Pennsylvania eHealth Partnership Program

Strategic Plan
July 1, 2024 – June 30, 2027

Pennsylvania eHealth Partnership Program, Pennsylvania Department of Human Services
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Pennsylvania eHealth Partnership Program Strategic Plan July 1, 2024 – June 30, 2027

This is a three-year Strategic Plan for the Pennsylvania eHealth Partnership Program in the Office of Medical Assistance Programs in the Pennsylvania Department of Human Services (Department).

VISION

Champion healthy communities for all Pennsylvanians through the secure sharing of health and community information.

MISSION

Providing value and efficiency for all Pennsylvanians by aligning with health care partners to improve whole person care.

STRATEGIC GOALS and OBJECTIVES

Each of the eHealth Partnership strategic goals, the objectives the Department will undertake with stakeholders to realize the strategic goals, and the metrics to be used to measure success are listed below and described in more detail beginning on Page 8.

1. **Enable ubiquitous, robust health data sharing while maintaining privacy and security.**
   A. Expand the number and types of stakeholders actively participating in health information exchange (HIE).
   B. Educate stakeholders, including patients and their advocates, on the value of participating in HIE.
   C. Align health information exchange with federal HIT goals and objectives.
2. **Increase timely access to usable health and community information.**
   A. Integrate P3N into the Medicaid Management Information System (MMIS).
   B. Integrate PA Navigate with Compass.
   C. Make health related social needs data available through PA Navigate.
3. **Improve upon existing Pennsylvania Patient and Provider Network (P3N) services.**
   A. Support advancements for access to clinical information.
   B. Support for electronic digital performance measures.
4. **Expand care coordination to improve quality and reduce health care costs.**
   A. Expand the number and types of Admission Discharge Transfer (ADT) messages contributed to the P3N ADT Service.
   B. Capture meaningful information from ADTs for analysis and population health reporting.
   C. Reduce duplicative or unnecessary services.

5. Increase closed loop referrals for health-related social needs.
   A. Promote health equity.
   B. Support and collaborate with PA Navigate.

6. Expand our collaboration with commonwealth agencies.
   A. Expand and improve access to public health reporting registries.
   B. Provide P3N access to state program areas.
   C. Expand P3N and/or PA Navigate access to Pennsylvania county facilities, local entities, and county agencies.

7. Advocate for sustainable HIO funding.
   A. Creation of MA Care Coordination Grants.
   B. Expand use of P3N services by the HIOs to reduce duplication of services.

BACKGROUND

ACT 76 of 2016

On July 8, 2016, Act 76 created the Pennsylvania eHealth Partnership Program (eHealth Partnership) within the Pennsylvania Department of Human Services (Department). Concurrent with the passage of Act 76, Act 121 of 2012 was repealed, and the independent Pennsylvania eHealth Partnership Authority (Authority) and its governing board were disbanded. Acts 121 and 76 require PA eHealth to "Develop, establish and maintain a health information exchange that complies with Federal and State law and that: Promotes efficient and effective communication among multiple health care providers, payers and participants."

STRATEGIC PLAN DEVELOPMENT

This Pennsylvania eHealth Partnership Program Strategic Plan builds upon the PA eHealth Partnership Program's July 2021 – June 2024 Strategic Plan and was developed in consultation with multiple stakeholder organizations, including the Pennsylvania eHealth Partnership Advisory Board (Advisory Board), the Health Information Exchange Trust Community Committee (HIETCC), the Public Health Gateway (PHG) Governance Team, state agencies, and associations representing provider organizations. During its August 2023 meeting, the Advisory Board recommended the development of an updated Strategic Plan and that the new plan should include metrics or performance measures for each of the goals and objectives as a way of measuring success. This recommendation was key to the strategic plan presented here.

The strategic planning process began in September 2023 with internal brainstorming sessions designed to revise the vision and mission statements and review the existing goals and objectives. This first draft was reviewed with the HIETCC in October 2023 and with the Advisory Board in November 2023 to solicit recommendations on the vision and mission statements on the goals and objectives before assigning metrics. In addition, feedback was received from the PHG Governance Team and the PAMED HIE Project participants. All feedback received was considered carefully and incorporated and metrics were assigned to each of the objectives before reviewing with stakeholder

groups for final input. The near final version was reviewed with the HIETCC, the Department of Health Data Modernization Initiative Steering Team, and the Advisory Board.

