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, February 12, 2021
Meeting Time: 10:00 a.m. to 12:10 p.m.
Meeting Location: SKYPE Meeting

Roll Call

Advisory Board Members

Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services
Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council
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 ABSENT
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 EXCUSED
Mr. Paul McGuire (Vice Chair) – Chief Operating Officer, Quality Life Services
Ms. Meghna Patel, Deputy Secretary for Health Innovation, PA Department of Health
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine Lancaster General Health
Mr. David F. Simon (Chair) – Chief Legal Affairs Officer, Phila. College of Osteopathic Med. EXCUSED
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 Aging (PDA)
Mr. Robert Torres, Secretary
PA Department of Corrections (DOC) Staff
Mr. Phillip Coady – Corrections Healthcare Coordinator
Mr. Christopher Oppman, Deputy Secretary
Ms. Jodie White – Corrections Healthcare Coordinator
PA Department of Health (DOH) Staff
Ms. Dana Kaplan – Public Health Gateway Coordinator
Mr. Jeremy Buss, Bureau of Informatics and Information Technology
PA Department of Human Services (DHS) Staff
Ms. Kathleen Beani – PA eHealth Partnership Program
Ms. Debra Kochel – PA eHealth Partnership Program
Ms. Amanda McKenna – Bureau of Data and Claims Management, OMAP
Mr. Allen Price – Bureau of Information Systems, Delivery Center
Ms. Kay Shaffer – Bureau of Information Systems, Delivery Center
Ms. Christy Stermer – PA eHealth Partnership Program
Mr. William Spero, Office of General Counsel

Guests

Mr. Douglas Carroll, Mount Nittany Health System
Ms. Kim Chaundy, Keystone HIE
Mr. Keith Cromwell, Central PA Connect HIE
Ms. Alix Goss, Imprado
Mr. David Grinberg, Imprado
Mr. William Marella, Director, Data Analytics and Quality, HealthShare Exchange
Mr. Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project
Mr. Obaid Zaman, Hospital & Healthsystem Association of Pennsylvania

Welcome and Introductions

Chair David Simon had informed the Advisory Board he would be unable to attend today's meeting. Vice-Chair Paul McGuire presided over the meeting in his place, while Mr. Martin Ciccocioppo facilitated the meeting as well as slide presentations via Skype. Vice Chair McGuire noted that today's guest speakers would include PDA Secretary Robert Torres, Mr. William Marella of HealthShare Exchange, Deputy Secretary Christopher Oppman and Ms. Jodie White of PA DOC and Ms. Dana Kaplan, Public Health Gateway Coordinator at PA DOH.

Review of November 13, 2020 Meeting Minutes

The members voted to approve the November 13, 2020 meeting minutes as distributed.

PA eHealth Partnership Program Updates and Accomplishments

Mr. Ciccocioppo noted the following PA eHealth Partnership Program updates and accomplishments:

The Wolf Administration has sought to implement a whole-person health reform package to make health care more affordable, support transformation within healthcare corporations and government and tackle health inequities. This is to focus on each aspect that contributes to a person's physical and behavioral health across the lifespan, addressing social determinants of health, eliminating health disparities, and promoting the affordability, accessibility and value of healthcare. A core piece of this whole-person approach to healthcare in PA was the formation of the Interagency Health Reform Council (IHRC), initiated via Governor Wolf's executive order on October 2, 2020.

The IHRC is chaired by DOH Secretary Nominee Ms. Alison Beam, and composed of seven members: The Governor's Secretary of Policy and Planning, the PA Insurance Commissioner, and the five Secretaries of Aging, Corrections, DDAP (Drug & Alcohol Programs) DHS, and DOH. For several months, the IHRC had stakeholders in each Department working on the compilation of eight recommendations, which the IHRC included in their Report to the Governor in December 2020. The Report was published in January 2021, and the PA e Health Partnership Program provided a copy of the IHRC Report to Advisory Board participants. The IHRC will continue to hold bi-monthly meetings to report on progress being made on the eight recommendations in the Report. Mr. Ciccocioppo noted that one of those recommendations, the leveraging of data sharing and health information exchange, is our current focus. He noted that this can best be accomplished via three initiatives: Increasing provider participation requirements and incentives; integrating health information exchange with MMIS; expanding the P3N alerting service across states.

