Pennsylvania eHealth Partnership Advisory Board
Meeting Minutes

PA eHealth Partnership Program Advisory Board Meeting Date and Location
Meeting Date: Friday, August 6, 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
Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Dept. of Human Services
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health
Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health Medical Group
Ms. Teri Henning – CEO, Pennsylvania Homecare Association
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
Mr. Jared Shinabery, 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 for Health Resources and Services
Ms. Muneeza Iqbal, Executive Assistant, Health Innovation

PA Department of Human Services Office of General Counsel
Attorney William Spero

PA Department of Human Services Staff
Mr. Andrew Barnes, Executive Deputy Secretary
Ms. Kathleen Beani – PA eHealth Partnership Program
Ms. Debra Kochel – 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. Alix Goss, Imprado
Ms. Susan Leitzell, Geisinger Health Plan-State Government Programs
Mr. Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project
Mr. Michael Minear, Senior Vice President and CIO, Lehigh Valley Health Network (LVHN)
Ms. Amy Mountain – Attending for Ms. Teri Henning
Ms. Christina Roberts - Director, Application & Development Support, LVHN
Mr. Brian Wells, HealthShare Exchange
Mr. Obaid Zaman, Hospital & Healthsystem Association of Pennsylvania

Welcome and Introductions
Vice-Chair Paul McGuire welcomed participants to the meeting, being held via Microsoft TEAMS today.
Chair David Simon joined today's meeting at 10:30 a.m.

Review of May 7, 2021 Meeting Minutes
The members voted to approve the May 7, 2021 meeting minutes as distributed.

PA Department of Human Services Priorities
Acting DHS Secretary Meg Snead was unable to attend today's meeting due to a schedule conflict. DHS Deputy Secretary Andrew Barnes agreed to attend and provide the group with the chief priorities of the Department under Ms. Snead's leadership. He advised that Ms. Snead's DHS team will be looking to PA eHealth and the HIOs for help, noting their considerable experience and expertise. He also assured the group that Ms. Snead will be attending a future Advisory Board meeting. Mr. Barnes then related his own Commonwealth experience of 17 years, spent chiefly in the areas of policy, the justice system and public safety, which included working with two different sides of the justice system: PA DOC, as well as Pennsylvania crime victims. He also noted that once Ms. Snead was nominated for the DHS Secretary position, Ms. Snead immediately recruited him to join her team at DHS, and he admitted being a bit nervous about the transitions from DOC to DHS but welcomes the opportunity to work with Secretary Snead. Mr. Barnes then noted some of Ms. Snead's own public service background, particularly her advocacy for homeless populations and her work with homeless coalitions.

Mr. Barnes noted that over the next 18 months, there are three main priorities for Secretary Snead's team. The first of these priorities began in 2019 with DHS's visit to a single secure unit for girls in Annville and ended with them visiting all those types of facilities within Pennsylvania. The main goal is to look at these secure facilities, not just from a regulatory standpoint, but to empower staff as advocates for their residents and enhance their opportunity to do this type of relationship building in those facilities. This would be very similar to what is currently being done by OCDEL, OLTL and ODP: Not just looking at a checklist to see if regulatory/licensing requirements are met (which is important) but to take a deeper look into what is happening daily within those facilities and find ways to improve those individuals' quality of care and, ultimately, quality of life.

The second priority for Secretary Snead's team is to improve maternal health in Pennsylvania, as the US now has one of the highest maternal mortality rate in the world. One major step in the right direction, is Pennsylvania's extension of postpartum care for new mothers, from only two months of Medicaid coverage after their baby's birth, to a full 12 months of Medicaid coverage following the birth. Secretary Snead had asked Mr. Barnes to relate the personal postpartum story of her own sister, who had experienced behavioral health issues after her own childbirth. Her sister had private insurance to cover that, but too many new mothers do not have that option and are in great need of assistance. It is expected that American Recovery Plan Act (ARPA) funding will cover this Medicaid postpartum extension in Pennsylvania.

