Pennsylvania eHealth Partnership Advisory Board Meeting

February 10, 2023

P3N PA PATIENT & PROVIDER NETWORK
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Agenda

10 a.m. Welcome and Introductions
10:05 Minutes of November 4, 2022, Advisory Board Meeting
10:10 PA eHealth Partnership Program Initiatives
10:30 State Medicaid Director Priorities
10:55 MMIS Streamlined Modular Certification Operational Readiness Review
11:15 DHIN's Collaborative Efforts with Pennsylvania
11:40 RISE-PA/Resources and Referral Tool Update
12:00 Networking Luncheon
12:45 Cognosante P3N Transition Update
1:30 Health Information Exchange Trust Community Committee Updates
1:45 New Business
1:50 Public Comment
2 p.m. Adjournment

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Welcome and Introductions

Paul McGuire

Post-Acute Care Representative

and

PA eHealth Advisory Board Vice-Chair

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PA eHealth Advisory Board

Mr. MARTIN CICCOCIOPPO, Director, PA eHealth Partnership Program
Pennsylvania Department of Human Services (Secretary of DHS Designee)

Ms. PAMELA E. CLARKE, Senior Director, Quality, Health Promotion Council
(House Appointed HIO Representative)

Mr. JOSEPH FISNE, Associate Chief Information Officer
Geisinger Health System (Senate Appointed HIO Representative)

Mr. SCOTT FRANK, Chief Information Officer
Capital Blue Cross (Insurer Representative)

Dr. BRIAN HANNAH, formerly Vice President, Chief Medical Information Officer
Mercy Health (Hospital Representative)

Dr. TIMOTHY HEILMANN, Chief Medical Information Officer
UPMC Susquehanna (Physician or Nurse Representative)

Ms. TERI L. HENNING, Chief Executive Officer
Pennsylvania Homecare Association (Home Care or Hospice Representative)

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PA eHealth Advisory Board continued

Ms. MUNEEZA IQBAL, Deputy Secretary for Health Resources and Services
Pennsylvania Department of Health (Secretary of Health Designee)

Ms. JULIE KORICK, Director of Finance & Business Development
Pennsylvania Association of Community Health Centers (Underserved Representative)

Ms. MINTA LIVENGOOD, Vice Chair, Consumer Subcommittee of the MAAC
(Consumer Representative)

Mr. PAUL MCGUIRE (Vice Chair), Chief Operating Officer, Quality Life Services
(Post-Acute Care Facility Representative)

Ms. KATIE MERRITT, Policy Director, Pennsylvania Insurance Department
(Insurance Commissioner Designee)

Dr. MICHAEL A. SHEINBERG, Chief Medical Information Officer
Penn Medicine Lancaster General Health (House Appointed HIO Representative)

VACANT - Consumer Representative

VACANT - Chair

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Ex Officio Members

Ms. PHYLLIS SZYMANSKI, President
ClinicalConnect HIE (Nominated as Senate HIO Appointee)

Mr. DON REED, Chief Operating Officer
HealthShare Exchange (Nominated as House HIO Appointee)

PA eHealth Partnership Program Initiatives

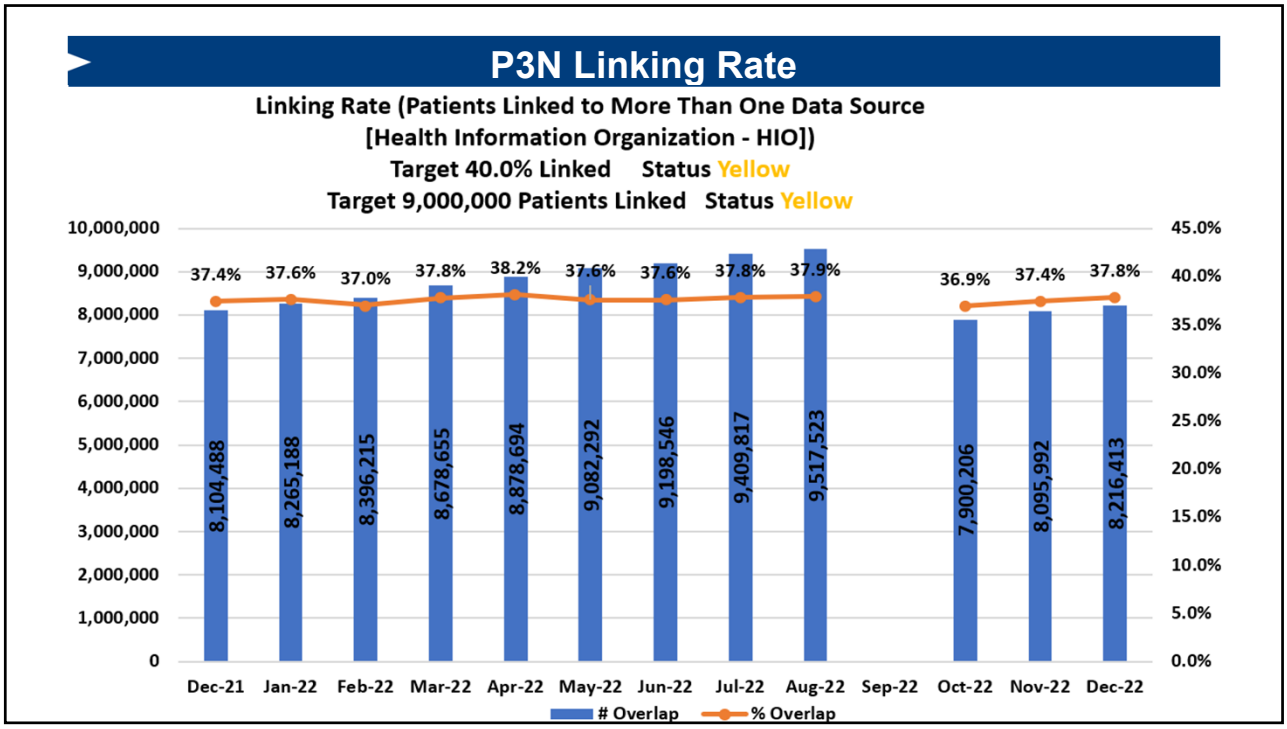
Martin Ciccocioppo, MBA MHA

Director

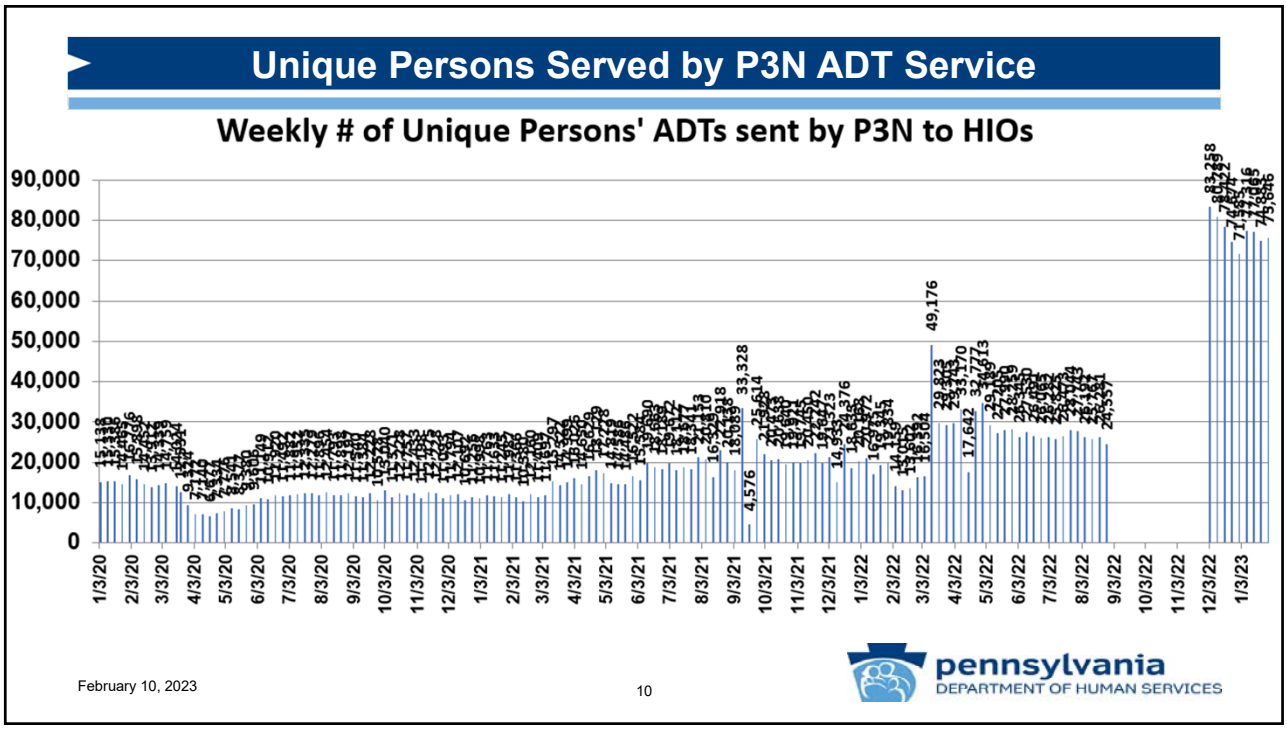
Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services