<u>Increasing Provider Participation Requirements and Incentives</u>

PA eHealth can use the rulemaking authority granted in Act 76 of 2016, enabling the Secretary to promulgate rules to enact regulations requiring hospitals and long-term care (LTC) facilities to connect to a P3N-certified HIO. PA eHealth has already worked to reduce the whitespace: In 2020, Community Health Choices (CHC) MCOs had to join a P3N HIO, and in 2021, Patient Centered Medical Homes (PCMHs) have to join an HIO, and Behavioral Health providers will also be required to join an HIO.

PA eHealth uses HIO Onboarding grants for the HIOs to connect a variety of providers to their services, and in turn, to the P3N: In FFY 2021, DHS awarded $7.7 million to support the HIOs to onboard more than 220 organizations, and awarded $60,000 in Public Health Gateway (PHG) grants to two HIOs. Applications for two additional grants are still being evaluated at this time: The Payor Onboarding grant, which would provide alerts to Payors and the Patient Matching Improvement grant, which would help HIOs use more complete demographic data for better patient matching.

Later in the meeting, during a different topic presentation, several questions and answers (included here) came up regarding this topic: Dr. Michael Sheinberg asked Mr. Ciccocioppo if the IHRC had formulated any penalties for LTC or hospital facilities that do not join an HIO. In his reply, Mr. Ciccocioppo noted that not all LTC and not all hospitals would need to be connecting to an HIO, just certain ones. He noted that no legislation has been drafted yet regarding penalties, and one potential penalty could be a provider receiving a denial of Medicaid participation. Vice Chair Paul McGuire asked about the timeframes within which a facility had to join an HIO, and Mr. Ciccocioppo noted the end of calendar year 2021 for hospitals, and the end of calendar year 2022 for LTC facilities. Mr. Don Reed of HSX asked about funding for this, and Mr. Ciccocioppo reminded everyone that federal funding goes away after FFY2021, but there has been talk about a potential pool of state money that could possibly be used for that purpose, no funding stream has been clearly identified at this point. Vice Chair McGuire added that LTC facilities are challenged by maintenance expenses needed to keep the connection going so funding would certainly be helpful.

<u>Integrating Health Information Exchange with MMIS (Medicaid Management Information System)</u>
In November 2020, CMS approved the P3N RFP (Request for Proposal) and it was posted on January 27, 2021 as RFP #09-19. A pre-proposal conference was held on February 11th, with over 60 participants in attendance, and responses are due by March 31, 2021. PA eHealth wants to complete the P3N procurement by December 31, 2021 and to complete the transition from the IBM P3N by April 2022. The new P3N will incorporate all current federated statewide HIE services and the PHG service, which are currently provided by the Commonwealth. The new P3N will also be integrated with DHS's new resource and referral tool, Aunt Bertha, through MMIS2020. This tool will ensure that individuals are aware of benefits and services available to them, and that there will be follow-through by community providers for all referrals that are made on the individual's behalf. Several slides were presented, including the MMIS 2020 Platform Modularity, and the MMIS 2020 Platform Hub, to illustrate how the new P3N would function.

Dr. Timothy Heilman asked about the length of time for the transition to the new platform, noting that once a provider leaves their fold, it would be hard to get them back. Mr. Ciccocioppo advised that PA eHealth has only 6 direct connections to the P3N- five HIOs and the DOC- so we should not have to skip a beat.

<u>Expanding the P3N Alerting Service Across States</u>
Prior to discussing interstate expansion of ADTs, Mr. Ciccocioppo noted several milestones regarding the P3N ADT Service, which has now delivered more than 24 million messages. Prior to the Pandemic, the P3N processed over 17,000 messages weekly, then totals went down to a low of 6,700 weekly due to the steep drop of hospital visits and routine procedures as the Pandemic unfolded in 2020. Currently, weekly ADT message totals average between 11,000-12,000 and we anticipate those totals to increase further as the COVID-19 vaccination rollout continues across the state. Currently, 106 facilities send ED ADTs to the P3N, and 48 facilities are also sending Inpatient ADTs. This month, 5 facilities are in the Pipeline to begin sending ED ADTs, and 5 facilities are in the Pipeline to begin sending Inpatient ADTs to the P3N. We anticipate having more than 110 ED and Inpatient ADT feeds in place in 2Q 2021, and we intend to add Ambulatory ADT feeds later this year. In addition, the P3N ADT Service will hopefully begin to share ADTs with neighboring states (Delaware, Maryland and West Virginia) later this year.