The third priority of Secretary Snead's team is homelessness and other housing-related issues. The Emergency Rent Relief Act has made money available to welfare offices and other county-based organizations to help tenants with their rent, and to help landlords pay their mortgages as well. As happens with governmental programs, 67 PA counties each have their own way of getting that assistance to Pennsylvanians. Some DHS county assistance offices (CAOs) are part of the Emergency Rental Assistance Program, or ERAP, while other CAOs use what they already have in place to distribute those rental and mortgages assistance payments to those in need. Secretary Snead and her team currently work with the PA courts to prevent evictions and foreclosures; it is a much easier process to prevent a person becoming homeless, than trying to obtain suitable housing for them after the eviction has already occurred. Over time, DHS and other social services agencies have seen the full impact of a person's housing status: Having a secure place to sleep each night, and the stability that it represents affects a person's overall health (physical and behavioral), their ability to obtain/maintain employment, and the wherewithal they need to keep their family intact.

Mr. Barnes then agreed to have a Q & A session with the group. It was noted that PA eHealth has established a connection to PA DOC's EHR to retrieve medical data when a new inmate enters a facility, and then share medical data when that inmate is eventually released/paroled from the institution and rejoins the community. Mr. Barnes was excited about that DHS/DOC connection, and it was noted that there remains a challenge with getting PA's county prisons connected to the P3N and sharing data as well. There was an earlier effort, before the Pandemic, to have them join an HIO, but the COVID-19 public health emergency took up most of PA county prison administrators' time and resources. Additionally, the Philadelphia prison system has been focused on working with a new vendor to implement a new EHR in late 2021 or early 2022. Mr. Barnes advised that, if he can be of help in restarting that effort with getting PA county prisons connected to the P3N, he would be happy to assist us in that regard. On the topic of housing and homelessness, Ms. Kathleen Beani commented that, while a CAO caseworker, she worked with numerous clients who preferred not to go to a homeless shelter due to safety concerns. It was noted those sites are meant to be transitional and temporary, until more permanent housing can be obtained for the individual.

Mr. Joe Fisne of KeyHIE stated the requirement that those in acute care settings who are discharged back to their community, must be seen by a PCP within 7 days/one week of that discharge, yet it is so hard to do in practice. He noted that currently, 45-55% of these patients get to see their doctors within the required time frame. Mr. Barnes asked Mr. Fisne if he had heard back from anyone on this. He also advised that there is a clear staffing issue, and more social workers are needed in this area. Mr. Michael Minear of LVHN noted that LVHN's analytics illustrate that most discharged patient re-admits occur within that 7-day time frame. He added that LVHN schedules the patient's first post-discharge doctor visit before they leave the facility, even if that appointment is not with their regular PCP; the point is to ensure that the discharged patient is seen within that first 7 days, to avoid readmission and other complications. Mr. Barnes appreciated the comments on this topic. Referring to the DOC population, he noted they are helped with addiction while in prison via a Medically Assisted Treatment (MAT) program, then get released from prison and that assistance stops; they also need continuity of care once released from that type of facility. Mr. Ciccocioppo noted that in a recent week, there were more than 21,000 unique patients who benefitted from the P3N Statewide ADT Service, and the more facilities connected and providing ADTs, messages, and alerts, the better their care teams can provide care. Mr. Fisne added the comment that the Home Health Agencies also needs to be working with acute care patients following discharge.

In his closing comments, Mr. Barnes asking us to call him Andrew, not 'Deputy Secretary' and to email him directly with any concerns or questions. He also wanted to know the best ways to solidify the relationship between DHS and this group. He asked the Board and PA eHealth how DHS can use HIO and P3N data to drive the recommendations they need to implement. Mr. Barnes thanked everyone for welcoming him today, and he looks forward to working with this group. Mr. Ciccocioppo advised Mr.

Barnes that Acting Secretary Snead approved our new Strategic Plan (2021-2024) on July 1st, as well as the IHRC recommendations. We will continue to address whole person care, promote greater Health Information Exchange (HIE), as well as the Resource and Referral Tool (R&RT) to address SDOH needs in Pennsylvania.

Health Information Exchange Trust Community Committee (HIETCC) Updates
During each Advisory Board meeting, a 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 current Chair of the HIETCC is Mr. Keith Cromwell of CPCHIE. For today's meeting, Mr. Brian Wells of HSX served in this liaison role. Prior to this meeting, all participants received a packet containing copies of the April, May and June 2021 HIETCC Meeting Minutes,) as well as the July 7, 2021 Meeting Agenda. We provide HIETCC 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.