The Pennsylvania Patient and Provider Network (P3N), our statewide federated health information exchange (HIE), is the result of a dedicated public/private partnership that has formed consensus around strategic alignment among a diverse assemblage of Pennsylvania stakeholders. The P3N must continue to serve the needs of the residents of Pennsylvania, support the evolving Health Information Organizations (HIOs), deliver emergent national requirements, lead in interoperability services, and deliver measurable business objectives. This is not an easy set of tasks, but the Department has a focused vision and has charted a clear path to ensure success.

This Plan was also informed by the U.S. Department of Health and Human Services Data Strategy 2023-2028, the PA Department of Human Services 2023-2026 Goals, the DHS Office of Medical Assistance Programs' July 2023 Planning Session, The Office of Administration Office of Information Technology Strategic Approach (2019-2022), and the Medical Assistance and Children's Health Insurance Program Managed Care Quality Strategy (December 2023 Draft). More information regarding the Advisory Board, HIETCC, HHS Data Strategy, and the DHS Strategic Plan follows.

Advisory Board

The Pennsylvania eHealth Partnership Advisory Board, comprised of a diverse membership representing interested and affected groups and individuals, provides public and private health care industry guidance to the Department regarding the effective and efficient use of resources to support statewide, robust health information exchange.

Health Information Exchange Trust Community Committee

The Health Information Exchange Trust Community Committee, made up of certified participating health information organization leaders, has met monthly since 2013. HIETCC provides a forum for advancing the PA eHealth Partnership Program's policy and operational objectives.

HHS Data Strategy

The U.S. Department of Health and Human Services' (HHS) Data Strategy for 2023-2028 introduces a bold vision for how data can be leveraged at the Department to meet its mission of ensuring the well-being of Americans.

HOW HEALTH INFORMATION EXCHANGE WORKS IN PENNSYLVANIA

As of January 2024, there are five P3N Certified Participating HIOs connected to the P3N, one state agency electronic health record (EHR), and two neighboring state Health Information Exchanges (HIEs):

- ✓ ClinicalConnect Health Information Exchange (Connected: August 2016)
- ✓ Central Pennsylvania Connect Health Information Exchange (Connected: May 2019)
- ✓ HealthShare Exchange of Southeastern Pennsylvania (Connected: April 2016)
- ✓ Keystone Health Information Exchange (Connected: May 2016)

- ✓ Lehigh Valley Health Network (Connected: February 2022)
- ✓ Pennsylvania Department of Corrections Sapphire EHR (Connected: September 2019)
- ✓ Delaware Health Information Network (ADTs only connected: January 2022)
- ✓ CRISP Shared Services for Maryland, West Virginia, District of Columbia, Connecticut, Alaska, and U.S. Virgin Islands (ADTs only connected: October 2023)