In an effort to expand HIE within PA, PA eHealth is in the process of establishing an agreement between DHS and DOH, so that certain staff members of the Women, Infants & Children (WIC) Program may gain access to their patients' medical data via the P3N. WIC has nearly 200 clinics in 67 counties, which provide nutrition services, breastfeeding support, healthcare & social service referrals, and healthy foods for women and children. WIC is considering telehealth options in order to reduce the need for quarterly in-person visits. With access to the P3N, WIC nutritionists can obtain critical data that has been collected at a child's pediatric office visit. WIC is seeking P3N access for 50 individuals (25 nutritionists and 25 back up supervisors). Mr. Ciccocioppo noted that DHS is close to signing an agreement with DOH to grant certain WIC staff access to the P3N. Ms. Pamela Clark asked about the timeframe for WIC gaining P3N access. Mr. Ciccocioppo replied that we are finalizing drafts of the Proposal and Policy and providing copies of these documents to the HIETCC. There will be training held for a small group of WIC administrators, then training of WIC staff, about two months from now. Later, when the new P3N system in place, will be able to add WIC's care plans (from their PENN system) to the P3N as well.

Health Information Exchange Trust Community Committee (HIETCC) Updates

During each Advisory Board meeting, an HIO representative is chosen on a rotating basis to serve in a liaison role to update the Advisory Board on the HIOs' accomplishments, activities and issues addressed by the Health Information Exchange Trust Community Committee (HIETCC). The previous Chair of the HIETCC was Ms. Kim Chaundy of KeyHIE, and the current Chair of the HIETCC is Mr. Keith Cromwell of CPCHIE. For today's meeting, Ms. Phyllis Szymanski of CCHIE served in this liaison role. The participants of this meeting received a packet containing copies of the four previous HIETCC Meeting Minutes (October 2020 through January 2021) as well as the February 3, 2021 Agenda. We provide these meeting documents to the Advisory Board in order to keep them apprised of the topics and issues that are raised, and to summarize the work that is being done by the HIOs.

Ms. Szymanski noted the following topics we worked on with the HIETCC over the past few months: PA eHealth and the Community hope to implement the Interstate Expansion of the P3N ADT Service initiative sometime this year. For FFY 2021, it is hoped that this final year of HIT funding will serve to greatly expand and improve HIE in Pennsylvania. Electronic Case Reporting (eCR) is in its early stages and work is currently being done to establish the role of the HIOs and how each of them will do eCR moving forward. Since the Pandemic unfolded in PA, all the HIOs and DOC have done a great deal of work to help, and these efforts will continue, even as the COVID-19 vaccine rollout expands. PDMP is currently working on replacing Appriss, which should not affect provider access to RX Check through the Public Health Gateway (PHG). The HIOs are being leveraged for Care Coordination and Quality Reporting in order to help with value-based care. The HIETCC also discussed the expanding role of HIOs in Public Health Reporting, and there have been several meetings between some of the HIOs and PA SIIS. Discrete Document sharing has been another important topic for the HIETCC: In 2020, each HIO volunteered staff to form a workgroup to normalize document naming conventions; they agreed to provide updates for a Transparency Spreadsheet, which is then posted on the DHS website on a quarterly basis; they agreed to share discrete documents, which is so important for clinicians and for value based care initiatives as well. The last HIETCC topic mentioned was Encounter Notification – P3N ADT service expansion. Ms. Szymanski noted that much progress has been made, from ED ADTs to inpatient ADTs, and there is intent to expand further by adding Ambulatory ADTs later this year. Ms. Pamela Clark asked about the ways they are using the ADTs they get. It was noted they can be proactive and actively address gaps in care or prevent delay in getting providers the information they need. This would apply not only to clinicians, but MCOs and Payors can also take advantage of this valuable information in real time. Ms. Kim Chaundy added that, if it is an alert of an ED or inpatient ADTs, KeyHIE can send that data to the PCP or case manager. Ms. Clark thanked Mr. Ciccocioppo and Ms. Chaundy for their responses.

