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Pennsylvania eHealth Partnership Advisory Board Meeting Minutes

PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, November 13, 2020

Meeting Time: 10:08 a.m. to 12:00 p.m.

Meeting Location: SKYPE Meeting

Roll Call

Advisory Board Members

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council

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

Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health – **EXCUSED**

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

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, 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

Allegheny County Health Department

LuAnn Brink, Ph.D. Chief Epidemiologist and Deputy Director

Lynda Jones, Epidemiologist

PA Department of Corrections Staff

Phillip Coady – Corrections Healthcare Coordinator

Jodie White – Corrections Healthcare Coordinator

PA Department of Health Staff

Dana Kaplan – Public Health Gateway Coordinator

PA Department of Human Services Staff

Kathleen Beani – PA eHealth Partnership Program

Terri Lynn Brown – PA eHealth Partnership Program

Dr. David Kelley – Medical Director, Office of Medical Assistance Programs (OMAP)

Debra Kochel – PA eHealth Partnership Program

Amanda McKenna – Bureau of Data and Claims Management, OMAP

Allen Price – Bureau of Information Systems, Delivery Center

Kay Shaffer – Bureau of Information Systems, Delivery Center

Christy Stermer – PA eHealth Partnership Program

Guests

Douglas Carroll, Mount Nittany Health System

Kim Chaundy, Keystone HIE

Keith Cromwell, Central PA Connect HIE

Emily Holladay, Deputy Legislative Director, PA Insurance Department

Alix Goss, Imprado

Dave Grinberg, Imprado

Susan Leitzell, Geisinger Health Plan-State Government Programs

Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project

Jennifer Swinnich, PA Medical Society

Obaid Zaman, Hospital & Healthsystem Association of Pennsylvania

Welcome and Introductions

Chair David Simon called the meeting to order at 10:08 a.m. and welcomed all the participants. Ms. Terri Brown announced that the meeting was being recorded to assist with minutes' preparation, and Mr. Martin Ciccocioppo took roll of those in attendance.

Review of August 14, 2020 Meeting Minutes

The members voted to approve the August 14, 2020 meeting minutes as distributed.

PA eHealth Partnership Program Updates and Accomplishments

Mr. Ciccocioppo noted several personnel changes at PA eHealth. Ms. Debra Kochel joined our staff as a Human Services Program Specialist on September 14, 2020, replacing Ms. Megan Ebert. Ms. Kochel previously worked at the Department of Health, but she has worked for the Commonwealth in different agencies for the past 28 years.

Ms. Terri Brown has accepted a position at the Office of General Counsel, which will begin November 30, 2020, so this will be her last meeting with the Advisory Board. Chair Simon thanked Ms. Brown for her work over the past two years. Ms. Brown thanked everyone and said she would miss Chair Simon and other Board members. She also noted Mr. Ciccocioppo was the right person to guide PA eHealth to continued success, and she wished all the participants well.

Mr. Ciccocioppo noted the following accomplishments over this past year:

HIE Onboarding – With the HIE Onboarding Grant, four HIOs onboarded 42 hospitals and 33 ambulatory providers in FFY 2020. The HIOs also completed 10 additional onboardings to the Public Health Gateway (PHG), and PA eHealth established additional PHG connections to the RxCheck PDMP Gateway. We have expanded the P3N ADT Statewide Notification Service to include 107 emergency departments in production and 35 Inpatient feeds, and we anticipate having more than 110 ED and Inpatient ADT feeds by Q1 2021.

P3N Utilization – In October 2020 alone, more than 1.77 million documents were retrieved across the P3N. CMS has approved our FFY2021 HIT IAPD for \$11.2 million in interoperability projects.

P3N Procurement – We have also submitted our P3N MMISAPD to CMS for review/approval. Our P3N RFP is now in internal review, and it is expected to be released in January 2020, after it is approved by CMS.