P3N Linking Rate
Linking Rate (Patients Linked to More Than One Data Source
[Health Information Organization - HIO])
Target 40.0% Linked Status Yellow
Target 9,000,000 Patients Linked Status Yellow
10,000,000
9,000,000
8,000,000
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
37.4% 37.6% 37.0% 37.8% 38.2% 37.6% 37.6% 37.8% 37.9% 36.9% 37.4% 37.8%
8,104,488 8,265,188 8,396,215 8,678,655 8,878,694 9,082,292 9,198,546 9,409,817 9,517,523 7,900,206 8,095,992 8,216,413
Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Overlap
% Overlap

9


Unique Persons Served by P3N ADT Service
Weekly # of Unique Persons' ADTs sent by P3N to HIOs
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
1/3/20 2/3/20 3/3/20 4/3/20 5/3/20 6/3/20 7/3/20 8/3/20 9/3/20 10/3/20 11/3/20 12/3/20 1/3/21 2/3/21 3/3/21 4/3/21 5/3/21 6/3/21 7/3/21 8/3/21 9/3/21 10/3/21 11/3/21 12/3/21 1/3/22 2/3/22 3/3/22 4/3/22 5/3/22 6/3/22 7/3/22 8/3/22 9/3/22 10/3/22 11/3/22 12/3/22 1/3/23
4,576
33,328
49,176
17,642
February 10, 2023
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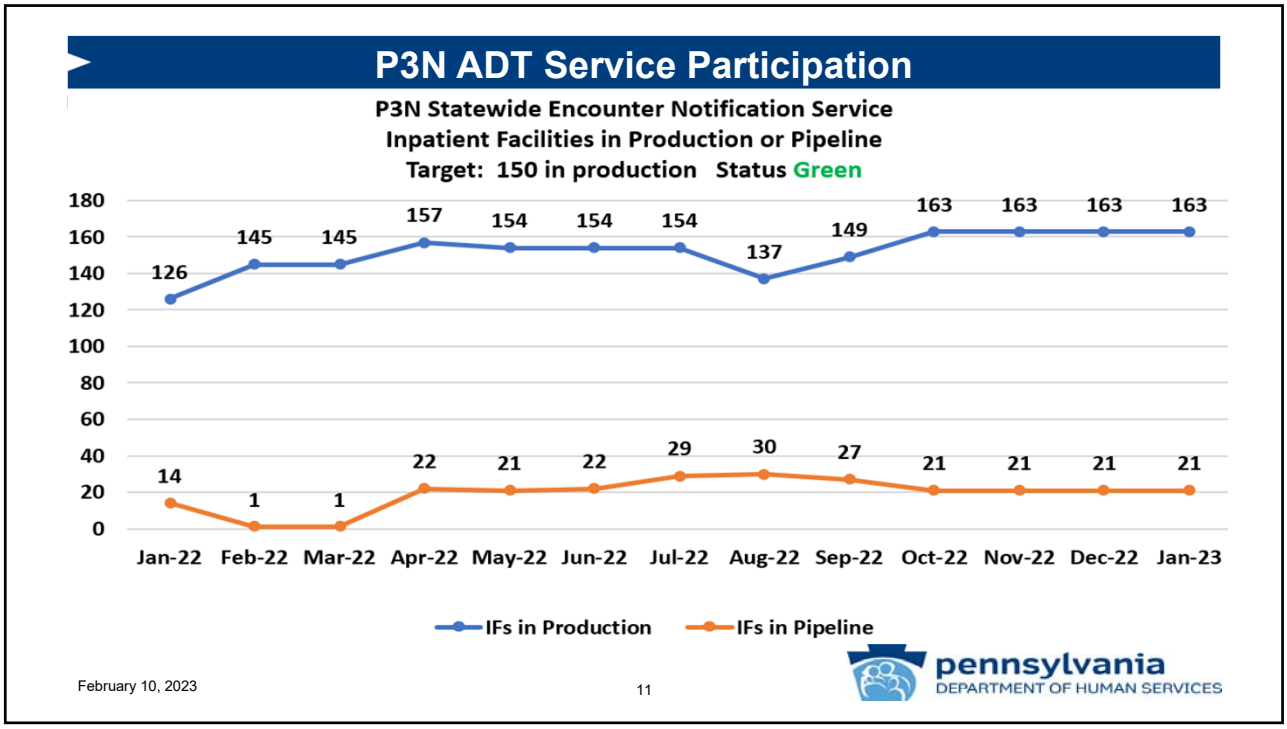

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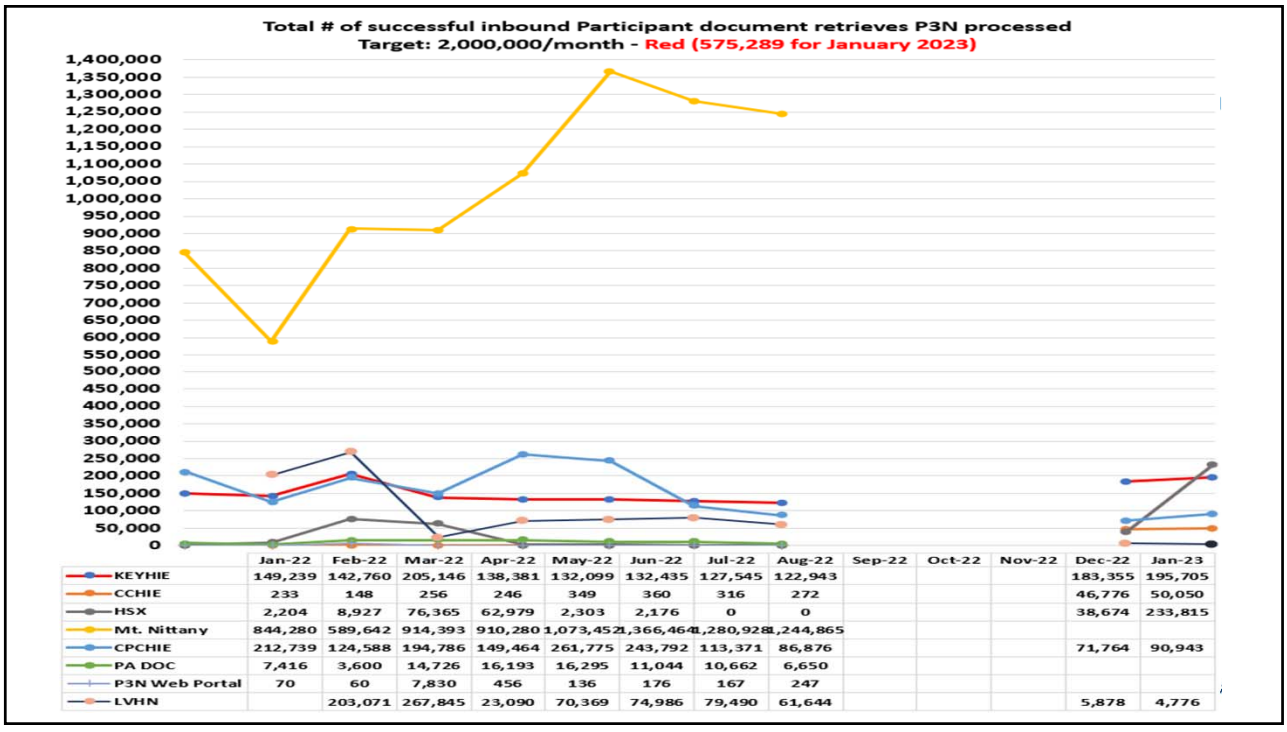

