



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, May 8, 2020
Meeting Time: 10:00 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
Ms. Jennifer Haggerty – Chief Operating Officer, Pennsylvania Homecare Association – **EXCUSED**
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health
Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health Medical Group
Ms. Teri Henning – CEO, Pennsylvania Homecare Association – **DELEGATE**
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 – **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

PA Department of Health Staff

Dr. Kirsten Waller, Bureau of Epidemiology
Dana Kaplan, Bureau of Informatics and Information Technology

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
Amanda McKenna – PA eHealth Partnership Program
Allen Price – Bureau of Information Systems, Delivery Center
Christy Stermer – PA eHealth Partnership Program

Guests

Douglas Carroll, Mount Nittany Health System
Kimberly Chaundy, Keystone Health Information Exchange
David Grinberg, Imprado
Alix Goss, Imprado
Susan Leitzell, Geisinger Health Plan-State Government Programs
Sari Siegel, Hospital & Healthsystem Association of Pennsylvania
Brian Wells, HealthShare Exchange
Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project
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, thanking them for their hard work and flexibility during the COVID-19 public health emergency. He announced that Mr. Martin Ciccocioppo would be facilitating this Skype meeting. Ms. Terri Brown announced that the meeting was being recorded to assist with minutes' preparation, and Mr. Ciccocioppo took roll of those in attendance.

Review of February 14, 2020 Meeting Minutes

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

PA eHealth Partnership Program Updates and Interoperability Final Rules Overview

Mr. Ciccocioppo noted that the PA eHealth team has been teleworking for approximately 8 weeks at this point. While this period of transition has been somewhat challenging, the team has managed to complete very important work. Some of these recent accomplishments include the first production connection via the Public Health Gateway (PHG) to the new RxCheck Prescription Drug Monitoring Program (PDMP) gateway, which was completed by Central Pennsylvania Connect (CPCHIE). If this connection had not been established, the fee for one of CPCHIE's members would have been \$75,000 dollars per year to maintain the old APPRISS connection. We anticipate that additional providers will face similar fees, so we expect that connectivity to RxCheck via the PHG will increase. Another PA eHealth accomplishment was the awarding of PHG Grants to onboard facilities to ELR and the PDMP. The RFA applications for HIE Onboarding grants were delayed due to the COVID-19 public health emergency, but we anticipate awards going out shortly for more than 3 million dollars among the five HIOs. Mr. Ciccocioppo also noted that the State Fiscal Year 2018-2019 PA eHealth Annual Report was signed by DHS Secretary Teresa Miller.

We have expanded P3N Statewide Notification Services to include 10 emergency department ADTs in production, 19 inpatient ADT feeds in production and 12 inpatient ADT feeds in the pipeline, actively working through testing to move the feeds into production. We are providing PA Department of Health (DOH) with daily COVID-19 Public Health Emergency Reports based on surveillance of the P3N ADT feeds. Additionally, we are continuing the process of granting P3N portal access to Medicaid Fee-for-Service (FFS) Case Managers. This access will enable them to more effectively develop and maintain care plans for their Medicaid patients. We will be hosting several training sessions for these case managers over the next few weeks. Another accomplishment noted is that three of the five HIOs are making discrete documents available on the P3N, so the P3N is now returning more than 160,000 documents a month in response to P3N queries. The final accomplishment noted to the Board was the drafting of an RFP for the next generation of P3N infrastructure. We are also seeking CMS approval to have the new P3N integrated into the MMIS 2020 system.

Mr. Ciccocioppo offered to answer any questions the Board may have regarding these recent PA eHealth accomplishments. He showed the group an updated graphic of the current P3N Infrastructure, noting that the Advance Care Planning Registry had been added. We are also working on creating a Care Plan

Registry. Going forward, that P3N infrastructure graphic is being updated with the Pennsylvania Department of Corrections (DOC) added, since they also contribute data to, and retrieve data from, the P3N.

Mr. Ciccocioppo then showed a graphic illustrating how P3N may function as a module of the 2020 Medicaid Management Information System (MMIS). MMIS2020 will be taking the place of the PROMISE system. It is a modular system that allows connections to the data hub. Connecting the P3N to the MMIS system will make Medicaid claims information available to the HIOs. P3N can contribute information such as clinical data and consent preferences to the Medicaid models. The P3N would be eligible for enhanced federal funds (90 percent funding for creation and 75 percent funding for ongoing operating costs) if it is approved by CMS to be a MMIS module. The current infrastructure is 100 percent state funded at this point. We receive fees from the HIOs to help lessen the cost.

