



IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION

Pennsylvania eHealth Partnership Advisory Board Meeting Minutes

PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, February 14, 2020
Meeting Time: 10:00 A.M. to 2 P.M.
Meeting Location: 625 Forster Street, Room 327
Health & Welfare Building, Harrisburg, PA 17120

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
Ms. Jennifer Haggerty – Chief Operating Officer, Pennsylvania Homecare Association
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. Emily Holladay – Deputy Legislative Director, PA Insurance Department – **DELEGATE**
Mr. Michael Humphreys – Chief of Staff, PA Insurance Department – **EXCUSED**
Ms. Julie Korick – Chief Financial Officer, PA Association of Community Health Centers
Ms. Minta Livengood – Volunteer - **ABSENT**
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. Michael Martz, SVP and Chief Information Officer, Mount Nittany Health System – **EXCUSED**
Mr. Don Reed, SVP and Chief Operating Officer, HealthShare Exchange
Ms. Phyllis Szymanski, Director, ClinicalConnect HIE (**SKYPE**)

PA Department of Human Services Staff

Kathleen Beani – PA eHealth Partnership Program
Stephanie Billman – PA eHealth Partnership Program
Terri Lynn Brown – PA eHealth Partnership Program
Megan Ebert – PA eHealth Partnership Program
Dana Kaplan – PA eHealth Partnership Program
Allen Price – Bureau of Information Systems, Delivery Center
Kay Shaffer – Bureau of Information Systems, Delivery Center
Christy Stermer – PA eHealth Partnership Program

Guests

Tara Gensemer, PA Medical Society
Alix Goss, Imprado
Andrew Harvan, PA Medical Society

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San Shesh- PA Medical Society
Susan Leitzell, Geisinger
Sari Siegel, Hospital & Healthsystem Association of Pennsylvania
Jennifer Swinnich, PA Medical Society
Kelly Thompson, SHIEC
Obaid Zaman, Hospital & Healthsystem Association of Pennsylvania (SKYPE)
Pamela Zemaitis, Health Tech Solutions

Welcome and Introductions

Chair Mr. David Simon called the meeting to order at 10:00 A.M. and welcomed all the participants. Ms. Terri Brown announced that the meeting was being recorded to assist with minutes' preparation. Mr. Martin Ciccocioppo then took roll of those in attendance.

Review of November 1, 2019 Meeting Minutes

The members voted to approve the November 1, 2019 meeting minutes as distributed. Mr. Simon then asked the Board about the current agenda structure, with an emphasis on discussion during the second half of the meeting. The Board's consensus was that this format is working well agreed to continue this practice going forward.

PA eHealth Partnership Program Updates

Mr. Ciccocioppo highlighted key topics such as the RFP, DHS Strategic Plan and the P3N Certification package update with the addition of the downtime notification policy.

It was announced that the missing components of the PA eHealth Annual report were filled in and it is in the final stages of review. The Department of Human Services' (DHS) review of the report should be completed by March 2020.

The P3N ADT Project has been expanded to include notifications for Inpatient ADTs. PA eHealth is actively working with Mt. Nittany (MNX) and has commitments from Keystone Health Information Exchange (KeyHIE) and HealthShare Exchange (HSX) to work towards turning on Inpatient feeds. The goal for 2020 is to get all emergency departments that are connected to a Health Information Organization (HIO), and all Inpatient facilities that are linked, to start submitting ADTs.

DHS issued a Request for Applications (RFA) for Public Health Gateway (PHG) onboarding grants and we hope to release the HIO onboarding grants RFA this coming week.

Additionally, Medicaid fee- for -service (FFS) care managers' access to the P3N is in process, with PA eHealth operationalizing this endeavor. Mr. Ciccocioppo also mentioned that there is interest among the Area Agencies on Aging (AAA) to connect to HIOs and a commitment from the Department of Aging to contribute AAA care plans to the P3N.

Mr. Ciccocioppo further detailed the new DHS Strategic Plan and Objectives, noting that 12 out of the 13 hospitals participating in the Rural Health Model are connected to a P3N HIO. He also said we are working closely with the Office of Long-Term Living (OLTL) with a goal of doubling the number of nursing homes connected to HIOs.

He then presented a recent PeopleStat Linking Rate Chart, explaining that many patients are represented in multiple HIOs and the vital role the P3N plays in facilitating clinical data interoperability among HIOs. He also shared a chart of P3N document retrievals and how increasing this amount is key in improving care. Another important element is making data more easily accessible as discrete documents, and three of the five HIOs are now doing this. Mr. Ciccocioppo then explained the spike in November totals for KeyHIE, noting they are actively doing batch requests to bring clinical data directly to its members.