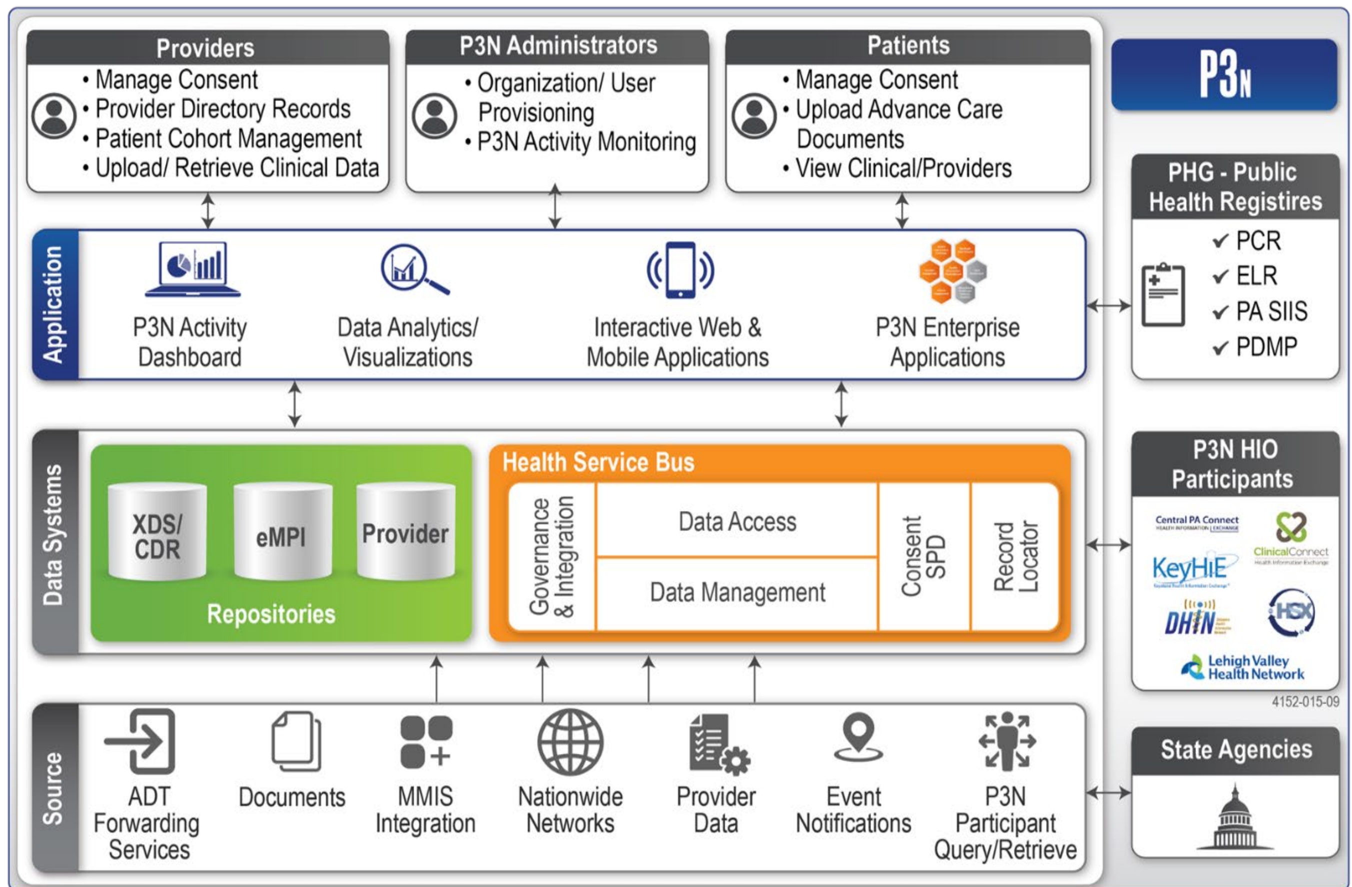
Figure 1 demonstrates how the health information exchange occurs at the local, regional, and statewide levels leveraging provider EHRs, HIOs, and the P3N.

FIGURE 1: How Health Information Exchange Works

Armed with the most complete patient information, the provider can render the best care to the patient. Once the encounter is complete, the provider's EHR generates a continuity of care document (CCD) that is published to their HIO's clinical document repository to be available for informing the next provider's encounter with that patient.

Figure 2 demonstrates how the member organizations of each HIO have access to the P3N services and the PHG. The P3N services enable the query and retrieval of patient clinical information across all five HIOs and the Department of Corrections, unless the patient has opted out of the P3N. The P3N Encounter Notification Service pushes Admission/Discharge/Transfer (ADT) messages to a patient's home HIO when they are receiving care from a provider in another HIO, to enable timely follow-up and care coordination.