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
KEYHIE	149,239	142,760	205,146	138,381	132,099	132,435	127,545	122,943				183,355	195,705
CCHIE	233	148	256	246	349	360	316	272				46,776	50,050
HSX	2,204	8,927	76,365	62,979	2,303	2,176	0	0				38,674	233,815
Mt. Nittany	844,280	589,642	914,393	910,280	1,073,452	1,366,464	1,280,928	1,244,865					
CPCHIE	212,739	124,588	194,786	149,464	261,775	243,792	113,371	86,876				71,764	90,943
PA DOC	7,416	3,600	14,726	16,193	16,295	11,044	10,662	6,650					
P3N Web Portal	70	60	7,830	456	136	176	167	247					
LVHN		203,071	267,845	23,090	70,369	74,986	79,490	61,644				5,878	4,776

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State Medicaid Director Priorities

Sally Kozak

Deputy Secretary

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

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MMIS Streamlined Modular Certification ORR

Kay Shaffer

P3N Project Manager

PA eHealth Partnership Program

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CMS Streamlined Modular Certification

Agenda for January 24, 2023, P3N Operational Readiness Review with CMS and MITRE

9 a.m.	Introductions from Team Leaders
9:15	System and Program Overview
10:00	Release, Training, and Testing Plans
10:15	System Defects and Risks
10:30	System Demonstrations
11:30	Lunch Break
12:00	Metric Discussion
1 p.m.	Security and Privacy
1:30	Additional Q&A, Action Item Review, and Next Step Discussion
2 p.m.	Adjournment

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CMS Approved P3N SMC Outcomes

1. The P3N **Enterprise Master Patient Index (MPI)** improves patient care by providing improved matching and linking of patients using demographic data from multiple sources including state agencies and HIOs ensuring the treatment relationship between Providers and patients are maintained and the right care is delivered to the right patients.
2. The P3N **Patient Portal** improves patient care by allowing Beneficiary access to their demographics and personal healthcare information, including advance care planning and consent decision documents, enabling patients to clearly know what data is available on them and identifying care teams of Providers and Case Managers that are involved in their care.
3. The P3N **Provider Directory** improves patient care by offering a single, comprehensive Provider data store sourced from multiple sources (regional electronic contact information, state license, federal National Plan and Provider Enumeration System that can be accessed by Beneficiaries and Providers in support of care management. It also supports the Medicaid Provider Management processes.
4. The P3N **Provider Portal** improves patient care by supporting Medicaid Beneficiary eligibility and enrollment by making data available to Medicaid Providers that may not be readily available from one place, elsewhere. The P3N Provider Portal will allow Providers and case managers to confirm their demographics, license, and professional credential information; access patient medical records and care plans from multiple sources; and upload advance care planning and consent decision documents on the patients for which they have a treatment relationship.
5. The P3N **Clinical Data Registry and Repository** improves population health and the patient experience by hosting clinical data that includes patient consent decision documents, Care Plans, Advance Care Planning Documents, and Common Clinical Data Set Notes and Narratives.

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CMS Approved P3N SMC Outcomes (cont.)

6. The P3N **Consent Registry, Super Protected Data (SPD) Tagging and Filtering Service** enforces technical controls, so information is shared with Providers while protecting the rights of patients by only allowing clinical data to be exchanged, or not, when authorized by the patient.
7. The P3N **Encounter Notification Service** reduces emergency department and hospital readmissions, reduces duplicative testing, and improves outreach and care coordination across care team Members.
8. The P3N **Clinical Data Push Service** improves patient care by delivering clinical data without the need to initiate a query and retrieval and will also provide clinical document exchange with healthcare systems in the absence of other, standardized document sharing infrastructure.
9. The P3N **Public Health Gateway (PHG)** Service improves upon the state's public health reporting requirements (Lab Reporting, Cancer, Immunization, Electronic Case Reporting, PDMP) and offers query access (Immunization, PDMP) by providing a single connection point to state registries from HIOs and Providers.

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CMS Approved P3N SMC Metrics

1. Increasing numbers of **matching** and linking rates, over time, as additional patient demographic sources and data such as previous address, phone number, and email address are introduced to the **EMPI**.
2. Increasing Medicaid Beneficiary usage over time as the **Patient Portal** is implemented and matures.
3. Increasing both Medicaid Provider and Beneficiary usage over time as the **Provider Directory** is implemented and matures.
4. Increasing Medicaid Provider usage over time as the **Provider Portal** capability is implemented and matures.
5. Over time, the **Clinical Data Registry and Repository** will increase in the number of structured clinical data and documents while decreasing the number unstructured clinical data and documents in support of a richer, more tailored experience for both Medicaid Beneficiaries and Providers.
6. Increasing (over time) the number of Medicaid Providers that can receive **super protected data (SPD)** after patient authorization and decreasing (over time) the number (percentage) of patients that have elected to not share their clinical data.
7. Identifying (over time) the number of Medicaid Providers that send messages to the P3N **Encounter Notification Service** and the number of affected Medicaid Beneficiaries participating with an MCO, as this capability is implemented and matures.
8. Increasing (over time) both Medicaid Provider utilization of the **Clinical Data Push Service** and the number of Medicaid Beneficiaries affected as this capability is implemented and matures.
9. Increasing (over time) both Medicaid Provider utilization of the **Public Health Gateway (PHG)** Service by showing increasing number of messages to Pennsylvania's public health reporting registries of Medicaid Beneficiaries over time as this capability is implemented and matures.

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CMS Certification Team ORR Recommendations

Recommendation 1: Prior to the Certification Review, the state should provide the CMS Certification Team with completed independent, third-party penetration testing results, accompanied by the Security Assessment Report (SAR), vulnerability scans, and the Plan of Action and Milestones (POA&M) outlining resolution of any significant deficiencies.

Recommendation 2: The state should conduct an actual Disaster Recovery exercise and provide evidence of Disaster Recovery test results to the CMS Certification Team in advance of the Certification Review.

