminate those siloes existing between different health data bases. DOH wants to create an enterprise solution for facilitating the exchange of data and surveillance research reporting for all diseases and health conditions. The Data Modernization Initiative represents what may be a once-in-a-lifetime opportunity to truly enhance interoperability across the public health ecosystem. DOH hopes to achieve a holistic understanding of the health of Pennsylvanians. Most importantly, it will help DOH to identify and track diseases as they emerge, in a meaningful way, in real time, so they can be ready for what comes next.

DOH's vision for the Data Modernization Initiative is that all public health policies and interventions are driven by data. Mr. Shinabery noted that the mission would be to ensure that all internal and external public health decision makers across the state have accessible, timely, reliable, and meaningful data to drive those policies and interventions. Decision makers will include DOH, DHS, Department of Drug & Alcohol Programs (DDAP), Department of Aging (PDA), as well as local health systems, county health departments and Community Based Organizations (CBOs). Data accessibility is data that is available in a reliable and easily accessed, centralized location; the goal is for all relevant public health data that DOH collects will be in a centralized location, instead of siloed internally, as it is now at DOH. Also, public health data collected by DHS and other agencies would also be put into a centralized location, accessible to each of those agencies and departments, such as a data lake or enterprise data warehouse and central location.

Once data is structured and centrally stored, a reporting hub could be created for sharing the data, internally and externally using FHIR APIs or a secure sftp transfer. Current challenges to sharing data are not having access points.

Going forward, DOH will ensure that all procurements will have interoperability requirements, so they are interoperable with our data warehouse as well as external entities, as appropriate. That means unrestricted data access or use and utilization of APIs to allow for integration with data centers with HIOs, health systems, etc. A different roadmap may be needed for each of the public health surveillance systems within DOH. Timely data depends upon having good interoperability with the health care systems that provide data to the DOH, and it goes both ways; the providers input data but they also need to be able to access data as well, to help them make informed clinical decisions. This refers to EHR records, health care systems and laboratory systems; that is where all DOH's death reporting comes in,

and that has been extremely important, especially during COVID-19. With NEDSS, DOH wants to be able to receive electronic case reports, electronic lab reports.

Another goal is to have all public health surveillance systems use a streamlined process or mechanism in place to identify quality issues and errors and allow data submitters to make those corrections. The current process is manual and time consuming. Automating can mean providing data quality reports to data submitters so they can improve their data over time. Meaningful data is data that is enhanced, such as consistently geocoding appending demographic info. It is also important to link data with other databases. Often, our most pressing public health questions almost always require data from multiple sources. To address this, we are implementing a Universal Master Patient Index (UMPI) and this needs to be not just used and siloed within DOH but used across agencies in PA such as with DHS and P3N. This will allow DOH to capture a more holistic view of Pennsylvanians' health because we could connect MA claims, with immunization records, death records, disease surveillance records, etc.

The CDC has been partnering with the Public Health Informatics institute (PHII) to help inform this data modernization efforts. The Institute has released many well researched reports and Mr. Shinabery noted one which addresses a topic he thinks the HIOs could help with: streamlining and simplifying Data Transport. He displayed an excerpt, and provided a copy of it to be added to the Advisory Board meeting slide deck for today:

> "Public Health should attempt to get as much data through one communications pipe as possible; clinical care has requested it and public health should be able to accommodate. HIEs can be a great help in this area by providing a single connection to multiple public health systems, including case-based surveillance systems. Data transport should also be standardized around fewer choices to streamline data exchange, while providing some accommodation to data partners".

Chair Simon then invited comments on this topic, and several HIOs and other attendees proceeded to offer their thoughts: Ms. Kim Chaundy of KeyHIE agreed with the excerpt, and thinks there must be a requirement to use one source of feeding the system instead of having multiple opportunities, from an organizational perspective, so that would also help streamline; there are still some white space in PA, but this may be an opportunity to have everyone be encouraged to participate with an HIO so we can gather data consistently and across organizations in a fashion where there are only 5 or 6 connections, compared to thousands or millions of millions of individual connections.