FFY 2020 Projects – Mr. Ciccocioppo also updated participants on the FFY 2020 HIT IAPD Projects, totaling \$11.7 million of IAPD funding (DHS provides the 10% matching funds). We were unable to issue an RFA for Health Plan Onboarding Grants; IBM was unable to complete the Care Plan Document Registry for us, and IAPD funding was not used this year for Immunization Registry Interoperability. However, the other seven projects on our FFY 2020 listing were very successful: We paid out \$2.8 million for HIE Onboarding grants; we paid out \$50,000 for PHG Onboarding Grants; for Radiology Image

Sharing, KeyHIE successfully completed the second year of this two-year project; PHG Utilization is working well, and a new PHG Coordinator was hired. For Case Reporting, capacity building for electronic Case Reporting (eCR) work is continuing; for Education and Outreach, Quality Insights is working with MA providers; the Allegheny County Population Health Project, conducted by the Allegheny County Health Department (ACHD) has completed its second year.

FFY 2021 Projects – Mr. Ciccocioppo noted we have three current Requests for Applications (RFAs) that have been issued. As the HIOs are very busy with COVID-19-related efforts, we have decided to stagger the due dates for these four RFAs. The first one, RFA 11-20, HIE Onboarding, will be due 11/20/20; the PHG Onboarding, RFA 10-20 will be due 12/4/2020, the third RFA for Payor Onboarding, RFA 09-20, will be due 12/18/20. A fourth RFA, Patient Matching Improvement, is still in internal review. Once it is approved, it will be posted and will have a due date in January 2021.

P3N Patient Matching – Our Linking Rate target is 35%, and we have moved steadily toward that goal, from 23.5% in August 2019, up to 31% as of August 2020. In Q1 of 2020, we were averaging over 15,000 weekly ADTs sent via the P3N to HIOs. Due to the Pandemic, our numbers went down to a low of 6,000 weekly messages in April 2020, as many people avoided going to the ED or hospital for care. Over the last few months, the weekly message totals have been increasing steadily, to over 12,000 weekly messages, so our numbers are going in the right direction.

Consumer Outreach – Recently, Mr. Ciccocioppo was asked by Secretary Teresa Miller to participate in a televised panel discussion of HIE in Pennsylvania. The program is called “Connecting our Country, Saving Lives: The Health Care Interoperability Agenda”. The inaugural episode of this program aired on WVIA-TV several months ago. This second episode was to be taped in Pittston next week, but due to the continued resurgence of COVID-19 cases at this time, that taping has been postponed for now.

Health Reform – In early October 2020, Governor Tom Wolf announced the formation of the Interagency Health Reform Council (IHRC). The Council’s purpose is to evaluate potential alignment of Commonwealth healthcare payment and delivery systems to provide efficient, whole-person health care, while containing costs, reducing disparities, and achieving better health outcomes for all Pennsylvanians. The Council is responsible for evaluating and recommending policies to align and integrate Commonwealth programs and activities related to health and healthcare. There are several Workstreams within this Council, and Mr. Ciccocioppo is leading the Leverage Health Information Exchange (HIE) Workstream Support Team, which includes members from DHS, Departments of Aging (PDA), Drug and Alcohol Programs (DDAP) and the Office of Long-Term Living (OLTL). The efforts of all the Workstreams will be streamlined and combined into a final Report to the Governor by December 31, 2020. This Report will include proposals for development and implementation of healthcare reform and identify all policy and legislative changes needed to effectuate the Council’s proposals.

Learnings from Allegheny County Population Health Analysis of Resident EHR Data

We were given a presentation, “ESPnet Updates and Chronic Conditions Among Medicaid Recipients” by two ACHD representatives, LuAnn Brink, Deputy Director and Chief Epidemiologist, and Lynda Jones, Epidemiologist. The focus of their analysis was on two major chronic health concerns, hypertension and diabetes, among the Allegheny County population. It was noted that this county encompasses not only the city of Pittsburgh, but 130 different municipalities, 2 major health systems and a population of 1.2 million people. The breakdown of this population by race shows a less diverse population compared to other areas of the country, comprised of 80% White, 18% Black and 2% Latino. Within this population about 20% are age 65 and older, with 12% of the population living at the Poverty level. The presenters discussed 2016 Survey data, most of which was compiled from telephone interviews for chronic diseases such as hypertension and diabetes, and their associated risk factors: sedentary lifestyle, smoking and obesity. When compared to the national average and the State average, the Allegheny county population appears to have numbers below the national average but has higher numbers than the