Next, Mr. Ciccocioppo highlighted ADT participation showing six emergency departments in the P3N ADT Pipeline as of February 2020. Chair Simon asked if there is a region in Pennsylvania that is underrepresented. Mr. Ciccocioppo pointed out the Lehigh Valley region is underrepresented in the P3N ADT Project because both Lehigh Valley Health Network (LVHN) and St. Luke's University Health Network (SLHN) are not currently connected to a P3N HIO. There are now 99 of the 153 general acute care hospitals, with emergency departments, submitting real-time ED ADT messages to the P3N. There are approximately 20 more general acute care hospitals with EDs that are connected to HIOs, but those facilities are not yet participating in the ADT Project. Ms. Meghna Patel asked if the goal is to have all emergency departments connected to the ADT project and Mr. Ciccocioppo answered affirmatively. Ms. Jennifer Haggerty asked about the application deadline for the RFA HIO onboarding grants. Mr. Ciccocioppo said that the responses will be due 30 days from the RFA release date, recognizing that the timeframe for HIO onboarding is shortened. Mr. Don Reed asked about monetary details for the HIO onboarding grants. For Lot 1, \$50,000 per inpatient facility will be awarded and for Lot 2, \$25,000 per ambulatory organization will be awarded. There was some question about Area Agencies on Aging and licensed home care facilities. Mr. Ciccocioppo said those entities would need to illustrate that they participated in the Medicaid Incentive Program or shared Medicaid patients with a provider that did participate in the MA HIT Incentive Program and is connected to a P3N HIO. Mr. Joe Fisne explained that the HIOs have already done background work with entities they believe can be successfully onboarded (given the timeframe) and will reach out to those facilities. Mr. Reed asked what the total dollar amount is for this year and the answer given was \$7.5 million.

Mr. Ciccocioppo reviewed the current status of the FFY 2020 IAPD-funded projects, such as radiology image sharing, care plan registry, PHG case reporting and education and outreach. Per discussion about education and outreach, Chair Simon asked if we have any involvement with Coronavirus (COVID-19) tracking. Ms. Patel said the Department of Health is involved and there are no cases yet in Pennsylvania, most cases are in Washington state, California and Arizona. There are up to 16,000 cases worldwide, but 90 percent of COVID-19 cases are in China. An incident command center has been set up at the Pennsylvania Emergency Management Agency (PEMA) and cases are being monitored from that location. There is a campaign to cut down on misinformation and provide the public with information that is accurate and updated. Mr. Reed stated that HSX aligned with the Department of Health within Philadelphia and asked for input on how we can monitor the region. HSX is gathering health codes and there may be an opportunity to submit information to the state. Mr. Reed thinks HSX can help with immunizations should vaccinations become available; HSX sees opportunity to provide information via the exchange. Ms. Patel said local health departments are in conversations with the state and that she will escalate these comments. Ms. Kelly Thompson of SHIEC noted that, from a national perspective, emergency preparedness is important, so there is a need for basic coordination with health departments.

National Perspective on Health Information Exchange

Ms. Thompson began her presentation by recognizing Pennsylvania as a leader in the forefront of health information exchange (HIE). There is a significant white space that exists in the realm of HIE. To illustrate the differences in healthcare landscapes across the nation, Ms. Thompson cited her work with Montana, a state whose residents may need to make an 8-hour trip just to obtain medical services. Just as there is a health care disparity among states, there is certainly a significant whitespace that exists in HIE across the country. Ms. Thompson explained that SHIEC is a national collaborative with 77 full and associate members. She then showed a map of the HIOs participating as members of SHIEC, noting that Mississippi and South Carolina are states with additional challenges. More stakeholders are learning about the national collaborative, Inter-state exchange and the SPD (super protected data) conversation. Ms. Thompson is excited about SHIEC's Patient Centered Data Home (PCDH) national information exchange network, noting that the PCDH is the only national network that is pushing data. The Department of Health and Human Services (HHS) is coming to SHIEC for their data, since they have 92

percent of the U.S. population covered by SHIEC-member HIEs. Ms. Thompson stressed the importance of recognizing the depth of HIE, which generates an annual data volume of 3.3 billion shared messages. She then explained how HIE affects the whole community, citing how dialysis center patients living in a hurricane-affected area can benefit from information exchange. Companies like DaVita will reach out to HIEs to find their patients that need help during an environmental crisis. It is a much higher level than ADTs as there is so much happening at the federal level, such as TEFCA, and QHINs connecting to the national exchange. It has been suggested by providers that rely on their EHR vendor that query-based exchange is the answer to interoperability. However, Ms. Thompson said she disagrees. Federal interoperability laws and regulation, such prohibitions on information blocking and notification requirements, will impact all of us. The federal government is going to push the 21st Century Cures Act and HHS is going to come to the HIMSS conference with questions.