Mr. Ciccocioppo then showed a graphic illustrating PHG Activity, noting PA SIIIS messaging has been about half of what it was prior to the COVID-19 public health emergency. We expect this message count to go up. The PDMP message count will continue to grow as well due to expected new PDMP RxCheck connections. Mr. Ciccocioppo then highlighted the FFY 2020 IAPD Projects, including HIO Grants, PHG Onboarding Grants, Health Plan grants in the next federal fiscal year, radiology image sharing, care plan document registry, PHG utilization, case reporting, immunization registry interoperability, education and outreach, and Allegheny County Population Health. The approved IAPD funding for 2020 is 11.7 million dollars.

Mr. Ciccocioppo noted that the CMS and ONC Cures Act interoperability final rules were published in the Federal Register on May 1, 2020. Key issues included patient access to their clinical data and claims information at no cost, FHIR APIs, and information blocking exceptions with extended timeframes. There is additional information available on the ONC website regarding the Cures Act Final Rule. Ms. Pamela Clarke asked a clarifying question about the HIO Onboarding grants and a sense of timeframe to complete the work. Currently, work needs to be completed by September 30, 2020. However, we have spoken with CMS and some federal legislation has been drafted that could provide some type of extension for the completion of FFY 2020 projects, including the onboarding grants. The HIO Onboarding grants are milestone based, and since the HIO Onboarding grants have not been awarded, there are no milestones achieved at this point. Ms. Clarke noted that some federal agencies have provided extensions in the past.

COVID-19 Public Health Emergency and the Role of Health Information Exchange

Mr. Ciccocioppo introduced Dr. Kirsten Waller, Deputy State Epidemiologist for the PA Department of Health. Dr. Waller thanked the group for their responsiveness during the COVID-19 public health emergency. She mentioned the importance of Electronic Lab Reporting (ELR) data and how we receive this data from four of the five HIOs. They are changing the ways that DOH receives ELR data and the most recent change is receiving data via the PHG. Most COVID-19 cases are identified via ELR data. DOH is currently receiving data from the P3N and separate data sets from three of the five HIOs. It is easier to interpret the data from the individual HIOs, than the full data feed. There has been some difficulty distinguishing inpatient versus outpatient data in the P3N feed. The data from the HIOs has been helpful as they have more importation of race, ethnicity and additional demographic data, which most DOH data does not have. Looking at the data from the HIOs, the percentage of those patients that are hospitalized is higher than DOH had projected. It has been difficult to determine the denominator of confirmed cases, but the information is still very important. DOH's IT is working on building the capacity to receive actual lab case reports via the HIOs. Currently, DOH can receive case reports via the APHL Informatics Messaging Services (AIMS) Platform. [Note: AIMS is a secure, cloud-based environment developed by the Association of Public Health Laboratories (APHL) and hosted on Amazon Web Services. It facilitates health messaging by providing shared services to aid in the transport, validation, translation

and routing of electronic data.] The DOH IT group is working on the capacity to receive the case reports via the PHG.

Dr. Waller opened the floor to questions. Ms. Kim Chaundy thanked her for her efforts during the COVID-19 public health emergency. Ms. Chaundy asked if DOH would consider sharing their lab result data with the HIOs, so the HIOs could better serve the community and patients in a timely manner. Dr. Waller agreed that this data sharing would have enormous value, but there are both technical and policy-related hurdles to surmount. Pennsylvania has very strict patient confidentiality laws regarding disease reporting. New York's DOH has been sharing this lab data with their HIOs. PA DOH is seriously considering the HIOs' request and is in the process of scheduling a meeting to learn what New York is doing and how they are doing it. Ms. Meghna Patel advised that another challenge to lab data sharing is that DOH is moving to a new system of lab reporting provided by the CDC. Due to the COVID-19 public health emergency, DOH is not sure when the system will be replaced. Ms. Chaundy appreciated PA DOH's consideration and noted that being able to connect with the state and other HIEs will allow our HIOs to get data to the providers who need the information quickly. The HIEs are prepared to do anything they can to receive the data. The HIOs have had discussions with regional HIEs in New York and how that state is sharing lab results with the HIEs. New York HIEs have helped their DOH to get more complete clinical information on COVID-19 positive patients. Dr. Waller stated that DOH understands that this may help with the completeness of data. She then asked that if the HIO community had contacts in the New York State HIO community, to share them with her.