State's average for hypertension, diabetes and the three associated risk factors noted. In the past, Survey data was compiled from telephone interviews, which often provided just partial or general information, but not enough to truly make a difference in population health. Survey data is also limited in that it is county-level only. There is too much variability in the sample size for subgroup comparisons; the data is self-reported by the patient, who may or may not give complete and accurate information. It also typically does not include information about children and teenagers. More importantly, the collection of precise Survey data can occur as many as five years apart, depending on when the Survey is conducted. Public Health Chronic Disease Surveillance data includes ED visits, hospitalizations, deaths, urgent care visits, prescriptions, blood pressure measurements and cholesterol measurements. ACHD focused on automating Chronic Disease Surveillance for public health practice, by using EHR data, such as visits to PCPs, specialists, urgent care, EDs and hospitals. Once the diagnosis, lab result, medication, vital signs and demographic information were put into electronic case reports or aggregate summaries, they would then be forwarded to ACHD's Chronic Disease Epidemiology Department.

ACHD wanted to use EHR data for several reasons: It provides objective, detailed information about cardiovascular risk that relies on clinical measures, rather than self-reporting. EHR data comes in for all individuals from participating health systems, by census tract and zip code. There are monthly updates to this data, so it remains current. EHR data also captures information that is difficult to obtain from other sources simultaneously (such as medications, pre-diabetes and hypertension behaviors). This is unique data not found in claims data or Survey data sets, and it captures data for children and adolescents as well. ACHD specifically uses EHR data for three purposes: Surveillance, to see over-all changes over time by subgroup and location; to inform programming, noting which communities and populations have the highest burden of risk factors (primary intervention), and which ones have the highest burden of uncontrolled diabetes and hypertension (secondary intervention); and to determine associations, by asking what relationship exists between risk factors/prevalence/control status and community factors within Allegheny County. The presenters illustrated definitive criteria for the conditions of Type 2 diabetes and for hypertension. They also provided illustrated maps showing prevalence of hypertension and diabetes, as well as A1C levels, among Medicaid recipients.

Allegheny County chose to use ESPNet (Electronic medical record Support for Public Health) and the RiskScape Dashboard to do Surveillance and to do queries for diabetes and hypertension. The presenters shared a timeline, noting each milestone that had to be completed, from the signing of initial agreements, to testing and then implementation, between April 2019 and April 2020. RiskScape for Surveillance visualizes hypertension and diabetes by geography, race, age, gender and payer. It also contains many inclusion criteria: demographics, co-morbidities, labs, blood pressure readings, prescriptions, smoking, pregnancy, BMI, LDL, A1C, triglycerides, Insulin and Metformin. Another advantage of using RiskScape for Surveillance is that it can modify definitions of encounters that ACHD wants to capture, such as a patient who has had more than 1 encounter in the past 1- 2 years, or a patient who has had more than 2 encounters in the past 1-2 years. RiskScape for Surveillance is also updated monthly, so ACHD can see trends over time more easily.

ACHD also uses PopMedNet for query submission. It consists of direct submission of SQL queries to UPMC and AHN, and it is more customized than RiskScape. The health systems can review, approve and return aggregate data where cell counts are greater than 5. ACHD currently uses PopMedNet to answer diabetes and hypertension questions related to: Control status; risk factor distribution (with and without diabetes or hypertension) and pregnancy. PopMedNet also stratifies all queries by demographic variable and by payer, in order to understand opportunities for intervention.

The presenters illustrated a PopMedNet example on hypertension control among Medicaid recipients: Out of 40,381 Medicaid recipients, 10,366 (25.7%) have hypertension, and 43% of those with hypertension have uncontrolled hypertension. The control status of hypertension varies by race and by

age. For example, while 39% of White Medicaid recipients have uncontrolled hypertension, 48% of Black Medicaid recipients have uncontrolled hypertension.