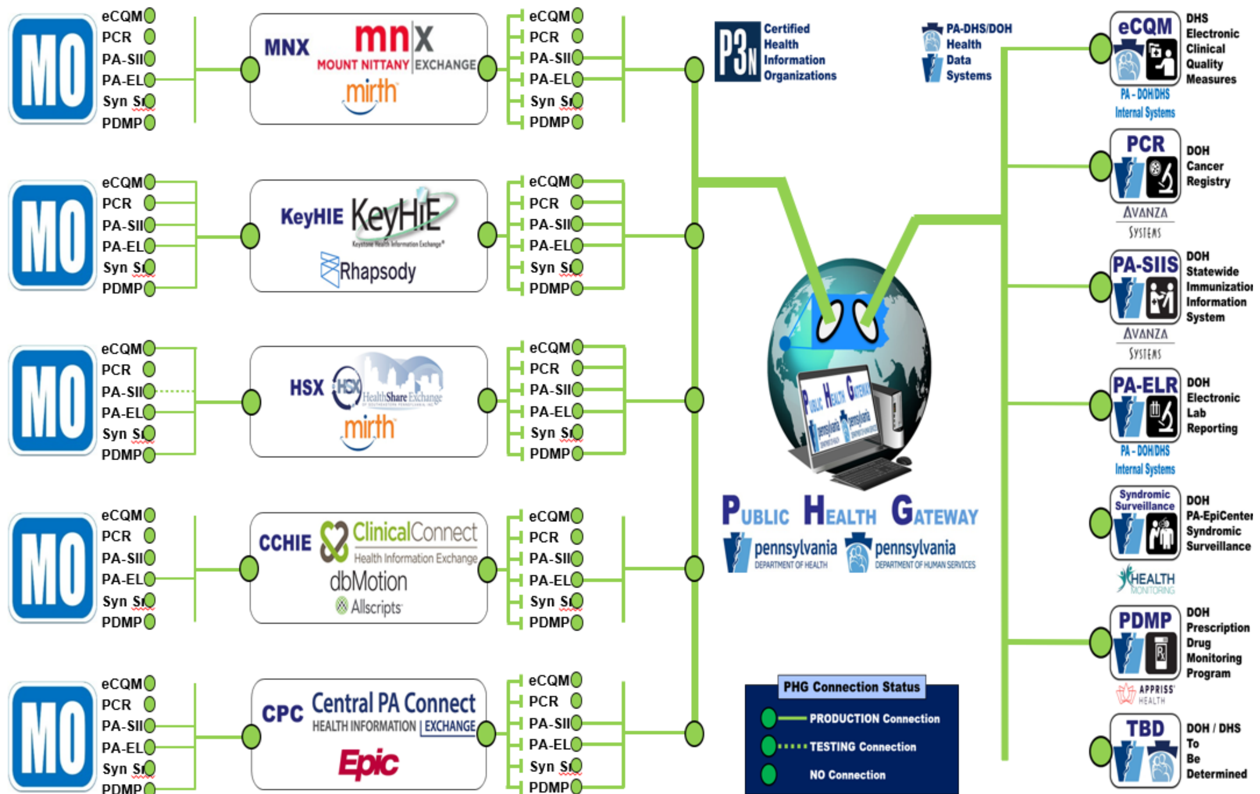
FIGURE 2: P3N Functional Diagram



The PHG is available to HIO member organizations to streamline and simplify public health reporting to state registries and the retrieval of information from select state registries.

Figure 3 demonstrates production connections between HIO member organizations (MOs), HIOs, the Public Health Gateway, and individual state registries.

FIGURE 3: Public Health Gateway Connections



STRATEGIC GOALS with OBJECTIVES and METRICS

Each of the eHealth Partnership strategic goals are described below, along with a description of the related objectives the Department will undertake with stakeholders to realize the strategic goals and the metrics to be used to measure success.

1. Enable ubiquitous, robust health data sharing while maintaining privacy and security.

With the support of the Department, Pennsylvania has been an early innovator in the challenging journey to improve health care via secure and effective data exchange. This journey has been dynamic and impacted by internal and external forces, including vendor technology constraints, rapidly evolving standards, new Centers for Medicare and Medicaid Services (CMS) and Office of National Coordinator (ONC) policies, and new Federal law. To realize the full value of HIE for everyone in Pennsylvania, we need to have all health care and community stakeholders actively sharing health information, providing the highest quality services, and providing ongoing support and coordinated care. Federal interoperability regulations are helping to pave the way for sharing information among providers, payers, community organizations, and patients. This Strategic Plan and the P3N will help all Pennsylvanians to participate in robust HIE.