Mr. Ciccocioppo brought up a salient point: DOH met with PA eHealth recently to discuss the UMPI and the vendor for that is Verato. He also noted that is the same vendor being used by Cognosante to support the MPI for their contract with DHS. PA eHealth hopes to get some synergy between our use of Verato and DOH's use of Verato, but this is in the very early stages of discussion. We applaud the DOH for moving toward using Verato for UMPI and believe that was a strong element in Cognosante's proposal for the new P3N, so we are anxious to leverage that resource. He then noted the original P3N did not support Public Health Reporting requirements, so the state created a separate infrastructure called the PHG that was open to P3N certified HIOs, but the PHG did not utilize the same P3N infrastructure. It made things a bit more cumbersome for the HIOs because they had to maintain separate connections to the PHG rather than just maintaining their P3N connections. When we went through our new P3N procurement process it was not only for a P3N replacement, but for a PHG replacement. Our plans are aligning with the road map that Mr. Shinabery laid out, in terms of being able to leverage the HIEs or the HIOs that are connected to the P3N to support bi-directional public health reporting. The PHG is going to be incorporated into the new P3N, so we expect it to be easier for HIOs to do public health reporting. It will be more appealing for their members to use their HIO as a single point of entry into public health reporting and for accessing public health data.

Mr. Joseph Fisne agreed that a single, streamlined, approach is needed. The more we can streamline through 1 or 2 common data sources, that is the appropriate way to do this, making sure the consistency of the data is there and following standardized protocols to be able to do that. It is critical to make certain, as we start to engage down this road, that we do have complete and consistent data. Chair Simon commented: "With the description of the data warehouse and data that you plan on collecting, it sounded like you were going to (referencing the UMPI) potentially collecting individual specific, patient-identifiable data, as opposed to aggregate data that is typically used for public health reporting. He asked Mr. Shinabery to clarify the point". In response, Mr. Shinabery noted that most of DOH's public health surveillance systems do collect individual identified records; those records become aggregate when DOH uses them for analysis and public health decision making. Ultimately, when speaking about linking across multiple different databases, it won't be identified. Instead, there will be an anonymous unique identifier that is assigned to individual records that allows us to create that synergy across the different data sets and then it gives us a more realistic view; we want to know who these people are, but it allows us to then get a broader, more aggregate view of what the public health trends are.

Dr. Michael Sheinberg of CPCHIE noted that, for those who have been in this field for a long time, the challenge is nothing new. He suggested focusing on the UMPI discussion and noted that will give some foundation for cleaning up the data and he gave an example: CPCHIE had 100,000 vaccinations reported to PA SIIS but they cannot get the data back; it creates duplicates and that should not be happening. It is about getting a standard around it and cleaning up the data. He believes that will help DOH more than anything; that level would be a good strategy to advocate. In terms of the single pipeline, that is always helpful, rather than going to multiple places for the same thing, or potentially disparate data. However, it will only work if you get rid of the duplicates in the system and make the data usable; it sounds like an impossible task, but it is certainly doable. The community needs to put some energy into cleaning the data up. He said that we do data cleanup constantly at point of care levels, adding that the cleaner it comes in, the less you know. Time will be spent doing that, so he puts energy into those things.

Mr. Shinabery commented on immunization data: Part of the problem is the immunization system in PA is very old. DOH is invested in upgrading their systems but also using the UMPI will help them remove those duplicates, and have a more robust, clean data set that DOH can use. He also stated the pipeline is where he gets hung up and would love some more input on this. Part of the challenge is that each of these public health surveillance systems have their own data standards and protocols, and those are set nationally right now, so they are different. Mr. Shinabery asked how to create a single pipeline with all the different registries they currently have. Dr. Sheinberg suggested a simple answer: It is hard to do, but you create local standards, then map them and maybe that will help everybody downstream. But he also did not want to oversimplify it, because it is a lot of hard work and that mapping can be very difficult; you re obviously making choices and taking actions in that, but that's how you do it, since you're not going to affect it at the higher level. Mr. Shinabery responded that PHG in a sense, would have to be like a translation service. Dr. Sheinberg replied in the affirmative, as it is one connection. Dr. Sheinberg advised that mapping sounds more technical, but it ends up being an interpretation, which is a better term for this than a translation. Some of it is subjective, but it is helpful in making decisions; you get that mapping down to a level where it simplifies and creates that standard.

Mr. Fisne agreed with Dr. Sheinberg, stating that PH is the start of an infrastructure to be able to do that. The most critical thing he would add is the standardization; setting those protocols, and he believes to this point it can be done at the grassroots level, with the committees that are already meeting on this. He thinks we can tap into the HIETCC to be able to develop those standards and just follow them. The key aspect of it, once you do that, is that everybody needs to follow along the same protocol. You cannot have different standards across the board. He noted that standardization is critical, but he also believes you have a foundation to begin to build on what is already in place.