DHIN's Collaborative Efforts with Pennsylvania

Mark J. Jacobs, MHA, CPHIMSS, CHCIO, CDH-E

Chief Information Officer

Delaware Health Information Network (DHIN)

DHIN's collaborative efforts with Pennsylvania

Mark J. Jacobs, MHA, CPHIMSS, CHCIO, CDH-E
Chief Information Officer
February 10, 2024

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DHIN Delaware Health Information Network

Empowering Data-Driven Decisions

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Participation Levels*

DHIN Connections Across Delaware & Beyond

881 Participating Organizations Including:

- 9 Hospitals/Health Systems
- 492 Ambulatory Practices Receive Results
- 377 Search Only Practices
- 4,135 Providers Who Make Orders
- 18 Urgent Care Clinics
- 3 Public Health Agencies
- 3 ACOs
- 47 LTAC, SNFs and Nursing Homes
- Connections to HIEs: Three (CRISP, **P3N**, NJSHINE)

DHIN provides participating organizations access to 3MM patient records and the ability to securely share a patient's clinical information electronically—saving time, money & lives
**As of March 2022*

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DHIN

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By the Numbers

Regional Footprint
Includes patient data from all or parts of six states and the District of Columbia

Analytics Offerings
Putting data to work for health systems, government agencies, and large employers

3 million
Patients from all 50 states are included in the DHIN master patient index

14 million
Deliveries of clinical results and reports each year in Delaware

150 million
Clinical results and messages since inception

$9 million
Savings realized with DHIN's annual results delivery

11,000+
Professionals in healthcare currently use DHIN in their day-to-day care of patients

$5 million
In annual savings from fewer duplicate tests

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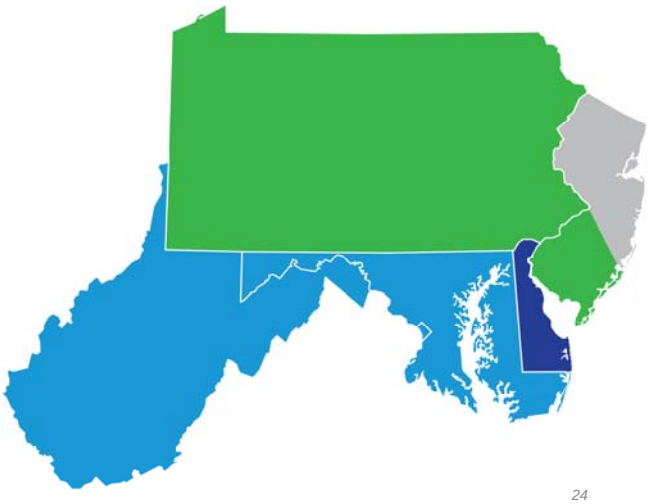
Geographic Partnerships : Sources of DHIN Data



All Data for patients (DE)

ADT Encounter Data for Delawareans (PA – P3N, Southern NJ)

ADT Encounter Data for Delawareans (MD, DC, WV)

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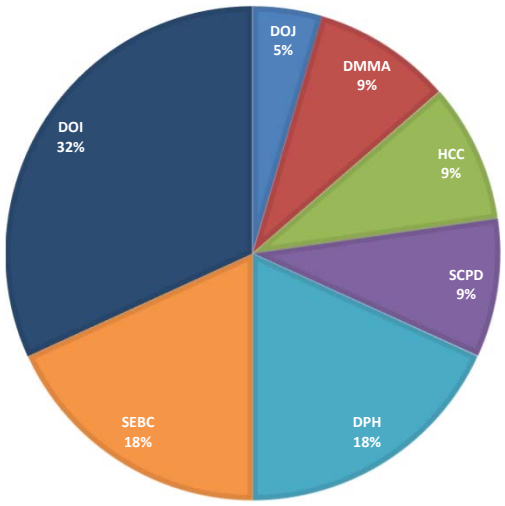
All Payer Claims Database



Notable Projects:

- Child death review (CDRC)
- Rate of HPV vaccines in children 11-12 years old (DMMA)
- CostAware (HCC)
- Traumatic Brain Injury (SCPD)
- COVID & underlying conditions (DPH)
- RAND Hospital Transparency Study (SEBC)
- Trends in cost & utilization (DOI)

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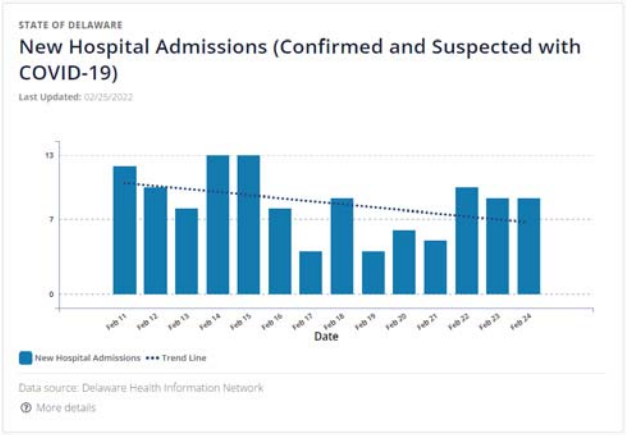
Public Health & COVID Support

- **Enriching labs** to DPH with demographic data (race, ethnicity)
- Daily updates to DPH on **number of new COVID hospital admissions**
- **Final common data pathway** to the Delaware Contact Tracing database (with enrichment & deduplication)
- **Providing de-identified data** to DPH for reporting underlying conditions in COVID deaths
- **Use of DHIN PHR** by DPH labs for patient access to their COVID results



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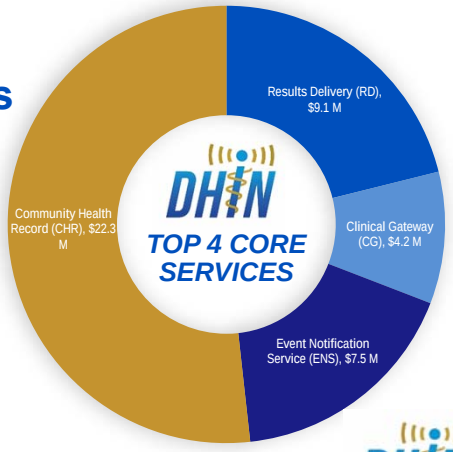
2021 3rd Party Value Assessment

Over $43 million in value provided annually to stakeholders

- Community Health Record (CHR)
- Results Delivery (RD)
- Event Notification Service (ENS)
- Clinical Gateway (CG)



With $9-10M in annual operating revenue, DHIN core services return $4 for every $1 in operating revenue

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Current State Value Assessment

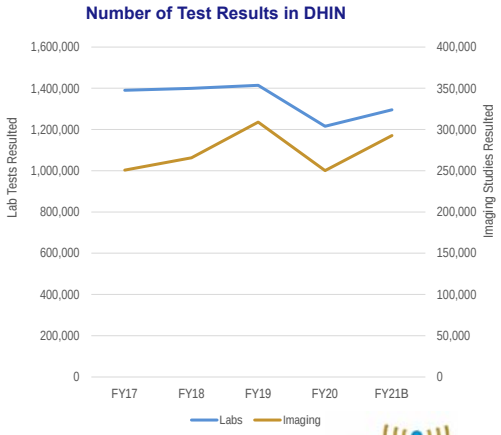
Community Health Record - CHR

Timely access to the CHR improves the provider's ability to diagnose, make treatment decisions and coordinate care with others. *An estimated 5 to 10% of tests & paid claims are avoided, at $30 per lab test & $200 per imaging exam.*

"Allows our practice to know if our patients have been seen by another facility, along with any lab results/studies done"

"Being able to see results done by other providers so I don't duplicate"

"We have a significant number of patients that live in southern Delaware and DHIN allows us to easily connect with admission, ED, and labs info to make timely plan of care decisions"



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CHR Value Assessment

One connection to the CHR saves time and resources.

Providers, hospitals, labs, etc. can view current information and historical medical records when and where the information is needed.

Requesting & collecting information from multiple sources can require 5 to 10 minutes per chart accession.