ACHD is seeking answers to these questions: Which communities and populations have the greatest burden of risk factors among residents with/without diabetes/hypertension? Among those diagnosed, which have the greatest burden of uncontrolled diabetes/hypertension? What is the distribution of risk factors among pregnant females, ages 18-44? What is the relationship between community characteristics and diabetes/hypertension rates?

The presenters noted the following challenges: Experiences with health systems compared to Massachusetts; customizing RiskScape; issues with health systems' monthly updates to RiskScape; more complex PopMedNet queries, in which the server times out after two hours, and the fact that longer queries take more than 2 hours and required the development of a 2-stage query submission tool. The ACHDs next steps include the following: Report key findings; disseminate and identify program opportunities; use for surveillance and evaluation; continue to work with AHN and UPMC on data sharing; continue to work with Commonwealth Informatics on RiskScape dashboard and PopMedNet queries; join the CDC-funded National Association of Chronic Disease Directors (NACDD) as well as the Multi-state EHR. based Network for Disease Surveillance (MENDS) Project. The presenters hope to encourage the learning community to connect with other health departments using EHR. data.

After the ACHD's presentation, Ms. Pam Clarke noted enthusiasm for the data reports ACHD can provide about chronic diseases and expressed the hope that HIOs can move forward to try and replicate what ACHD has established with this type of reporting. Ms. Clarke also advised the presenters that the Health Promotion Council would be happy to be involved in such efforts, as it is data that the HPC could leverage to help better target disease prevention and management programs.

COVID-19 Public Health Emergency Update

We received an update from Ms. Meghna Patel, Deputy Secretary for Health Innovation at the PA Department of Health (DOH). Ms. Patel noted the recent upsurge in cases in PA, and showed several graphs indicating those rising case numbers in recent weeks. Ms. Patel noted that a major effort in combatting the spread of the virus is downloading the new COVID-19 Alert PA Application on mobile devices. This app notifies you if you have had a potential exposure to someone who has tested positive for COVID-19. The app works by using anonymous Bluetooth technology that identifies other devices with the app in your proximity. When an app user who was near you reports they have a positive COVID-19 diagnosis, you may receive an alert, depending on the date, how long you were exposed, and how close you were to that other person. The app does not track your location, or store any of your personal information. Ms. Patel also noted that the app includes an interactive COVID-19 symptom checker, updates on the latest public health data about COVID-19 in PA and offers advice for what to do if you have had a potential exposure to COVID-19. Ms. Pam Clarke thanked Ms. Patel for DOH's efforts in implementing the Alert PA, hoping it helps with contact tracing efforts, which we all know are challenging. The Community thanked Ms. Patel for taking the time to attend this meeting and present the DOH's most recent COVID-19 findings. Ms. Patel encouraged all to maintain daily routine safeguards as we go through this COVID-19 resurgence, and to visit the DOH website for the most current and accurate data on COVID-19.

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). Ms. Kim Chaundy of KeyHIE is Chair of the HIETCC, and for today's meeting, Mr. Keith Cromwell served in this liaison role. The participants of this meeting received a packet containing copies of the HIETCC Meeting Minutes for August and September 2020, as well as the October 14, 2020 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. Mr. Cromwell noted the following topics we worked on with the HIETCC over the past few months: HITECH FFY2020 and FFY2021 Projects, and Interstate Data Sharing, including CRISP connectivity. We have also worked on Discrete Documents in several efforts: We maintain a Transparency document on the DHS website of HIO member submissions to the Clinical Data Repository; we assembled a Document Naming Convention Workgroup, to normalize the way that HIOs name documents; and we are sharing discrete clinical documents across the P3N. In the Realm of PDMP, we have onboarded to RxCheck through the Public Health Gateway (PHG). For Encounter Notifications, we have expanded the number of facilities adding Inpatient feeds to the P3N ADT Service.

In the area of care coordination, the OLTL gave a presentation to the HIETCC explaining the need for Payer data. We have also reconvened a Super Protected Data (SPD) Workgroup, which recently updated a code set. Since the beginning of the COVID-19 Public Health Emergency, the HIOs have stepped up their efforts to respond to this Pandemic by providing dashboards, heat maps and reports on a regular basis to DOH to help mitigate the spread of the virus. We are particularly proud of the HIOs' work during this Pandemic. The HIETCC also did a review of the P3N HIO Certification package, noting during the Annual Review that no changes to the packet were needed. Mr. Cromwell then concluded this HIETCC overview by noting that the HIETCC is currently working on registry development for electronic Case Reporting (eCR).