Chair Simon asked what Ms. Thompson learned nationally about best practices that perhaps we are not doing in Pennsylvania. She replied that Community Information Exchange (CIE) is an important endeavor, and the key to its success is knowing how to draft agreements between the healthcare side and non-healthcare side. She concluded by saying that the healthcare and HIE landscapes are very different from state to state and recognizing that reality is an important factor going forward. Mr. Ciccocioppo thanked Ms. Thompson for her presentation, then pointed out that four SHIEC members were seated at the meeting table today and that PA eHealth appreciates being an associate member of SHIEC.

HealthShare Exchange (HSX) Overview

Mr. Don Reed explained that HSX is a diverse, broad, unique, nonprofit HIE that was started in 2012. HSX aims to connect disparate systems, enable workflow and provide secure access. HSX is patient centric and has aimed to create a holistic patient approach. HSX aims to enable coordination of care, improve quality outcomes and lower costs. They serve patients, providers and plans and ACOs, MCOs and ICNs. Mr. Reed explained the leadership of HSX and how they have over 175 people volunteer across HSX committees. He explained that HSX affects 10 million lives and 350-plus Health Organizations and highlighted some new plans and additions such as Vybe urgent care. HSX offers some solutions such as Smart Alerts that can identify a piece of information for a patient that a specialist may need and refine that information. Payers come to HSX for HEDIS guidance and STAR Measures support.

Vice-chair Paul McGuire asked Mr. Reed about a personal experience: He had moved from the Philadelphia area to the Pittsburgh area and his new physicians were unable to electronically access his clinical data from his Philadelphia providers. Mr. Reed acknowledged that there are gaps in being able to pull down data. He also noted that the Philadelphia medical center Mr. McGuire had come from submits encounters and labs, but not all clinical data. Mr. Fisne mentioned that, even if they are using the same Electronic Health Record (EHR), the results can vary from provider to provider. Ms. Patel suggested a toll-free number as a way for health information organizations to internally determine and ensure that records are transferred appropriately. Ms. Thompson recalled that we had spoken about this in the past as a possibility. The concept is good, but we would have a lot of frustrated patients not understanding that health record sharing is not always a seamless process. Ms. Pam Clarke did mention that the provider member that Mr. McGuire transferred to had not been connected to an HIO until recently.

Department of Health Priorities and Innovation Projects

Ms. Patel explained that DOH went through strategic planning, much like the DHS strategic planning process Mr. Ciccocioppo highlighted earlier. The DOH goal is to achieve a healthy Pennsylvania for all, with five main strategies to achieve this goal. DOH wants to integrate all public health registries and implement regulations. She also explained how controlled substances need to be prescribed electronically but the regulations are not yet set up. Ms. Patel acknowledged Ms. Thompson's comment that Nebraska and West Virginia monitor all prescriptions, and how this illustrates the value of sharing data. Ms. Patel noted the challenge of EHR use by dental and other small specialty providers. It was

suggested that it would be helpful for Ms. Patel to be part of the Trust Community. Ms. Clarke asked for clarification of whether community service providers are included in DOH's priorities. Ms. Patel replied that community health care clinics include community service providers, so they are important to DOH.

Health Information Exchanges and Managed Care Organizations

Dr. David Kelley noted that a key focus for DHS is the quality of care that is rendered to Medicaid patients and the ability to assess the clinical quality through measurement. Contractually, MCOs are required to go down the electronic reporting pathway. MCOs will be coming to the HIOs about work they do to prepare electronic clinical measures. The national focus is moving away from chart reviews for clinical quality measures (CQMs) to electronic CQMs. Dr. Kelley continued to advise that, in order to capture what is occurring clinically, you need to do more than look at claims data. This is good for health information exchange, as we need to focus on the eClinical measures. Ms. Thompson and Ms. Alix Goss shared the sentiment that these electronic clinical methods are important to focus on, as this aligns with the direction on the national level. Another focus is community-based interactions, which DHS Secretary Teresa Miller is very interested in. DHS is looking to put out an RFP to get a statewide solution, a resource and referral tool. We hope to have something in place in late 2020 or early 2021. Dr. Kelley is excited to hear that others around the nation are also interested in this community model.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Mr. Fisne highlighted the topics that have been covered by the HIETCC over the past few months such as how we make data that we share more meaningful to providers in a discrete format. HIETCC discussed some of the changes with the PDMP, with the HIOs serving as conduits for members to connect. HIETCC discussed aligning what the state is looking to do and thinking about payer members and how do we look at the measures and pull the correct information. Some payer members have seen ways to turn around and lower cost. The high priority is to start sharing those ADTs. We also discuss how we handle super protected data (SPD). KeyHIE uses EnableCare to make sure that we identify data as hyper-protected. One challenge pertains to restricted self-pay data. In operations, HIETCC would like to grant fee for service (FFS) care managers access to the P3N, so the team is working through ways to deploy this. We are discussing engagement with county prisons, and we have also approved the HIO downtime policy. A lot of work has been done over the past few months, with the focus on helping the patient.