Objectives and Metrics

A. Expand the number and types of stakeholders actively participating in HIE.

Increase HIE participation by providing incentives to get certain types of providers to participate more broadly with P3N HIOs. Focus on expanding long-term care facility and hospital participation with P3N HIOs.

1) Increase number of long-term care facilities participating in HIE by 2% per year

2) Increase number of hospitals connected to certified HIOs by 2% per year

B. Educate stakeholders, including patients and their advocates, on the value of participating in HIE.

Expand public and provider HIE awareness activities focused on why providers should participate with P3N HIOs and why consumers should seek participating providers. Develop simple, consistent, and coordinated core messaging to be used by agencies and published on the Pa eHealth website. The key message across both providers and patients is that it is good to have health information shared to improve care, wellbeing, and effectiveness.

1) Increase patient portal usage by 5% per year

2) Increase number of Pa eHealth website hits by 5% per year

C. **Align health information exchange with federal HIT goals and objectives.**
Leverage the P3N procurement to ensure that the new P3N will align with federal HIT goals.

1) Secure contract with new P3N vendor that meets federal requirements by 1Q2026

2. **Increase timely access to usable health and community information.**
The Department will work closely with other state agencies to ensure the efficient and effective delivery of whole-person services.

Objectives and Metrics

A. **Integrate P3N into the Medicaid Management Information System (MMIS).**
The Department should integrate the P3N into the planned MMIS Modernization. This integration will benefit both the MMIS users and the P3N HIOs and their member organizations.

1) Complete MMIS integration by 2Q2027, including exposing MA claims information to the P3N

2) Investigate possibility of paying for MA in lieu of services through PA Navigate in SFY 2024/2025

B. **Integrate PA Navigate with Compass.**
Integrate Pa Navigate with Compass to support advancements in care coordination that includes health related social needs (HRSN), and the ability for community-based organizations to recommend additional services available through the Commonwealth.

1) Expose closed-loop referrals to Compass in CY2025

2) Expose Compass program participation information to Pa Navigate in CY2025

C. **Make health related social needs data available through PA Navigate.**
Multiple community-based organizations are available to address HRSN. The Commonwealth will build a broader directory of resources that are both interoperable and integrated with stakeholder systems across the Commonwealth to advance equitable whole person care.

1) Increase number of organizations integrated with Pa Navigate by 5% per year

3. Improve upon existing P3N services.
To encourage providers and other exchange stakeholders to actively use information available from their HIOs and the P3N, the eHealth Partnership will provide information available for retrieval, which is complete, reliable, and actionable.

Objectives and Metrics

A. **Support advancements for access to clinical information.**
The P3N system must continue to fully support the federal interoperability requirements, including portals and API technology.

1) Hosting ONAF forms in P3N clinical data repository by end of CY2024

2) Hosting Department of Aging SAMS care plans by end of CY2025

3) Automated identity proofing and enrollment of patients in the P3N patient portal in CY2025

B. Support for electronic digital performance measures.
A federated model of HIE poses multiple challenges with data quality that must be addressed. Reducing duplicate data and errors in data transmission is critical to improving stakeholder confidence while maintaining privacy and security.

1) Increase operational efficiency by reducing XCA and ADT errors by 3% per year

2) Reduce number of records with missing information by 3% per year

4. Expand care coordination to improve quality and reduce health care costs.
To better enable care coordination across communities and across the state, we must ensure that patient care teams are aware when their vulnerable patients are being treated by other providers or are transitioning from one care setting to another.

Objectives and Metrics

A. Expand the number and types of ADT messages contributed to the P3N ADT Service.
Increase the number of facilities reporting real-time inpatient and emergency department ADT messages to the P3N Encounter Notification Service, and expand ADT reporting to include ambulatory providers, particularly specialty practices. Also, expand ADT reporting to include neighboring states.