Mount Nittany Exchange Overview

Another rotated feature of our In-person Advisory Board meetings has been giving one HIO the opportunity to present an overview of their services and Health Information Exchange. Mr. Doug Carroll of Mount Nittany Exchange (MNX), gave this HIO presentation at today's meeting. This HIO strives to give their members the tools they need to keep their communities healthy. MNX's focus is to offer an HIE option for smaller organizations in Central PA for several reasons: These partners have limited resources; they are not always eligible for federal incentive programs and they need a low-barrier-to-entry option with basic capabilities. MNX launched and onboarded to the P3N in June 2016. Today, they have eighteen member organizations in varying states of onboarding, such as Wellspan Health, Mt. Nittany Health, Clarion Hospital and Tyrone Hospital. As of August 2020, they had reached a monthly total of 1,227,695 successful Inbound participant document retrieves. MNX is currently evaluating value-add opportunities in transitions of care, imaging, and other information that is not necessarily contained in ADTs and CCD/CCDAs. They are also committed to connecting their members to broader multi-state and multi-vendor exchanges in the coming years, preferably via the P3N.

PA eHealth Draft Annual Report

Mr. Martin Ciccocioppo and Ms. Christy Stermer presented a review of the Draft Annual Report for the Fiscal Year which ended June 30, 2020. The COVID-19 public health emergency provided opportunities to leverage past investments Pennsylvania has made in regional and statewide health information exchange. The five HIOs began meeting on a weekly basis with PA eHealth in March 2020, in order to brainstorm and utilize the strengths of each HIO to help mitigate the spread of the virus and its effects on PA communities. The five HIOs agreed to allow PA eHealth to use the P3N Encounter Notification Service data to create daily COVID-19 reports of exposed and confirmed cases and provide these to the DOH. To speed up COVID-19 test result reporting to DOH, many other providers onboarded to the PHG for electronic Lab Reporting (ELR) through their HIO. During the last year, we added the PA Department of Corrections (DOC) to the P3N, and we granted P3N access to Fee-For-Service (FFS) Care Managers to obtain health records for their clients. DHS also leveraged HITECH funding to increase provider and payer participation in HIE in PA. The Draft Annual Report gives a summary of PA eHealth activities and accomplishments; a summary of receipts and expenditures; a list of contracts entered and a summary of reportable breaches.

PA eHealth has implemented eight strategies over this past year:

1. We have leveraged state services and resources by supporting connections to four DOH public health registries and one DHS registry. We also onboarded three HIOs to the PDMP through the PHG, and Lancaster Health began using RxCheck with PDMP gateway. We are continuing work with IBM on a robust Provider Directory, using data from DHS, DOH, PDA, DDAP the Department of State (DOS) and CMS.

2. We have expanded the coverage area of health information exchange by onboarding the DOC electronic health record system, which covers all 25 state correctional institutions (SCIs), to the P3N. We also awarded \$4.45 million in HIE Onboarding Grants to connect 62 Inpatient (including 52 LTC) and 53 ambulatory providers to P3N - certified HIOs.

3. We increased bi-directional access to PHG in several ways: DHS awarded \$65,000 to HIOs to help them connect their MOs to public health registries through PHG. By the end of June 2020, DOH processed over 50,000 PA-SIIS messages through PHG and more than 140,000 total DOH PHG messages were processed that week. All five HIOs are in production with one or more PHG registries and all five have production connections to the electronic Lab Registry (eLR). Thirty HIO MOs are reporting COVID-19 test results to eLR through the PHG. PA eHealth also gave funding to DOH to support ongoing development of the PHG and registries, including electronic Case Reporting (eCR).