"The greatest value in the DHIN CHR is in having the records we need in a timely manner instead of going to other outside sources"

FY20 Average Daily Views by Customer Group

Practices	44,000
Inpatient	3,600
State	2,700
SNF/Post-Acute	1,900
Behavioral Health	1,100
ED/Urgent Care	1,000
Other	14,800

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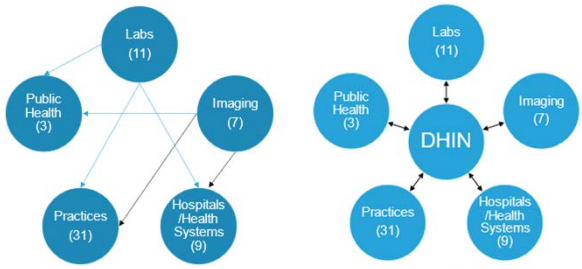
Results Delivery Value Assessment

- A DHIN Premier service
- Traditional point to point connections meant the same result would need to be delivered to multiple providers.
- ***One connection to DHIN replaces 1,152 point to point interfaces.***
- 11.9M clinical results delivered through DHIN results delivery services (FY20)

Minimum Annual DHIN Impact on Interface Development, Maintenance, Data Normalization: $9.1M



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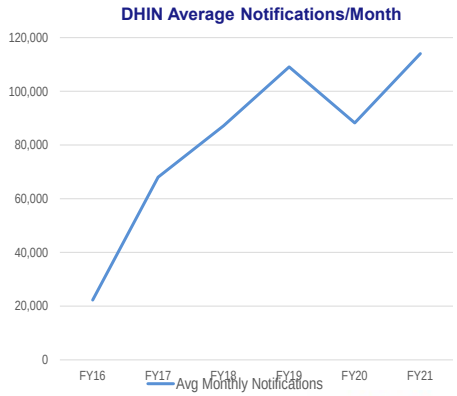
ENS Value Assessment

ACOs, providers with attributed patients and payers use ENS to reduce ED visits & readmissions. By tracking alerts & examining trends, patients can be educated & care transitions managed.

"As an ACO, ENS is a great service. The availability to reference patient's visits to other facilities and determine care that was received elsewhere to help compliment what we offer."

"The ability to know when our patients go to the major health systems especially the emergency room."



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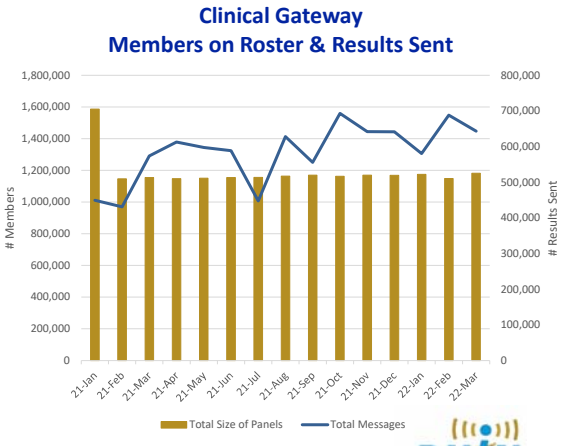
Clinical Gateway Value Assessment

Clinical data is matched to patient panels and sent in bulk to the subscribing organization. This enables matches with beneficiary data and is used by payers, ACOs and care coordinators to manage care.

"Identifying patients that have recently been to the ED or had a hospitalization so we can follow up with them in a timely manner."

There are nearly 1.6 million members on multiple hospital, payer and ACO rosters.



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DHIN is Delaware's Healthcare Claims Database

Our Vision

- Provide meaningful data to advance the triple aim of improved health, healthcare and lower costs
- Promote population health research and analysis (e.g., disease prevalence)
- Promote value-based and alternative payment arrangements
- Support provider risk-sharing arrangements

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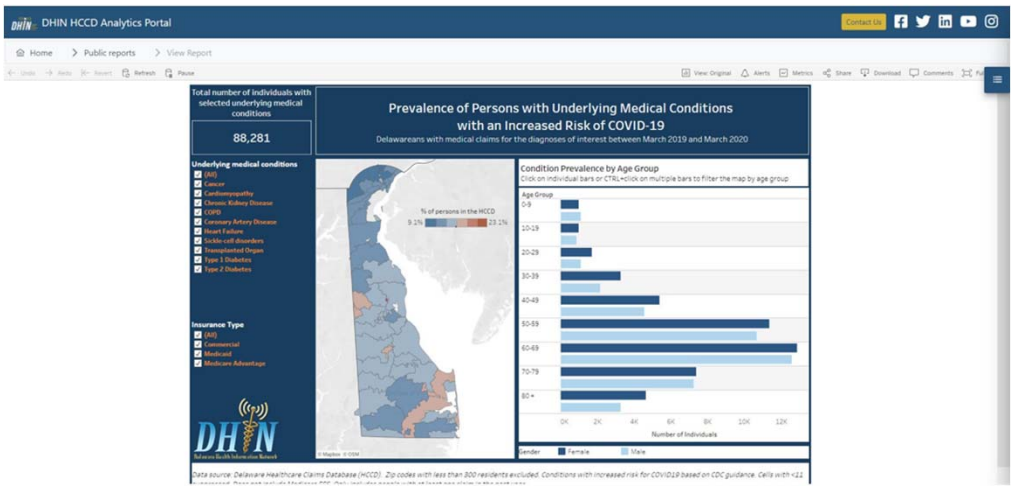
Analytics Portal *cont'd*



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This year's Initiatives

- **Granular Patient Consent Tool** enabling patient input, who can see how much of your data
- Expected statewide implementation of **Student absenteeism alert system** (working on other SDOH applications)
- Completion of routine test pilots (Aledade & Delaware Med. Society)
- **Standard claims data extract** for Delaware state agency use
- Enable DHINs **clinical data for data analytics**

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Trends

Strategic Plan 2022: *Address DHINs sustainability through strategic partnerships and value – HIE Due Diligence*

- Surveyed 20 HIEs (Status, Accomplishments, Changes and *Trends)*
- Key Themes*:*
  - Consolidation
  - Changing National Network Landscape
  - TEFCA
  - Driving need for workflow into EMR
  - Growing number EHR Vendor networks (Epic, etc.)
  - Statewide HIEs reported a greater reliance by Public Health
  - Addressing SDOH issues
  - Emerging Data Utility Model
  - **Driving need for new data sources and collaborations**

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DHIN & Pa Collaboration

History of Collaboration with Pennsylvania:

- **March 2012** - DHIN provided supporting testimony to Sen. Fulmer's Senate committee hearing leading to the passage of Act 121 of 2012 establishing the PA eHealth Partnership Authority as an independent state agency.
  - Act 76 of 2016 transferred the Authority into the Department of Human Services and renamed the PA eHealth Partnership
  - DHIN saw this as a positive move for Pennsylvania and the region.
- **July 2019:** ADT Data sharing with HSX - Patients that receive care in PA (6 Hospitals)
- **Jan 2022**: DHIN went into production with the P3N ADT Service

Collaboration agreement between DHIN and P3N :

- P3N agreed to deliver ADT messages to DHIN for all Del. residents receiving care in PA facilities.
- DHIN would deliver ADT messages to the P3N ADT for all PA residents receiving care in Del. facilities.
- DHIN would filter out certain "sensitive diagnoses" utilizing a list provided by P3N and would likewise not send ADTs related to those diagnoses through the interface.
- P3N and DHIN agreed that they will only keep data received from the other if either (i) such HIE already has an existing "match" on that patient in its MPI, or (ii) such a patient "match" occurs within two weeks following the receipt of such ADT.
- ADTs that do not meet those requirements will be securely destroyed.