Pennsylvania Department of Aging Priorities and Health Information Exchange

While introducing PA Department of Aging (PDA) Secretary Robert Torres, Mr. Ciccocioppo noted Secretary Torres was the previous Executive Director of the PA eHealth Authority. They had known each other in prior years, then re-met in the Fall of 2019, when Mr. Ciccocioppo gave a presentation on HIE in PA to members of Secretary Torres' department. Secretary Torres noted that PDA offers many programs and services through 52 Area Agencies on Aging (AAAs), including ombudsman advocacy for LTC, the Pace pharmaceutical program, and Adult Protective Services. Philadelphia County has the largest AAA in PA, and it is the 4th largest AAA in the US. Eighty-one percent of PDA's funding is generated by the PA Lottery. PDA shares lottery funding with the PA State Treasury for PennDOT and DHS gets some funding for Medicaid Long Term Services and Supports (MA LTSS). The Department of Aging is seeking other means of funding in addition to the state Lottery. PDA also promotes health and wellness training. For example, learning to achieve better balance, minimizing the risk of falls. Secretary Torres noted that KeyHIE was one of the first HIOs to onboard an AAA, Union/Snyder County. PDA looked to see what data they were getting from KeyHIE and the P3N in (close to) real time: The data was telling them where the patient was now: The ED, the hospital, at home or at a LTC facility.

Prior PDA leadership was reluctant to enter mutual data exchange agreements. Secretary Torres developed a care plan registry that can be used after the new P3N system's care plan registry is operational. He also gave the AAAs the authority to share data with the P3N so that care plans can be shared, and they will know if a patient is going home, and what they need. WellSky is the vendor for the PA PDA SAMS case management database. PDA has been looking closely at the Pandemic's effects on the elderly's social isolation and missed medications, and the need to improve nutrition to help with medication effectiveness. PDA uses a database of questions to ask patients questions; how they answer indicates their level of risk for social isolation, and the state of their physical and mental health. There are five indicators, and if all five are met, PDA can see what level of intervention is needed for that patient. PDA is looking at predictive analytics and PACE also wants to do analytics with Population Health.

Secretary Torres pointed out that, while elder abuse/neglect are not new, the Pandemic has brought out more cases and more serious cases, due to the patient's isolation, whether in a LTC facility, or at home with a relative. He noted one such case, which ended in a patient's murder by their grandson/caretaker, and upon review, it was found that this possibly could have been predicted. There was also a case in which a patient was financially exploited by not one, but two guardian/relatives, who conspired to defraud their elderly uncle. If PDA can use predictive analytics effectively, cases such as these may be more readily prevented going forward.

Secretary Torres noted he was very pleased with the partnership between the AAAs and HIOs, especially the four AAAs onboarded by KeyHIE and connected to the P3N. In December 2019 all 52 AAAs attended a 2.5-hour meeting about onboarding to an HIO and connecting to the P3N. There were 10 grants awarded for AAAs in 2020. Due to the Pandemic, 6 of them connected to HSX by September 2020 and another 123 organizations (including 20 AAAs) will connect, so PDA will have about two-thirds of the AAAs onboarded to an HIO. There were questions about how the HIOs could help in the fight against elder abuse. It was noted that Tom Slevin of PACE had spoken with HSX about this work in Southeast PA. Secretary Torres noted the use of ICD-9 codes, and said he was pleased that CMS has work going on with predictive analytics, using Medicaid data on elderly patients. He noted that a consulting firm has been engaged to put in writing what has been done in this area. He has also convened an Elder Exploitation Task Force, made up of 50 members of law enforcement, the judiciary, banking and other areas affecting the elderly in PA.

Ms. Meghna Patel asked Secretary Torres if it was possible for an EHR to have a red flag or alert in a screening for abuse, or whether it was already in place now. Mr. William Marella of HSX commented

that they have talked to PACE to try and identify these people, but usually ICD-10 codes are not used. Secretary Torres noted there are patterns of injuries consistent with a fall, that would include not only head/neck injuries, but injuries to the legs as well, if the patient did suffer a fall. If they only have head/neck injuries, that could indicate abuse, rather than an accidental fall. The abuse could be detected in an ER setting, but if they go to different EDs, that may keep abuse from being discovered. It was suggested that HIOs could use ICD-10 codes to see if the patient is in the beginning stages of dementia, before they are too far gone. Ms. Patel advised that the HIOs should raise ICD-10 codes appropriately to pick up on possible abuse. Secretary Torres explained that CMS consultants found 1,410 credible claims of physical or other types of abuse. Many elderly people were defrauded and lost their savings. After that, they received Medicaid, and the state had to incur those expenses representing an average loss of $40,000 per person, for a total of $12.5 million. In one year alone (2017-18) the losses totaled $58 million.

When Secretary Torres finished his presentation, Ms. Szymanski of CCHIE commended him and PDA for their work in fighting elder abuse. She correlated that effort with the current initiative CCHIE is working on to help combat abuse/neglect at the other end of the lifespan: among children in PA. Unfortunately, the physical isolation caused by the Pandemic seems to have made this problem, among both the elderly and the young, even more pressing than before.