Mr. Wells noted the following topics that were discussed during the past several HIETCC meetings: LVHN is now a provisionally P3N Certified HIO, in the process of fully onboarding as our 6th Pennsylvania HIO. The coverage area of LVHN includes several counties (Lehigh, Northampton, Monroe, Carbon) so this will help reduce the existing 'white space' in PA, helping to greatly expand HIE across the Commonwealth.

Our new Strategic Plan (2021-2024) was just approved by DHS on July 1, 2021. To facilitate Interstate Data Exchange, we are in the process of initiating ADT exchange between the Delaware Health Information Network (DHIN) and PA. Once this is accomplished, we anticipate sharing ADTs with Maryland (via CRISP) as well as West Virginia. Within PA, we have worked with the HIOs over the past year to add Inpatient ADTs to the ADT Project, and now seek to add Ambulatory ADTs, although that may be a challenging effort. We are also working on supporting the HIOs in Public Health Reporting.

Earlier this year, we initiated an effort to grant P3N access to WIC staff, to enable them to access patient data for children and their families via the P3N; however, this was not implemented yet this year, as not all WIC staffers are state employees covered by HIPAA. Another topic the HOs discussed is the need to complete all FFY2021 grant work by September 15th, so that all invoices can be processed timely by the end of the fiscal year, September 30, 2021. Mr. Wells also noted we will be reviewing the HIO Certification package over the next few months and any changes made will be effective in 2022. The HIOs are also going to work together to choose a Resource and Referral Tool vendor to implement the Resource and Referral Tool (R&RT) initiative, which the Wolf Administration is hoping to have partially implemented in Pennsylvania before the end of calendar year 2022.

PA eHealth Partnership Program 2020-2021 Accomplishments
Mr. Ciccocioppo noted the following accomplishments PA eHealth has realized over the past year, using the Strategic Plan (2018-2021) and its eight strategies to implement those initiatives. Engaging all providers in robust HIE; increasing speed/accuracy of individuals' and populations' diagnoses; alerting care teams to patient admissions; reducing readmissions and redundant testing by sharing patient data and care plans with other providers and payers caring for the same patients; increasing patient satisfaction by reducing time spent in the healthcare system and eliminating frustrating duplication. We implemented the eight principles contained in our Strategic Plan with the following accomplishments:

<u>**Leveraged state services and resources:**</u> Supported connection to four DOH registries and one DHS registry; implementing Phase 1 Provider Directory improvements, using data from DHS, DOH, the Departments of Aging, D &A, State, and data from CMS; and supporting the IHRC goal of whole-person health care reform. Currently, we are leveraging HIE in support of the IHRC HIE recommendations and integrating social services into healthcare delivery; working on Provider Directory Phase 2 to make it public facing; the new P3N system will integrate into the MMIS.

Expanding coverage area of exchange: Awarded $7.7 million HIE Onboarding Grants to connect 223 organizations to P3N Certified HIOs; awarding $500,00 in Payor Onboarding Grants to improve interoperability with MA MCOs; requiring PCMHs to participate with P3N Certified HIOs; working closely with LVHN to encourage them to become a P3N Certified HIO, we received their signed application and PAR in July 2021. Currently, we are working with DOC to provide clinical data to the P3N when inmates still in DOC custody receive services in the community; requesting funding for additional HIE Onboarding grants; requesting funding for R&RT grant program for HIOs to select and become interoperable with a closed-loop referral vendor to address SDOH.

Increasing bi-directional access to PHG: Awarded $60,000 to HIOs to support efforts to connect their member organizations (MOs) to electronic lab public health registries through PHG; DOH processed over 8.5 million messages through the PHG; all 5 HIOs achieved production status with one or more PHG registries, including production connection to the electronic Lab Registry (eLR)); 34 HIO MOs are reporting COVID-19 lab test results to the eLR through the PHG. Currently, we are working on sunsetting the electronic clinical quality measures registry, as the Promoting Interoperability Program ends in CY 2021; the new P3N system will also become the new PHG with improved integration.

Improving data quality through analytics: Awarded nearly $300,000 in Patient Matching Improvement Grants to HIOs in FFY 2021 to facilitate this within HIOs and across the P3N; facilitating a complete refresh of patient demographic data in the P3N MPI for a large HIO; providing to HIOs a monthly demographic data fill-rate report, and a weekly report that identifies individual patient registrations with missing demographic data; increasing patient matching over the past year, from 30.5% to 36.5%; selecting a new P3N vendor. Currently, we expect the new P3N system to include both referential data to improve patient matching, as well as direct PA eHealth access to robust P3N performance analytics.