Vice Chair Pau McGuire also weighed in on this topic: "The last 20 months has been challenging for our industry (LTC) and regarding reporting data, we have been asked to do it manually and with different websites. The PA DOH Survey 123 was a challenge because sometimes it was accurate, sometimes not accurate. Recently, they've told us we don't have to report anymore, but we still need to report to the federal website. But whenever you are doing anything by hand, your accuracy is going to be in question. It is vital to get all of us onboard so we can share our information. As Mr. Shinabery noted, especially during the Pandemic, getting accurate information is the best way to make the best decisions going forward, and we were very challenged with getting connected." Mr. Shinabery also stated, because of the Pandemic, and urgency of collecting the data, they have been forced into creating some sort of shortcuts because they do not have the data connections with health systems or LTC facilities.

Mr. Shinabery asked the community: With this Data Modernization initiative, how do we avoid those circumstances? How do we avoid others in the future? These are questions for PA eHealth and the HIOs. Are their roles for them to help? Various health systems are trying to achieve deeper integration between public health surveillance and their EHRs.

Ms. Alix Goss introduced herself and noted it is important to understand the remark made by Mr. Fisne about the HIETCC and their history of collaboration in looking at harnessing national standards and positioning PA to be aligned with that ecosystem. In her consulting role, she works with the HL7 community and has done a lot of support and coordination with the ONC in a variety of capacities. She noted that CDC, under Paula Bronze's leadership, is creating a new FHIR accelerator. The CDC and ONC are leaning towards a public health FHIR accelerator, which they have dubbed HELIOS (the god of the Sun) to try to overcome some of the issues discussed about holistically as we move into APIs. Ms. Goss believes there is great opportunity there and HIETCC commitment to using standards and garnering efficiencies is a good place to go. She also advised caution about the idea of local mapping, calling it 'a kiss of death': We need to be thinking not only about manual standards but about how we are globally sharing data, and FHIR (fast healthcare interoperability resource) has that footprint. She believes that is another reason we have seen such investment, not just by ONC, but by CMS and more recently, the CDC.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Ms. Phyllis Szymanski of CCHIE served in the liaison role for HIETCC. Ms. Szymanski noted the following topics that were discussed during the past several HIETCC meetings:

- The HIOs are going to begin the process of selecting a vendor for the Resource and Referral Tool (R&RT) which will address the SDOH needs of Pennsylvanians
- A 6th HIO, Lehigh Valley Health Network (LVHN) is provisionally certified and is undergoing the process of becoming a fully certified P3N HIO
- Interstate Data sharing – DHIN is in the process of onboarding to P3N ADT Service and CRISP will leverage DHIN's P3N connection to share ADTs from Maryland, West Virginia and Washington, DC
- HIO Support of Public Health Reporting - PA SIIS Challenges and the new PDMP
- FFY 2021 Grant Programs Wrap Up
- American Rescue Plan Act (ARPA) funded Grant Programs for Home Health Agencies (HHAs)
- P3N Operations and Transparency
- Encounter Notification – P3N ADT Service Inpatient and Ambulatory Expansion
- P3N Certification Package – Approved changes to Insurance requirements and technical specifications to allow interstate Data exchange
- NCQA Data Aggregator Validation Program Update
- Trusted Exchange Framework and Common Agreement (TEFCA)

On the topic of Encounter Notification, Ms. Szymanski noted Ambulatory ADTs can be explored to see if there is a business need across the community for it. She also noted that the NCQA Data Aggregator Validation Program may warrant more of an explanation than other HIETCC topics, as it is somewhat more complicated. It is a new program, designed to standardize data and make it available and reliable in terms of certification, so this may be something the HIOs can potentially look to help support.

Health Information Organization (HIO) Overview

Another feature of the Advisory Board meeting is an individual HIO's presentation of their services and accomplishments. For this meeting, it was Health Share Exchange's (HSX's) turn to present their overview. Earlier this week, Mr. Don Reed informed us he would not be able to attend today's meeting, so HSX will present their overview at the next Advisory Board meeting in February 2022. The PA Department of Corrections (DOC) will be next in the rotation to present an overview of their agency's activities and accomplishments at a future Advisory Board meeting in 2022.