ONC STAR HIE Grant - Leveraging HIE for Public Health Response to COVID-19 in the Delaware Valley

Mr. William Morella, Director, Data Analytics and Quality at HSX, provided an overview of their COVID responses funded by an ONC STAR Grant. He noted that HSX has 12 million patients in their master patient index from PA, northern Delaware and Southern New Jersey. He then took a moment to acknowledged that KeyHIE had also recently received an HIE Star Grant Award from ONC. Only five HIOs in the US were initially granted one of these awards in 2020. In the Summer of 2020, there was a nationwide focus on the use of HIE to support population health, especially related to COVID-19 issues.

Mr. Marella noted many of the following challenges HSX was faced with in doing this grant work: Properly coded data and reliance on vendors; delays in coded diagnoses; expanding public health access under HIPAA; tracking nursing home and other congregate living residents (USCDI); non-traditional sites for testing, vaccination; priority for integration with IISs; and persisting data from eCR.

New Data Connections were established with county health clinics, state public health labs and POC Test Results. HSX helped establish new connections in ELR with Einstein, Penn Medicine and Holy Redeemer, among others; established eCR with Einstein and CHOP among others; pushed C-CDAs with ManorCare and ACTS Retirement Communities and are in testing for others.

HSX concentrated on four areas in their Grant work:

(1) For new opportunities for data exchange, HSX focused on case finding, contact tracing and immunization status.
(2) For enhanced data use for public health, HSX focused on the National Federated COVID registry network, the CMCP data model and the Healthcare Activity Volume Dashboard.
(3) For new data connections based on public health priorities, they focused on lab feeds. electronic initial case reports (eICRs) and county health clinics.
(4) For program management and governance, HSX concentrated on oversight and accountability, resources, communication and coordination, and legal compliance.

HSX noted for immunization five main priorities: (1) Pushing vaccination status into provider EHRs; (2) having priority rosters for public health agencies; (3) monitoring vaccine-related adverse events; (4) collecting data for vaccine effectiveness and (5) determining racial disparities in vaccine administration.

Mr. Marella also presented several other diagrams, noting hospital 24-hour admission trends and hospital hourly activity/volume on their Provider Activity Dashboard. Their Surveillance Reports

illustrated the following: Based on 11,785 patients with COVID-19 diagnosis, compared to patients with 0-2 risk factors, patients having 3+ risks: had 2X risk of hospitalization (60 v 30%); 4X risk of mortality (11.9 v 2.7%); a higher mean LOS if hospitalized)(5.2 d v 4.8). The Surveillance Reports also showed Daily Admissions/Discharges and Unique Cases by Day of First Diagnosis. At the height of the Pandemic, PA eHealth received these Surveillance Reports three times per week, and now they receive them once per week.

This work represents one of one of ten nodes for COVID-19 registries around the US being worked on to look at each set of data and combine all of it into standardized form. HSX's work at the County level has shown gaps in visibility and lab results they are getting and the use case of treatment and care coordination. Even after COVID-19 funding goes away, they still want to commit to this work, so they will be able to deal with a future public health crisis, or a type of mass casualty event, should they occur down the road.

Mr. Ciccocioppo commented that PA SIIS has met with a few HIOs to help get vaccination data over to PA SIIS and back out to providers. Mr. Marella replied that, with this work, they too will be sharing vaccination data with PA SIIS.