Mr. Ciccocioppo added that we had a conversation with CRISP about interstate data exchange. The simplest path was that CRISP could become a P3N certified HIO and they would function as an HIO. The caveat is that a certified HIO does help support statewide infrastructure with fees, and CRISP did not think they should be subject to them. We do want to talk with the Advisory Board, as CRISP is not going to pay fees to PA in order to exchange information. We have also been approached by Delaware and West Virginia, so we want to discuss how to handle these requests from neighboring states. Ms. Clarke said that West Virginia, Maryland and Delaware already share data. Ms. Thompson would allow a 'wash' in fees, given the nature of the national network. There is an exchange in Missouri that has talked about a per-transaction fee schedule. Ms. Patel asked why we are charging fees, and Mr. Ciccocioppo replied that fees were designed to help support statewide infrastructure to raise roughly half the cost, with the remaining cost handled by the state. Ms. Patel asked if we are limiting data sharing by collecting a fee from bordering states, and Mr. Ciccocioppo agreed that charging fees to neighboring states is impacting data sharing. Chair Simon noted that he could argue in favor of either side, fees or no fees. He said that perhaps there needs to be a different category, or a minor fee related to connection. Mr. Fisne expressed concern about CRISP competing with P3N certified HIOs for Pennsylvania providers. Mr. Reed agreed that giving CRISP fee-free access to the P3N would require some protections for fee-paying HIOs.

There was discussion suggesting that the PCDH model would be the easiest way to connect with Maryland. Ms. Phyllis Szymanski said the Trust Community is not against this, but there are concerns about overlap and data governance. The patient overlaps for CCHIE do not include Maryland. There needs to be a patient relationship and the PCDH goes by the patient's home zip code, not by

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relationship. CCHIE's concern is that unless the patient context is there, we do not permit the exchange of data. Mr. Ciccocioppo said that there are at least 100,000 Maryland residents in the P3N MPI. Ms. Patel added that there are several Pennsylvania health systems very close to the Maryland border. Mr. Fisne suggested that the Trust Community should come together and have CRISP at the table. Ms. Goss said we need to see how we are positioned as things are moving forward, and we need the vision of the Board and stakeholders. Chair Simon suggested we put this on the agenda for the next Advisory Board meeting, which is scheduled for May 8, 2020.

FY 2021 Implementation Advance Planning Document (IAPD) Projects Prioritization

Ms. Dana Kaplan provided reminders regarding the IAPD. She highlighted possible new projects such as enabling FHIR access to clinical and claims data, tools to improve HIO data security, an all payer claims database, and national connectivity. Ms. Clarke suggested broadening the descriptions to include a larger portion of the population. The community showed interest in the possible new projects and will submit additional ideas.

PA eHealth Financial Overview

Ms. Christy Stermer provided an overview of the SFY budget totaling \$14,928,392. Ms. Stermer outlined IBM vendor costs and provided a list of contracts.

SFY21-22 P3N Fee Schedule Discussion

Mr. Ciccocioppo provided an overview of the current fee schedule and started a discussion of what the HIO fee schedule should be for 2021-2022. The group agreed that either no change in fees, or a minor increase in fees, could be sustained by the HIOs. The HIOs commented they would have a difficult time asking their member organizations for more money, when those organizations are struggling to remain sustainable.

Public Comment

Ms. Goss advised the group to think about sustainability and keep in mind possible MMIS funding as we move forward.

Adjournment

The meeting was adjourned by Chair Simon at 2:07 P.M.

Next PA eHealth Partnership Advisory Board Meeting

Friday, May 8, 2020, 10:00 a.m. to 2:00 p.m. in H & W Building, 625 Forster Street, Harrisburg, Room 327

NOTE: DUE TO CORONAVIRUS MITIGATION EFFORTS, THE IN-PERSON May 8, 2020 ADVISORY BOARD MEETING HAS BEEN CHANGED TO A SKYPE MEETING SCHEDULED TO BEGIN AT 10 A.M. AND END AT 12:30 P.M.

Remaining 2020 Pennsylvania eHealth Partnership Advisory Board Meetings Schedule

Friday, **August 14, 2020** – In house 10:00 a.m. – 2:00 p.m. (H&W Building, Room 327)

Friday, **November 13, 2020** – In house 10:00 a.m. – 2:00 p.m. (H&W Building, Room 129)

Approved: May 8, 2020