PA eHealth Partnership Program Initiatives (including New P3N and RISE PA)

Mr. Ciccocioppo provided several PA eHealth staffing updates to meeting attendees, welcoming Dana Kaplan and Aleissa (Lisa) McCutcheon as members of the PA eHealth team. Ms. Kaplan had first worked as an auditor under the Promoting Interoperability Program, then worked with PA eHealth as the state coordinator, then the past two years she worked under the PA Department of Health (DOH). She has now rejoined PA eHealth and continues to serve in her role as Public Health Gateway (PHG) Coordinator. Mr. Ciccocioppo noted that the PHG is no longer going to be separate in the new system but will be incorporated into the new P3N infrastructure under PA eHealth. Ms. McCutcheon has been the ECQM Registry Manager for the past three years. That registry was set up to support the Promoting Interoperability Program, which is now winding down, so we are working to close out that ECQM Registry. In fact, all applications had to be submitted no later than October 2021 and will be getting paid no later than December 31, 2021. Ms. McCutcheon has joined the PA eHealth team as a Senior Data Analyst, and we hope to leverage her considerable expertise in both data analysis and project management going forward.

Mr. Ciccocioppo then noted the PA eHealth team was being relocated, from the H & W building in downtown Harrisburg, to 2525 North 7th Street in Harrisburg, a new building known as the HUB (Harrisburg Uptown Building). This building project had been planned years before the COVID- 19 Public Health Emergency, so its construction was long overdue. We will be co-located in the same office space as the Bureau of Data Claims Management (BDCM). Our moving date is Friday, November 12th. Due to COVID-19 safety measures currently in place (such as masking and social distancing) there will be a limited number of staff members working in the HUB on an as-needed basis, for mail processing and other tasks that need to be done onsite. It was noted that nothing would change for PA eHealth's contact information: Our mailing address, email addresses and phone numbers will remain the same.

Mr. Shinabery noted that employees from the Office of Administration that are assigned to DOH have been relocated to the HUB. PA eHealth is hopeful that being co-located may help enhance the work efforts of those working with DHS and DOH.

Mr. Ciccocioppo then gave an overview of our grant programs this past year, and the status of other PA eHealth initiatives. He explained that HITECH funding was available to PA eHealth for the past ten years through the American Recovery and Investment Act and that this has been the final year for this HITECH funding. PA eHealth had been able to use that funding in PA to build up and support HIE, and to expand participation in HIE. Grant offerings in fiscal year 2021-2022 included mechanisms for improving data quality within each HIO and to improve patient matching across the P3N and having a greater level of interoperability between the HIOs and their payer members. These grants funded the ability of the HIOs to consume clinical information or claims data from their payers. It also gave the ability to push alerts to their Payers to query the clinical data repository of their HIOs, and this is needed innovation and

integration that clearly benefits the Medicaid population as well as the insured population. Due to challenges faced by the HIOs dealing with COVID-19, some grant money was left on the table, but we were still able to award over $4 Million to HIOs to get 121 organizations connected this past year. We were also able to get one organization connected to an electronic lab registry. The PHG Onboarding Grant Program has had steady growth in both PHG participation for eLR and for the PA State Immunization Information System (PA- SIIS).

As HITECH funding is ending, we are looking to leverage ARPA funding and are pivoting to enhanced federal dollars for HIE to help support our new P3N infrastructure; we are looking to MMIS funding to be able to modernize statewide HIE. Mr. Ciccocioppo then displayed a map to show the current state of HIE in PA. With the addition of a 6th HIO, LVHN, we will be substantially decreasing the whitespace pertaining to True Hospital Connections in Eastern PA, once LVHN is onboarded as a fully certified P3N HIO; their reach extends throughout the greater Lehigh Valley area, which includes Lehigh, Northampton, Carbon and Monroe Counties. We had hoped to have a 'bluer' (filled in) map of more provider connections, but COVID-19 presented those providers with many challenges. We hope the delays they experienced in getting connected will be worked through in the upcoming year. From PA eHealth's perspective, having 130 acute care hospitals connected and interoperable with HIOs that are, in turn, interoperable with one another through the P3N, is a significant accomplishment.

<u>New P3N and PHG Procurement</u>

Mr. Ciccocioppo gave a timeline and summary of actions taken by PA eHealth regarding the new P3N. Cognosante was chosen as the new P3N and PHG vendor for the Commonwealth of PA. On October 7th, 2021, Cognosante signed the contract and PA eHealth sent it to CMS on October 22,2021. CMS has up to 60 days to review/approve it while it is in process of getting fully executed by the Commonwealth. Since this contract is to be funded primarily through an enhanced federal match to be an MMIS module, it must be approved by CMS before the state can fully execute the contract. Mr. Ciccocioppo stated he is confident CMS will not take the full 60-day period to review and approve this contract, and that we can hopefully start working with Cognosante as of January 1, 2021.