1) Increase inter-state ADT sharing by 1 state per year

2) Increase volume of ADTs sent from the P3N by 5% per year

B. Capture meaningful information from ADTs for analysis and population health reporting.
As ADTs pass through the P3N, they include patient information that shows the progression of patients from initial emergency department encounter to admission, and to discharge. The ADTs also include patient classification, admission source, diagnosis, and procedures. This information may be used for surveillance and other reporting such as determining high utilizers, 30-day readmissions, and 72-hour bounce-backs.

1) Create ADT surveillance system for support of program areas such as abuse and neglect in CY2024 and poison control in CY2025

C. Reduce duplicative or unnecessary services.
By ensuring a patient's clinical information is available for retrieval by health care providers in P3N HIOs and across the P3N, the use of duplicative services will be reduced or eliminated.

1) Increase the number of reports accessed by P3N participants by 10% annually

5. Increase closed loop referrals for health-related social needs.

To better support whole person care, health-related social needs must be addressed. Supporting a closed-loop referral system across Pennsylvania will provide the foundation for equitable, patient-centered care.

Objectives and Metrics

A. Promote health equity.

Integration of the P3N system with PA Navigate will help to address health disparities and support a closed-loop community referral system for addressing health-related social needs (HRSN).

1) 10% increase in number of closed-loop referrals in PA annually

B. Support and collaborate with PA Navigate.

Whole person care requires close integration and collaboration between physical and mental health as well as the health-related social needs.

1) Leverage the P3N MPI with Pa Navigate by CY2025

2) Leverage the P3N for closed-loop referral notifications to the HIOs by CY2025

6. Expand our collaboration with commonwealth agencies.

To leverage the P3N to better enable whole-person care, the P3N system must be better integrated with other state systems and program areas.

Objectives and Metrics

A. Expand and improve access to public health reporting registries.

Leverage the P3N/PHG to increase bi-directional access to registries and expand the number of public health registries accessible through the PHG.

1) Increase the volume of messages traversing the public health gateway by 5% per year

2) Increase the number of registries participating in the public health gateway by one per year

B. Provide P3N access to state program areas.

In addition to MMIS users, state program areas that deliver and/or pay for needed services and have a need for clinical information available through the P3N, should be provided with limited access to the P3N.

1) Increase the number of state programs accessing the P3N by 1 per year

2) Integrate P3N with the Enterprise Case Management System by CY2025

3) Integrate P3N with state EHRs (OMHSAS by CY2024, DMVA by CY2025)

C. Expand P3N and/or PA Navigate access to PA county facilities, local entities, and county agencies.

Many individuals seek assistance from county and local facilities and organizations. Connecting these entities to the P3N and/or Pa Navigate improves care coordination and whole person care for a broader base of the population.

1) Increase number of county prisons connected to certified HIOs by 2 per year

2) Increase number of PA county and local programs using PA Navigate by 5% per year

7. Advocate for sustainable HIO funding.

The success of the federated model of HIE in Pennsylvania relies on a solid backbone of HIOs and the services they provide to health care providers, payers, community-based organizations, and patients.

Objectives and Metrics

A. Creation of MA Care Coordination Grants.

The HIOs are the cornerstones of HIE in Pennsylvania, but they are faced with many challenges including ever-changing technology. Providing care coordination grants to these HIOs will provide financial support where it is needed to support our most vulnerable citizens.

1) Implement MA Care Coordination Grants in FFY2025

2) Continue and increase MA Care Coordination Grants each year

B. Expand use of P3N services by the HIOs to reduce duplication of services.

Within the federated model the P3N is uniquely positioned to provide more “umbrella” services that HIOs can leverage rather than building and supporting their own. Not only does this reduce costs to the HIO, it also improves data quality and integrity through a single source of truth.

1) Enhance the P3N ADT service to meet HIO needs for alerts and notifications by CY 2024

Acknowledgements

The eHealth Program is grateful for all the hard work and dedication of the many stakeholders who have worked tirelessly over more than a decade to improve the health and wellbeing of Pennsylvanians through the effective and efficient use of health information technology and health information exchange. This Strategic Plan is a roadmap for further enabling ubiquitous robust health information exchange in the Commonwealth. Thanks to all who contributed to this Strategic Plan.

Approval

Approved by DHS Secretary Val Arkoosh on April 2, 2024.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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