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DHIN & Pennsylvania Collaboration

Collaboration today :

- *DHIN/P3N actively sharing ADT data - going exceptionally well!*
- *DHIN applies filters on incoming ADT's blocking sources not configured our downstream systems*
- *DHIN working to get any new data sources added as they evolve*
- *No issue with patients matching to DHINs Master Patient Index*

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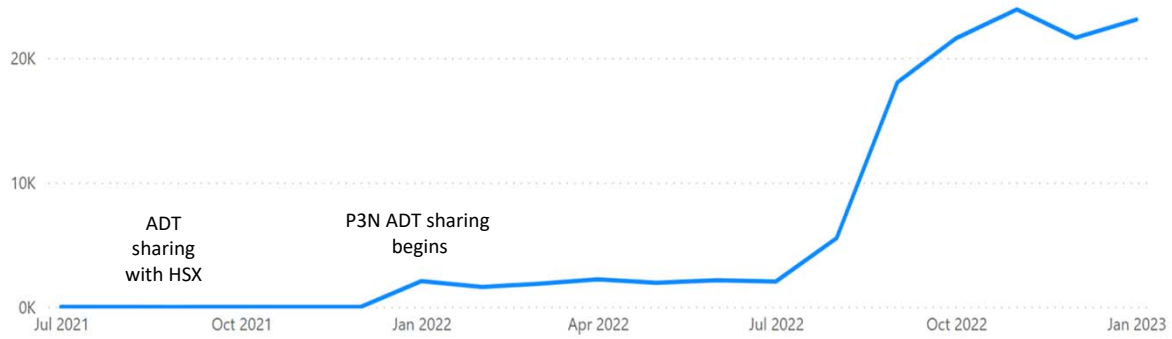
Pennsylvania ADT Data Sharing to DHIN



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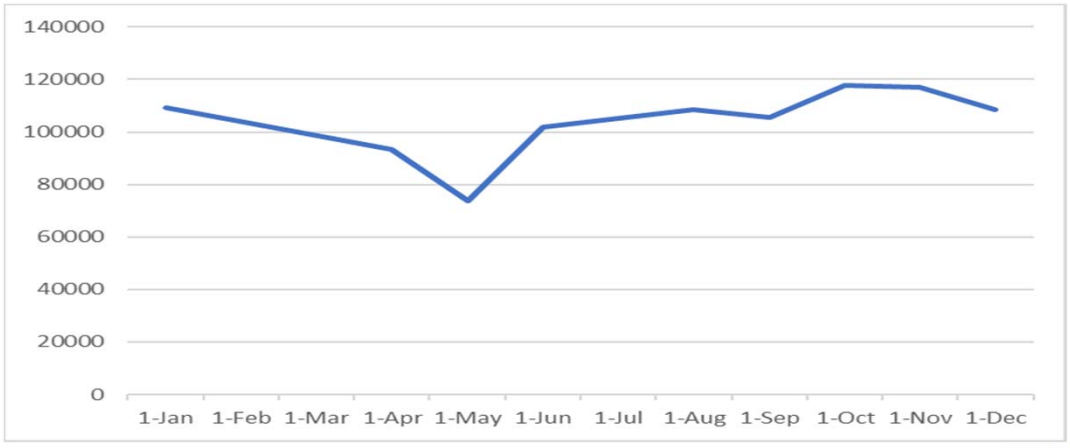
DHIN ADT Data Sharing to P3N



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Feedback from DHIN's Stakeholders

- **Christiana Care** : "*How can we make it easier for care management and care delivery systems to have the most up to date information about their patients and members? Our caregivers need simplified healthcare-centric workflows that promote efficiency and effectiveness. DHINs collaboration with the P3N simplifies the process of data sharing for the health systems so that we do not have to produce costly connections with individual HIE's. Let's make it easy for the patient and provider team to work on wellness. The recent DHIN collaboration with Pennsylvania P3N is a big step in that direction! "* *Elizabeth Hukill,CEA, ChristianaCare Health System*
- **Bay Health**: *"Exciting ! Our biggest ask is that information be easy to obtain and things like consent and faxing be eliminated as much as possible. Participation with the DHIN or other state frameworks such as the P3N so that data is accessible in the workflow of the recipient is also key."* *Jonathan Kauffman, MD, CMIO Bay Health*
- **Beebe Healthcare**: *"We are able to leverage the partnership and information from the DHIN to enhance the care of the community members we are honored to serve. For an ask (and from a clinical perspective), I would like for PA to ensure that the DHIN has access to the residencies information to ensure that our clinicians can care for these patients when they vacation and/or decide to move to our area."* *William Chasanov, MD, Beebe Healthcare*

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Vision for Future

- Continue improving upon and strengthening the DHIN-P3N collaboration
- Potential expansion of the DHIN/P3N data sharing
  - Clinical results (ORU messages – lab, path, rad, trans)
- CCD exchange
- Possible Public Health Data (Immunizations, Syndromic, Reportable Labs)

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PA-RISE Update

Bill Marella

VP Value Based Care & Analytics

HealthShare Exchange

February 10, 2023

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RISE-PA Update for eHealth Partnership

Bill Marella, VP Value Based Care & Analytics

February 10, 2023

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RISE-PA is now PA NAVIGATE

- Goals:
  - Building a Statewide platform for connecting patients to social services
  - Making SDOH data as shareable as clinical data
  - Enabling a Population-level view of citizens' needs and CBO capacity to meet them
  - Help make Social Care sustainable

PA NAVIGATE
linking patients to community resources

HSX

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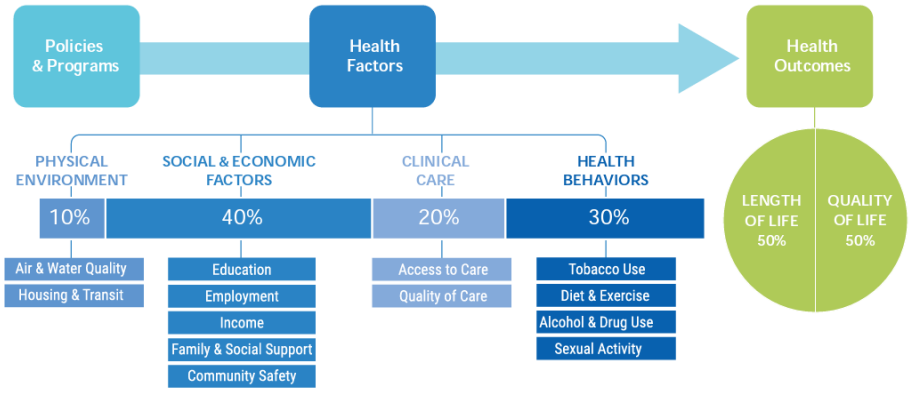
Health Outcomes & SDoH

80% of Health Outcomes Determined by Factors other than Clinical Care



Source: Philadelphia Department of Public Health. Health of the City 2021 Report.

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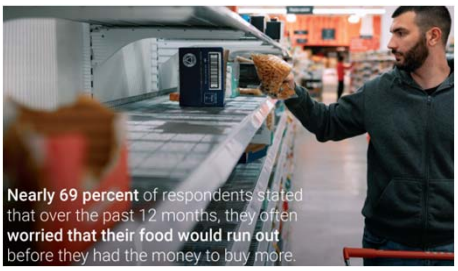
Value - Tower Health/Reading Hospital Case Study

- Accountable Health Community survey showed a population that was food insecure, significant % low-income, immigrant, living in food desert
- Community Connection Project included providers, payers, CBOs (food banks/pantries)
- Used Wellsky for SDOH screening, referrals. Among food insecure patients, 85% referrals fulfilled, and 74% had food needs resolved within 1 year.
- Results: Among patients whose food needs resolved:
  - ✓ 32% fewer ED visits
  - ✓ 32% fewer hospital admissions
  - ✓ 30% fewer readmissions
  - ✓ 31% reduced hospital costs



Source: Wellsky/Tower Health. Impacting SDOH through cross-sector collaboration.