Using the P3N to Improve Care Inside and Outside of Prison

Mr. Christopher Oppman, Deputy Secretary for PA Department of Corrections (DOC) was introduced to the participants for the first time today. Currently, there are 24 State Correctional Institutions (SCIs) open in PA, housing 38,000 inmates, and there are 16,000 staff members at DOC and the Board of Probation and Parole. He noted that they have many aspects of inmates' lives to handle: work details, schooling, meals, medical care, and ensuring they receive yard time (periods outside). Many inmates make gowns and masks for medical professionals to use. The Pandemic has made things more difficult for both inmates and staff since it unfolded. The cells are about 7 feet by 13 feet, and since many of the SCI buildings are older, space is more limited, so social distancing within those SCIs has been harder to establish. It was noted they have been testing the SCIs' wastewater to determine levels of COVID-19 exposure, and 25% of this population is over the age of 50, which increases their risk of complications from COVID-19. The DOC ended in-person visits early on in the Pandemic, and have held virtual visits instead, which have been working well. Some inmates had received no visitors in person prior to the Pandemic, but after video conferencing was made available, some family members re-established contact with that inmate, for the first time in many years. It was noted that many inmates with D & A issues, have also had untreated mental health issues. This means their underlying mental health issues also need to be addressed, before they can be successful in substance abuse treatment. 47% of inmates come from minority and underserved communities, where they may have received very limited healthcare, between childhood and adulthood. One of the ways DOC has tried to reduce the number of COVID-19 cases, is by limiting the inmates' movements within the prison throughout the day. They also frequently test staff and others who travel into and out of the prison, to avoid having them bring the virus into the SCI facility. Many persons in the prison are tested twice per day, and they use a monoclonal antibody treatment for persons who may only have their first symptoms of COVID-19. Deputy Secretary Oppman noted they were going to close the Retreat SCI in 2020, but due to the Pandemic, they have been using it the same way they used the Camp Hill SCI (as an Intake location) before they send the inmate to reside in a regular SCI. DOC has decreased the inmate population by 500, with early releases, due to court proceedings not being held for prolonged periods of time. In the past, about 30% of inmates would get flu shots, but now more than 50% of inmates want to receive those shots. According to DOC's dashboard, of the 100 DOC inmate deaths due to COVID-19, most of those happened in Fall 2020. DOC expects their (voluntary) inmate vaccination rate to be more than 65%. DOC is basing their vaccination priority on risk, such as age and serious illness so most of DOC's inmates getting vaccinated first would fall into the 1A category, just like the state's general population.

Ms. Jodie White of DOC offered some background information about DOC and the P3N to meeting participants: DOC began working to establish its connection to the P3N via DHS/PA eHealth, as well as DOC's vendor, Sapphire; this took about 6 months of technical work to complete. This P3N connection has greatly helped DOC get much more clinical data on a new inmate that is vital to their treatment. Act 84 only allows DOC to get a one-page medical summary on a new inmate, so P3N access has been an invaluable resource for DOC since their connection to P3N was set up in Fall 2019. If an inmate needs to go to an outside hospital or specialist, they fall under Act 22. When they come back into the prison, the discharge summary data from that hospital or doctor visit is then sent to the SCI where the inmate resides. Once an inmate is within a short time of being released (after they served their time, or are granted an early release) they must apply for Medicaid, so that when they are released, they can continue receiving medical services when they move back to their home or other outside community. They also sign an Opt-In/Opt-out form, to determine whether they do/do not want to share their medical data with different health professionals. They are also informed that they may change their decision on this at any time in the future.

Ms. White also noted that, in the future, DOC hopes to begin sharing medical data for visits the prisoner had at an outside hospital or doctor's office while they were still an inmate at the SCI. Once this is realized, it will close the gap in medical data that the community provider needs in order to effectively treat that former inmate. Mr. Ciccocioppo thanked DOC for their presentation. He also noted that we are trying to get County Prisons to connect to the P3N, and Philadelphia is currently working with an HIO to get connected to the P3N. DOC also noted this is very important, since 35% of all DOC inmates come to their SCIs from Philadelphia.

Public Health Reporting Initiatives

Due to time constraints, the Advisory Board agreed to table this topic for today and include it on the Agenda for the next PA eHealth Advisory Board meeting in May 2021.

Strategic Planning

Vice Chair McGuire noted that the current Strategic Plan period is July 1,2018 to June 30,2021. The next Strategic Plan period will be July 1,2021 to June 30,2024. Advisory Board members were asked for their interest in attending a Strategic Planning meeting sometime in March 2021. Members agreed to share their Friday availability during that month with Mr. Ciccocioppo, following this meeting. When Mr. Don Reed of HSX asked if members of the HIETCC should also attend that working session in March, Vice Chair McGuire agreed that the Board and HIETCC should work hand in hand. However, Mr. Ciccocioppo advised that, since the HIETCC meets every month, they will be using most of their April 7th, 2021 meeting to discuss the Strategic Plan. Advisory Board members who will be attending the March 2021 working session, were advised to review the current Strategic Plan beforehand, and be prepared to discuss the new, prospective Strategic Plan.

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

Public Comment

There were no requests for public comment.

Remaining 2021 Advisory Board Meetings

Friday, May 7th, 2021 – Skype meeting, 10 a.m.-12 p.m.
Friday, August 6, 2021 – In-Person or via Skype Meeting, 10 a.m.-2 p.m.
Friday, November 5, 2021 – In-Person or via Skype Meeting 10 a.m. -2 p.m.

Adjournment

The meeting was adjourned at 12:10 p.m.

Approved: May 7, 2021