Enhancing the types of data exchanged: P3N sent more than 17.5 million ADT records on behalf of nearly 700,000 patients receiving care outside of their home HIO; adding seven acute ED ADT feeds to the P3N ADT Service, for a total of 114 EDs and adding 68 Inpatient ADT feeds for a total of 88; leveraging the ADT Service to support Daily COVID-19 cases to DOH, including patient demographic information; beginning development of a R&RT grant program for HIOs to select and become interoperable with an R&RT vendor. Currently, we are increasing ED and Inpatient ADT feeds; adding Ambulatory ADTs in the second half of CY 2021; pursuing funding for the R & RT grant program; including a Care Plan Registry in the new P3N system. When Chair Simon asked about sharing COVID-19 data, Mr. Ciccocioppo reminded the group that, just as we have for the past 18 months, we continue to provide the DOH with data from the P3N that we receive from the HIOs; we realize the importance of continuing this practice, particularly as the Delta Variant is currently an issue across the country, as well as in PA.

Updating the HIO certification program: Conducted an annual review of the Certification Package in August 2020, determining that no changes were warranted; developing a new three-year PA eHealth Strategic Plan, which became effective July 1, 2021. Currently, we are reviewing the P3N HIO Certification Package with the HIETCC; monitoring downtime notification policy compliance; implementing programs that address Goals and Objectives in the new Strategic Plan (2021-2024); will be evaluating policies and procedures in light of the new P3N system and federal interoperability requirements.

Offering expanded system access to the P3N: Granted FFS Care Managers use of the P3N portal to improve timeliness and completeness of care plans for new and vulnerable enrollees, their P3N usage has increased over the past year, averaging more than 500 patients per month; engaging in extensive discussion with DOH's WIC Program to facilitate their access to the P3N. This has been complicated because the WIC centers are staffed by individuals who are not all state employees covered by HIPAA. Currently, we expect the new P3N system will be integrated into the new MMIS, giving improved clinical

and claims data access to DHS and P3N participants, and will also allow patients access to their own data; discussions continue with DHS and DOH on providing program access to the P3N Portal.

Facilitating inter-state and federal exchange: Onboarding the DHIN to the P3N ADT Service; continuing discussions with Maryland and West Virginia on alerting a patient's care team when that patient crosses state boundaries to obtain health care services; securing a no-cost contract change request with IBM to onboard the DHIN to the P3N ADT Service. We provided a data sharing agreement to Maryland and West Virginia for their review. We also participate in meetings with ONC; Recognized Coordinating Entity (RCE), Sequoia, for implementing the TEFCA to support health information exchange with a QHIN (Qualified Health Information Network). In the future the new P3N system will have the functionality expected to be required for a QHIN.

Mr. Minear asked about joining Sequoia, and Mr. Ciccocioppo noted DHS Legal was not comfortable with some parts of that agreement, but the new P3N will be a complement to Sequoia. He added that we may become a QHIN, or downstream to another QHIN; first, we will look at what is in the new TEFCA. Mr. Minear commented that he hopes that PA eHealth will keep looking at that possibility since it is a DURSA-like contract. Mr. Minear then asked if there is anything else that LVHN should be focused on as they join the HIO community. Mr. Ciccocioppo replied that the focus is on acute care hospitals, long-term care, patient centered medical homes, and Home Health Agencies (HHAs). When Mr. Minear then asked for a listing of providers not currently connected to an HIO, Mr. Ciccocioppo advised that, once the HIO onboarding grant invoices have been submitted and processed, we will provide to the HIO community an updated listing of the licensed hospital and nursing homes that are, and are not, connected to an HIO.

There was a spirited discussion about trying to get LTC facilities connected to an HIO: Several HIOs had to swap out LTC facilities they initially intended to onboard this year, as those facilities had several issues with this process. Part of the problem is that there are some EHR vendors who charge exorbitant fees, not only for the EHR implementation, but to connect that LTC facility to an HIO.

Mr. Fisne added that another issue is with staffing, noting that Geisinger had 200 positions they still needed to fill. When it was stated that one EHR vendor, ECW, was known for charging very high fees, Mr. Minear agreed with that observation.