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Current Status

- Grant period: Aug 31, 2022 - Jan 31, 2024 (likely extension thru Jan 2025)
- PA DHS Funding: Up to $15.42M across four HIEs:
  - $900K to each HIE ($3.6M)
  - $2.25M x 4 for selected vendor ($9M)
  - 90+ Member/CBO integrations ($2.82M)
- 7 proposals received
- Timeline:
  - Complete Vendor Procurement - Q1 2023
  - Member Integrations Complete by End of Grant
  - Procurement Envisions 5-Year Period of Performance

Central PA Connect HEALTH INFORMATION EXCHANGE
ClinicalConnect Health Information Exchange
HSX
KeyHIE Keystone Health Information Exchange

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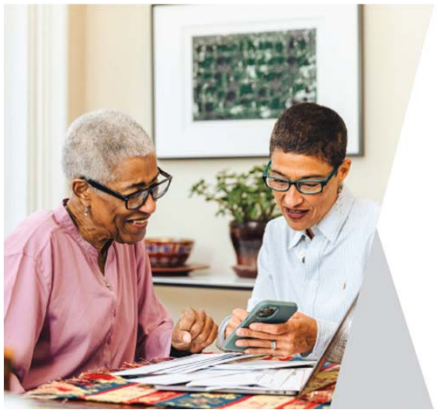
Community Value



- Better coverage of SDOH needs → better outcomes
- Single solution for SDOH data sharing
- Population health monitoring for social needs
- State subsidy benefits members and CBOs
- Tracking health outcomes of addressing social needs
- Standardizing/streamlining workflows

HSX

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Challenges

- Many SDOH Referral systems already in use, with one vendor dominant
- CBO community engagement & capacity
- SDOH-related data standards emerging
- Provider EMR capabilities are not mature in this area
- Sustainability and future funding

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How eHealth Partnership Can Help

- State agencies are a significant stakeholder
- Require use of PA NAVIGATE in Medicaid MCO contracts
- Collaboration on future funding model, e.g., 1115 waiver, Medicaid Modernization Funds, etc.
- CBO engagement
- In-kind support for marketing and adoption

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HSX

value
quality
access
connect

Thank You!

William M. Marella, MBA, MMI
VP, Value-Based Care & Analytics
HealthShare Exchange

Cell: 610-745-7605
HealthShareExchange.org

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Cognosante P3N Transition Update

Michael Lundie

Vice President, Interoperability Engineering

Cognosante

February 10, 2023

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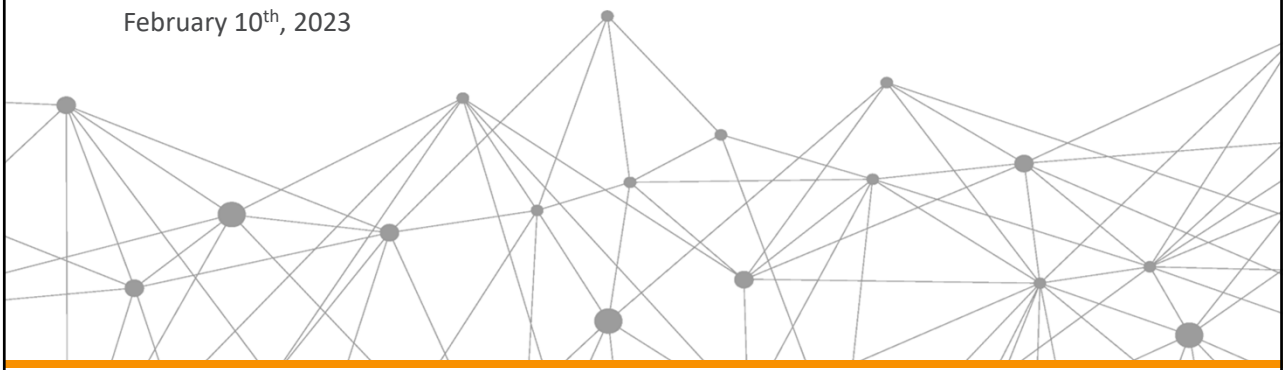
PA Patient & Provider Network (P3N)

Transition Update – PA eHealth Partnership Advisory Board

February 10th, 2023



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Agenda

Topic	Facilitator
Cognosante Support Updates	Michael Lundie
P3N Roadmap & Remaining Work	Michael Lundie
Requirements Review	Michael Lundie
Architecture / M&O Activities	Michael Lundie
Ongoing Improvements	Michael Lundie
Future Capabilities	Michael Lundie

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Cognosante Support Updates

1. Executive Account Director
   a. Julie Crouse > Michael Lundie
2. Maintenance & Operations Manager
   a. Leslie Stine-Muse > Tara Gensemer
3. Technical Lead
   a. Clark Shaw > Chris DeSocio (interim)
4. Happy Anniversary! 2/8/22 - Kickoff

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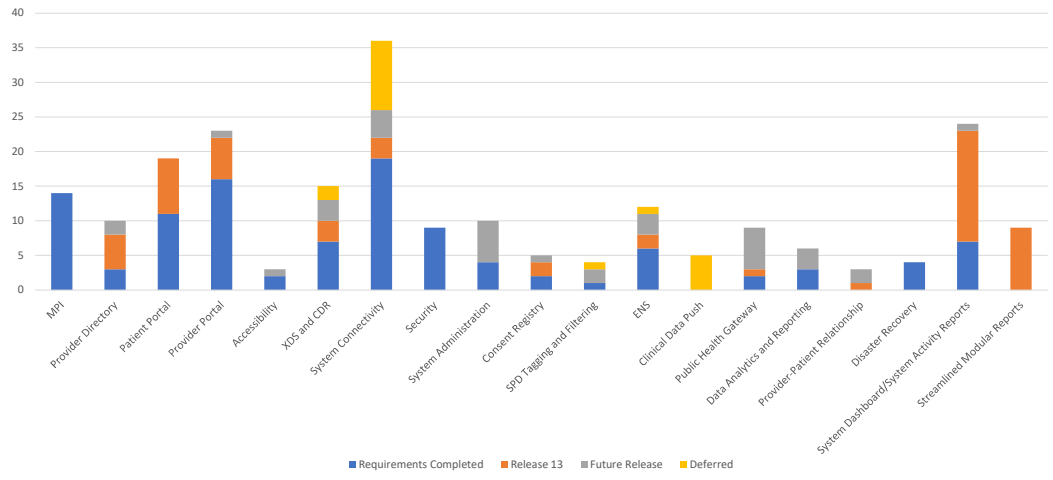
P3N Requirements Summary



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Requirements in the Pipeline (91% when complete)

Requirements – Future Release (R14/R15)	Total Project - 201/220 RFP Requirements
Public Health Gateway - Production • Electronic Lab Registry • Pennsylvania Cancer Registry • Pennsylvania Statewide Immunization Information System • Prescription Drug Monitoring Program	Care Plans • OB Needs Assessment Form • SAMS Care Plan (Area Agencies on Aging) • MA Care Manager Care Plans • Pediatric Shift Nursing
System Connectivity • Onboarding CRISP ADT Service • Onboard HIOs • SMART on FHIR • FHIR APIs	Encounter Notification Services (Inform) • Subscriber Management • Specialized Screening • Specific Codes
Provider Portal • Upload/Download files with API • Assign Delegates • Self Registration	XDS Registry and CDR • Longitudinal, de-duped record • Medication List • Department Data
SPD Tagging and Filtering • Sharing between providers • Managing code list	Consent Management • Managing consent tied with document upload • Effective and expiration dates
Provider and Patient Relationship Service • Maintain relationship between MPI and Provider Directory using metadata in message traffic	Data Analytics and Reporting • Risk scoring • Population health management

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Deferred Requirements

System Connectivity
- ODP Developmental Centers
- OMSHAS
- DMVA
- VA
- DOD
- MMIS Modules
- State Agencies

Clinical Data Push
- Services
- FHIR
- sFTP

Self Pay
- ENS- Restricted Self Pay
- XDS Registry and CDR – Exclude Restricted Self Pay Encounters

XDS Registry and CDR
- Resource and Referral Tool
- SDOH Data
- Electronic Visit Verification System
- MA Claims Data