PA eHealth met with Cognosante for the first time on October 26, 2021. PA eHealth initially anticipated having a PO in place by January 1st, 2021, with the goal of having the new system replace the old/IBM system by April 2021 but it now appears that transition will not likely be completed until May or June 2021. We intend to exercise IBM Option Year 5, as we will need several more months for the transition, beyond the end of our contract with IBM. The current goal is to be off the IBM system and replace the core query/retrieve functionality and the push functionality for the statewide P3N ADT service, no later than June 2022. The PHG, the Care Plan Registry and other new services will be implemented in the new system later in CY 2022.

Several reasons why Cognosante was chosen over other vendor applicants: Cognosante has already completed a similar transition process for the state of Alabama's HIE, from an IBM system to a new system for that state. They worked with the Alabama Medicaid Agency in support of exchange of MMIS data and the Alabama HIE (ALOHR) in support of the 21st Century Cures Act, Patient Access Rule. Cognosante readily acknowledged many lessons learned during the Alabama project, and they will use those takeaways to make the process for Pennsylvania's new P3N implementation work even more smoothly and efficiently. Cognosante was also able to get some of Alabama's HIE's services certified, which was another important factor in our choosing them. It was also noted that Cognosante developed and hosts the data analytics dashboard and operational monitoring system for the National eHealth Exchange Hub. This means they will be in the forefront in troubleshooting any onboarding issues that may arise during the implementation. Another factor in their favor, is that Cognosante has both corporate and personnel experience with CMS, ONC, state Medicaid agencies and the PA eHealth Partnership Program.

Another of Cognosante's strengths is that their application included extensively detailed work plans and breakdown structure that support PA eHealth's delivery requirements. Chiefly among those, is Cognosante's ability to complete our transition off the old system within a 6-month period. Lastly, Cognosante proposed in their application a module Health Service Bus solution, allowing key product components to be implemented and maintained independently. Mr. Ciccocioppo then noted several meeting guests, Mr. David Grinberg and Ms. Alix Goss of Imprado were both founders and leaders of PA eHealth's current P3N infrastructure and will be working with Cognosante to take us to the next level with the creation and implementation of the new P3N system.

Right now, the PA eHealth Partnership Program is IBM's last client in the HIE landscape, and their staffing resources have dwindled drastically over the past 12 months; even maintenance and support from IBM has been limited and challenging at best. We look forward to working with a much more invested competent HIE company like Cognosante. In addition to funding for design, development and implementation, which will be 90% federal funding in the first year, and in subsequent years it will be 75% funding, provided we can get all of the new systems certified as an MMIS module, using outcomes-based certification criteria. Mr. Ciccocioppo advised that he could not say much more on this topic until the contract is fully executed but did ask if attendees had any questions. Mr. Laval Miller-Wilson asked about the length of the Cognosante contract; Mr. Ciccocioppo noted it is for five years, adding that, if a contract would be proposed for a period longer than five years, that procurement would be even more arduous and time-consuming than this one was over the past few years.

Resource and Referral Tool (R&RT)

At the August 2021 Advisory Board meeting, we discussed the R&RT topic, noting we wanted to address the SDOH of Pennsylvanians in a more efficient and effective way to ensure referrals are made and that urgently needed services are provided to those who need them, in a timely fashion. Currently, a patient only has 20% of his/her needs addressed via healthcare; they have other needs that should also be addressed, to help ensure healthier outcomes. These include housing and food security, and other financial factors, to foster improved health outcomes for the patient. By addressing SDOH, we are helping not only the individual, but whole communities, to improve their health and over-all well-being. Several stakeholder groups met to discuss the R&RT, one such group was comprised of more than 80 stakeholders reviewing the initial RISE PA initiative, and more recently over 120 Regional Accountable Health Councils (RAHCs) also weighed in on the R&RT.

The R&RT via RISE PA platform would do a screening for unmet SDOH, and the tool would have an accessible and searchable database of resources in a directory. The R&RT would provide a closed loop referral, not just among CBOs, but also between healthcare providers and those CBOs. It would help promote improved care coordination and case management; data is maintained and allows for some level of interoperability and integration with stakeholders and Commonwealth systems. We would like to know that the money we are paying to MCOs is furthering value-based performance—that they are actually using the money to meet some of the patient's non-medical needs, which, in turn, will help to improve that individual's health outcomes. DHS will be able to capture, collect, then analyze all these referral results via the closed loop.