4. We have focused on improving data quality through analytics via these efforts: We worked with the National Center for Quality Assurance (NCQA) and the HIOs to explore certification strategies to leverage the HIOs' clinical data repositories for payer member's clinical quality measure analytics. This would enable them to replace or supplement paper chart reviews. We provide monthly reports to the HIOs showing data fill-rates, and we provide each HIO with a weekly report that identifies patient registrations with missing demographic information. Our patient matching or linking rate has steadily increased, from 21.6% in June 2019, to 30.5% in June 2020.

5. We have enhanced the types of data exchanged in the following ways: We used P3N ENS data for daily COVID-19 reports of exposed and confirmed cases and provide those Reports to the DOH. Three of the five HIOs began sharing inpatient ADTs, so the patient's care team is alerted about that encounter, even if that patient is in a different HIO. We also began collecting Opioid Use Disorder (OUD) CCDs in the DHS electronic clinical quality measure (eCQM) registry for select MA OUD ED encounters. Three of our five HIOs have begun sharing discrete clinical documents in response to P3N queries. Our new P3N Advance Directive Registry went into production in June 2020 to provide a statewide centralized registry available to PA healthcare providers. Another major initiative in this effort was awarding funding to the Allegheny County Health Department (ACHD) for open-source population analytics and visualization software.

6. We have updated the P3N HIO Certification program as follows: The HIETCC reviewed the package, and added a new Downtime Notification Policy, effective January 1, 2020. The HIETCC also adjusted HIO insurance requirements to align with current insurance industry practices and added new P3N services. PA eHealth also worked with DHS, the five HIOs and DOC to update the coding used to prevent Super-Protected Data (SPD) from being shared across the P3N.

7. We have been offering expanded system access in the following ways: MA FFS Case Managers can use the P3N Portal to improve the timeliness and completeness of their care plans for new and vulnerable enrollees. We have also been in discussions with the Women Infants and Children (WIC) Program to provide P3N Portal access to WIC's pediatric nutritionists to support a new telehealth model. PA eHealth has also awarded onboarding grant funding for the Pennsylvania Department of Aging (PDA) PACE Program to connect to a P3N-certified HIO.

8. To facilitate interstate exchange of data, we have made progress: We have engaged in discussions with Maryland, West Virginia and Delaware on options for alerting a patient's home care team when that patient crosses state boundaries for health care services. We have also secured a no-cost contract change request with IBM to onboard the Chesapeake Regional Information System for our Patients (CRISP) to the P3N ADT Service.

At this meeting, PA eHealth noted the rest of the items included in the Draft Annual Report. They included a detailed Summary of Receipts and Expenditures (for July 1, 2019 through June 30, 2020) for participants to review, along with a list of thirteen contracts that we entered with different entities (four of the five HIOs, the DOH and Allegheny County). In the final item in the Draft Annual Report, Reportable Security Breaches, we noted that the Pennsylvania Patient and Provider Network (P3N) experienced no reportable security breaches in 2019-2020. At the conclusion of the Draft Annual Report overview, Ms. Alix Goss noted it was great to hear about the progress of the PA eHealth Partnership Program and P3N connectivity, and she congratulated everyone for their hard work and the successes achieved.

Vice Chair Election

Our Chair is appointed by the Secretary of the Department of Human Services. The Vice Chair is elected by the Advisory Board members. Mr. Paul McGuire, the current Vice Chair, agreed at our last meeting that he would accept nomination for this office for 2021. When members were asked for any other nominations, none were offered. The members then voted in favor of Mr. McGuire serving again as Vice Chair of the Advisory Board for the 2021 calendar year.

Public Comment

There were no requests for public comment.

Upcoming Advisory Board Meeting

Due to the continuation of restrictions imposed during the COVID-19 public health emergency, the next Advisory Board meeting, set for Friday, February 12, 2021, has been changed from an in-person meeting to a Skype meeting. That meeting invitation has been updated with Skype meeting details for attendees.

Adjournment

Chair David Simon thanked all the attendees for their participation in today's meeting and wished everyone a safe and healthy holiday season. The meeting was adjourned at 12:00 p.m.

Next PA eHealth Advisory Board Meeting: Friday, February 12, 2021 (via Skype)

Approved: February 12, 2021