Chair Simon commented that a large section of 'white space' that has existed in PA's landscape for a long time is being filled in with the entrance of LVHN into the HIO community. He then asked LVHN what plans they had to announce this event. Mr. Minear noted that they will discuss this with PA eHealth and will be making a public announcement once it is appropriate. Mr. Ciccocioppo noted that when DOC got connected to the P3N in the Fall of 2019, DOC and DHS each contributed to a statement about it, and the Wolf Administration made the announcement shortly after that P3N connection was implemented. He suggested the LVHN onboarding could take about 5 months to complete, noting that the public announcement about LVHN becoming a P3N Certified HIO would likely occur in January 2022.

New PA eHealth Strategic Plan
Mr. Ciccocioppo then noted we worked with the HIO community, as well as the Advisory Board, to come up with the new PA eHealth Strategic Plan (2021-2024). Due to time limitations, he did not describe each of the seven Strategic Goals and Objectives but did provide information on each of them within the slide deck used for this Advisory Board meeting for participants to review. He then thanked everyone for their contributions in helping to formulate this new Strategic Plan. Chair Simon noted that this accomplishment, along with so many others, is even more impressive, given the COVID-19 public health emergency's existence at the same time so many of these initiatives and projects have been completed successfully. Ms. Alix Goss also congratulated PA eHealth and the community for all they have been able to do.

Keystone Health Information Exchange (KeyHIE) Overview
Another feature of the Advisory Board meeting is an individual HIO's presentation of their services and accomplishments. For this meeting, it was KeyHIE's turn in that rotating role, and Ms. Kim Chaundy gave the presentation, highlighting KeyHIE's range of services and the HIO's noteworthy accomplishments over the past year. This included work they did after they received a HIE Star Grant Award, as well as their comprehensive work related to COVID-19, such as heat maps and dashboards, that have proven to be invaluable during the COVID-19 public health emergency.

2020 Pennsylvania HIT Environmental Scan Findings
Mr. Ciccocioppo noted that two previous Surveys were done in 2010 and 2016 and this Survey was conducted in the Fall of 2020. The State Medicaid IT Plan (SMHP) and the results of the Environmental Scan are to be submitted to CMS by Q1 2022. Generally, this pertains to the use of IT to improve treatment and outcomes. Between 2010 and 2020, hospital EHR implementation and usage has grown from 89% to nearly 100%. The biggest hurdle that prevents the sharing of information is the lack of an EHR. OMAP received valid surveys from 2,370 unique practices representing (employing) 23,185 individual practitioners. The surveys included 31 from nursing home organizations representing a total of 199 campuses. Although 60% of the surveys came from solo practitioners, the 40% that were from group practices account for 94% of all individual practitioners represented. Group practices had a much higher EHR utilization rate, than solo practitioners. Other practices such as behavioral health (BH) are using non-certified EHRs, and the reasons for this are cited in the Survey. Among providers who responded to the Survey, Long Term Care (LTC) and BH providers were least likely to use a certified EHR. A few positive developments were that increased internet bandwidth has helped remote and rural community providers, enabling them to more easily employ telemedicine to care for their patients; an especially important note, during the COVID-19 public health emergency's social distancing measures needed to maintain patient safety.

Mr. Ciccocioppo noted that the group of attendees at today's meeting were the first to view this summary of the Survey's findings. When Chair Simon asked whether there is a more detailed breakdown of urban vs rural vs suburban providers, Mr. Ciccocioppo noted that the detailed findings from the Environmental Scan are available on the DHS Promoting Interoperability Program web site. Today's presentation boiled down a lot of information into just 8 slides; the purpose of this was to provide the group with an overview of different takeaways from the Survey which are the most relevant to PA eHealth, the HIO community and the Advisory Board.

Vice Chair Nominations
The Vice Chair term of Mr. Paul McGuire will expire at the end of this year. At the next Advisory Board meeting on November 5, 2021, there will be an election for the office of Vice Chair for CY2022. Advisory Board members were asked to contact Chair Simon or Mr. Ciccocioppo if they would like to self-nominate or nominate another person for the office. Mr. McGuire stated his self-nomination, adding that if nobody else is nominated, he is willing to serve as Vice Chair for an additional term.

Public Comment
There were no requests for public comment.

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

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

Approved: November 5, 2021