The HIOs are in the forefront of choosing the R&RT RISE PA vendor to implement a tool to help identify and resolve SDOH needs of Medicaid patients in our communities. Each HIO would integrate the tool into the P3N and their respective HIO, and the vendor would be interoperable with all the HIOs as well as the Community Based Organizations (CBOs). After discussions with Dr. Doug Jacobs, PA eHealth determined that $8M in ARPA funding, over a two-year period, will be used by channeling $3M to the HIOs to select the R&RT, the rest will be funding for onboarding the CBOs to the HIOs, and to be used for EHR customization of health systems to be interoperable with the chosen R&RT. We hope to have an RFA in place by the end of the calendar year, making awards in the Q1 of 2022. In Q2 and Q3, the HIOs could go through the procurement process of selection of the R&RT. There is an external nonprofit

organization that can help work through the selection process with the HIOs. The R&RT would be selected in Q3 of 2022 and be interoperable by Q4 of 2022. We would then have the 2nd year (2023) to get everybody interoperable with the selected R&RT. We have talked about this since May, and the HIOs have talked about this R&RT since June. We acknowledge this is a lot to take in, since this is the first time the Advisory Board is viewing this R&RT initiative in this much detail today. PA eHealth needs to step back from this process, so the PA eHealth Initiative Board (PA eHI) which has been in a latent state since 2014 (but still maintains its 501 c 3 status) has agreed to work with the HIOs to select a R&RT vendor. Also, we can suggest criteria the R&RT should have, but we may not tell the HIOs which vendor to choose, or how to choose it. Mr. Miller-Wilson asked about stakeholder feedback and how to obtain it, and Mr. Ciccocioppo advised they would take in all the feedback received over the past few years for the RISE PA R&RT initiative, taking into consideration input we received from the RAHCs on what R&RT they need to address SDOH in their communities.

Pennsylvania eHealth Partnership Program Annual Report (Draft 2020-2021)

Attendees were asked to review the Report, and requested that if anyone had questions, to present them here. Chiefly noted were the PA eHealth's accomplishments; even though the Pandemic did greatly affect the entire state of PA, we managed to get a great deal of work done in furthering HIE in PA and improving the quality of data that is exchanged. During our August meeting, we discussed the eight strategies we used to accomplish all our goals in the fiscal year up to June 30, 2021. Our new strategic plan, effective July 1, 2021, currently has seven strategic goals we are using to further increase HIE in PA and help achieve improved health outcomes for Medicaid patients in PA.

Ms. Christy Stermer, Program and Fiscal Manager for PA eHealth provided a Receipts and Expenditures Summary for the Program over this past year. She also noted part of fiscal year 2020 and 2021 federal fiscal years as our grant programs run on the federal fiscal year, but these charts presented are based on the state fiscal year.

For the 2021 state fiscal year, we had a budget of $14.8 million, spending $5.4 million of it. The money does not carry over from year to year, requiring a new budget yearly. Grant money totaled $8.5 million. In addition to those, we had an MOU with DOH and other grants, subtotaling $1.1M, for a grand total of $9.6M. We did not have any reportable breaches in either 2020 or 2021.

Mr. Ciccocioppo requested and received approval from the Advisory Board to forward the draft Annual Report and cover letter for the Secretary's approval to send them to the Governor's office and the PA General Assembly. He noted that the Executive Review Process can take anywhere from 1-4 months.

It was noted that we will are now using MMIS funding to support a lot of PA eHealth's activity. We have also received authorization to use ARPA funding for the R&RT and to do some Home Health Agency (HHA) onboarding grants and EHR incentive program for HHAs that participate in the Pediatric Shift Nursing Program for Home and Community Based Services (HCBS).

Vice Chair Election for CY 2022

Mr. Paul McGuire was the only nominee for the Vice Chair position. The Advisory Board voted him into office as Vice Chair of the Board for another year.

In a related topic, Mr. Ciccocioppo said he is working with the Secretary's Office to get current re-appointment letters for Advisory Board members who's initial terms are expiring.

Public Comment

There were no requests for public comment.

Proposed 2022 Advisory Board Meetings

Friday, **February 4, 2022 via Teams** Meeting 10 a.m. – 12 noon
Friday, **May 6, 2022 in-person** at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, **August 5, 2022 in-person** at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.
Friday, **November 4, 2022 in-person** at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Adjournment

The meeting was adjourned at 12:00 p.m**.**

Approved: February 4, 2022