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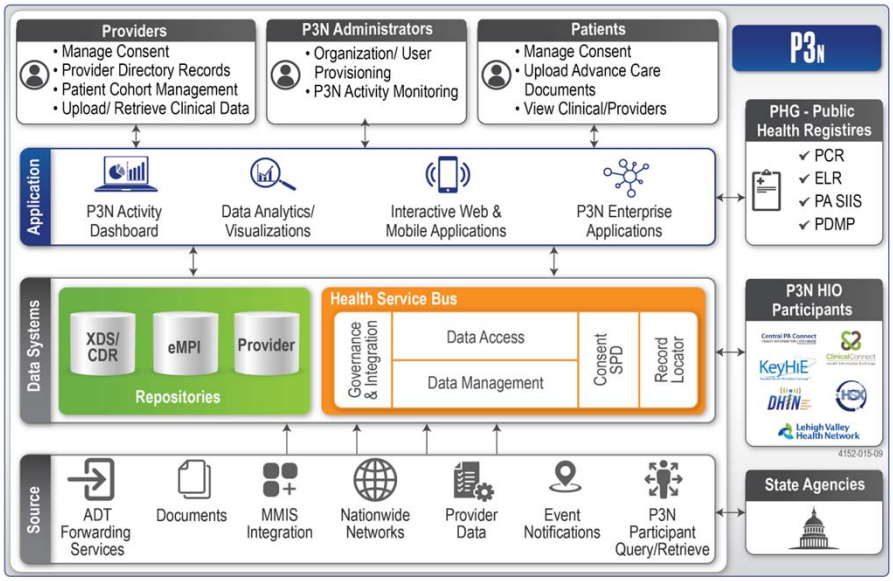
P3N Functional Diagram (Revised)



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M&O Activities

Activity	Description
Monthly HIO Meetings	Review status of current implementations, defects, and upcoming activities.
Security Testing	Maintain HITRUST & ISO certifications, perform regular vulnerability scans & penetration testing.
Reporting	Provision of metrics on traffic and utilization across the P3N.
System Monitoring/ Operational & Performance Metrics	Monitor applications, respond to system-wide performance changes, and optimize resource utilization.
System Upgrades	Upgrades to the various system components are typically scheduled as part of our bi-weekly release schedule/cadence
Help Desk Support	Service request management, Help Desk ticketing, and issue monitoring.
Maintenance Activities	Events that keep the system operational, including preventative actions.
Defect Management	Identification, tracking and resolution of system defects.
Disaster Recovery & Backup	Performance of tabletop exercises to ensure processes outlined in DR plan are functioning correctly.
Onboarding & Offboarding	On-going maintenance of stakeholder access to applicable P3N systems.
Training	Make available resources to train stakeholders on P3N systems.

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Cognosante Commitment to Ongoing Improvements

	Benefits
HealthLake	• Fully Managed AWS Service: Not Open Source like FHIRWorks • Scalability: Can handle vast amounts of data • Flexibility: Integrates with other AWS services such as Amazon SageMaker, Amazon QuickSight out of the box.
Wellbase	• Interface Monitoring • Researching Profiling capabilities
Inform Improvements	• Improved Data Visualizations and Analytics • Performance Improvements to Support P3N ADT Volumes
Verato CSP	• Reporting to meet P3N Requirements • Match Rate Monitoring / Improvements • Onboarding data Source Profiling and Tuning
Snowflake	• Scalability: Cloud-based data warehousing solution that is designed to scale elastically • Flexibility: Works with a variety of data sources and formats • Multi-cloud support: Supported under multiple cloud platforms including AWS

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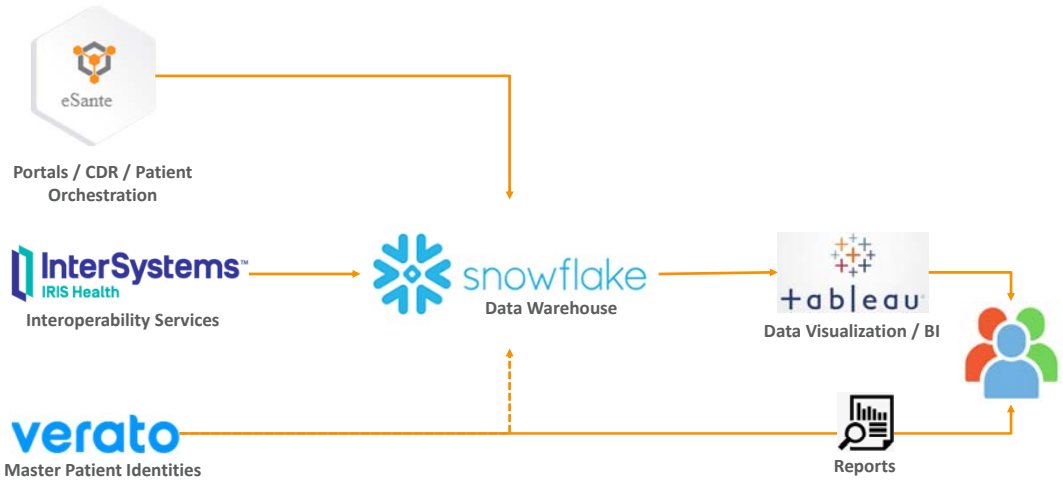
Data Analytics / Reporting Capabilities



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Leverage P3N Core Components

Core P3N Component	Potential Capabilities
IRIS – Health Service Bus	• Clinical Event Detection Triggers • Compound Processing Capability • Clinical Data Push

MPI	• Include PA Navigator Patients
	  • RLS
	  • PIX Feeds

Provider Directory	• Incorporate CBOs
Provider Portal	• Integration with R/RT

Data Analytics	• ADT Data Population Cohort Detection and Segregation
	  • SDOH Dx codes – report out by zip code, etc to help determine hot spots for greatest need – could offer collaborative efforts with RRT.
	  • PH4C – P3N could offer reporting, demographic data, health plan data, procedures to enhance data sets and studies

Inform – Event Notification Services	• Link between eSante platform (build out inform outside of ADTs) with RRT tool to aid in closing referral loops.

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Questions?

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HIE Trust Community Updates

Kim Chaundy

Associate Vice President Applications and Interoperability

Geisinger

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HIE Trust Community Committee

Chairperson:

- Phyllis Szymanski, President, ClinicalConnect HIE

HIE Trust Community Committee Meeting Summaries:

- HIETCC Meeting Agenda, February 1, 2023
- HIETCC Meeting Minutes, January 4, 2023
- HIETCC Meeting Minutes, December 7, 2022
- HIETCC Meeting Minutes, November 9, 2022
- HIETCC Meeting Minutes, October 5, 2022

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HIE Trust Community Committee

Topics covered/discussions w/continued focus on:

- Phyllis Szymanski, President, ClinicalConnect HIE, elected HIETCC Chair for CY2023
- RISE-PA – Grant Program for HIOs to Select Statewide RRT Vendor (RFA 03-22)
- Rebranding of RISE-PA to PA NAVIGATE
- Cognosante P3N Implementation/Transition
- CMS Streamlined Modular Certification
- Public Health Gateway (PHG) Transition
- Interstate Data Sharing – CRISP Onboarding to P3N ADT Service (MD, WV, CT, and DC)
- Potential ARPA Funded Grants for HIE Onboarding and RRT EHR Integrations
- P3N Operations and Transparency
- New P3N Tableau Dashboards/Reports
- Trusted Exchange Framework and Common Agreement (TEFCA)
- NCQA Data Aggregator Validation (DAV) Certification
- Super Protected Data (SPD) coding workgroup

Remaining 2023 Advisory Board Meetings

Friday, May 5, 2023, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, August 4, 2023, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Friday, November 3, 2023, in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

Public Comment

- Name of submitter for written comment submission acknowledged by chair
- Verbal comment (3 minutes per commenter)

For further information:
http://dhs.pa.gov/ehealth

PA eHealth Partnership Advisory Board:
https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/eHealth-Advisory-Board.aspx

P3N HIO Certification Package:
https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/HIO-Connection.aspx

P3N Certified Health Information Organizations (HIO) Information:
https://www.dhs.pa.gov/providers/Providers/Documents/Choose%20your%20HIO.pdf