Mr. Don Reed of HSX noted that in Philadelphia they are looking at contact tracing at the county level. He asked Dr. Waller to comment on how contact tracing on the state level may complement county level efforts. Dr. Waller said that DOH is in the process of contracting with an entity known as MITRE-Sara Alerts, noting all counties except Philadelphia have agreed to sign on with them. She did not have a clear picture of how HIO data would be contributed into Sara Alerts, but it allows easy transfer of contacts between counties. Sara Alerts also incorporates various ways that contacts can receive information via phone, cellphone, and email. It can also work with different Google apps. Mr. Reed asked if there has been discussion about centralizing the system for all counties. Dr. Waller said they are trying to get most of the state onto the same platform. The database would be managed centrally, but there would be a county level as well. Information from HIOs would come into the central systems and then farmed out to the local counties and partners as appropriate.

Mr. Michael Martz of MNX asked if there is anything else that the regional HIOs could contribute that would be helpful to DOH. Dr. Waller said that the demographics of sex, race, ethnicity and inpatient versus outpatient visits would be helpful. DOH also wanted to know if sexual orientation and gender identity data is being collected, and if so, could that be shared with DOH. As we work toward mitigation, we want to focus on vulnerable populations. Mr. Ciccocioppo stated that there are a few avenues we could explore to get DOH these additional demographics, such as adding more data fields to our P3N reports. Another possibility could be giving DOH access to the P3N Portal or sending ADT feeds directly to DOH. Dr. Waller said DOH is concerned about getting complete ADT data, but adding additional fields to the P3N report may be a good place to start.

Mr. Martz asked how duplications in data are avoided. Dr. Waller said the HIO data is being looked at per source. For the data that is going to the National Electronic Disease Surveillance System (NEDSS), there are several strategies to ensure that each person has a unique identifier. Mr. Ciccocioppo thanked Dr. Waller for working with the community and taking the time to attend this meeting today.

Health Information Exchange Trust Community Committee Updates

Mr. Ciccocioppo reminded the group that the minutes from several previous Health Information Exchange Trust Community Committee (HIETCC) meetings are included in the meeting packet sent to all participants. He then turned the discussion over to Mr. Brian Wells from HealthShare Exchange (HSX).

Mr. Wells has 39 years of experience in healthcare information technology and has been with HSX for nearly one year. A lot of the recent Trust Community discussions have been about the COVID-19 public health emergency and sharing best practices and coding among the HIOs. The capability of the HIOs to share data depends on each HIO's rules and regulations for data sharing. HSX is looking at ways to expand data sharing, and their next area of focus will be contract tracing. Another topic covered in prior HIETCC meetings was NCQA's data aggregation program to help payers with HEDIS measures. Another Trust Community topic has been the PDMP and RxCheck. Ms. Chaundy of KeyHIE is leading an effort to confirm which data is available and being shared by HIOs and providers. The Community continues to work on the ADT project, including onboarding inpatient data and making sure items such as super protected data and restricted self-pay data are being filtered appropriately. The Community has convened a workgroup for super protected data issues. A representative from CRISP, Mr. Brandon Neiswender, was a guest at the last HIETCC meeting to explore data sharing options with Maryland. Another meeting topic was the timely communication of system downtimes and making sure the Community is preparing appropriately.

Mr. Ciccocioppo said that during the February 14, 2020 Advisory Board Meeting there was discussion about interstate data sharing, and so the Trust Community decided to have a discussion with CRISP about sharing Maryland data. PA eHealth is evaluating language about ADT sharing to compare it to what we might have in our participation agreement. We are also working with our vendor to establish an ADT Project connection for CRISP that does not require a full onboarding as a certified HIO.

Overview of FFY 2021 Implementation Advance Planning Document (IAPD) Projects

Mr. Ciccocioppo noted that Ms. Dana Kaplan is acting as the HIT Coordinator as well as the PHG Coordinator. Ms. Kaplan explained that the 2021 IAPD projects included HIO Onboarding Grants, Health Plan Onboarding Grants, PHG Onboarding Grants, PHG utilization, case reporting, immunization registry interoperability, education and outreach, and patient matching improvement grants. The patient matching improvement grants is a new project to promote better matching and more complete clinical history. The funding request is going to be \$11.2 million. The IAPD is going to be submitted for the review process today, and if anyone has any questions, please let Ms. Kaplan know. Mr. Ciccocioppo reminded the group that FFY 2021 is the last year of funding for these Promoting Interoperability (PI) Programs, so there will be no HIO grants beyond FFY 2021. He also noted that Pennsylvania has done an excellent job leveraging this partnership with the State and federal resources were brought into PA that have greatly increased HIO membership and HIE services in Pennsylvania.

SFY21-22 P3N Fee Schedule Discussion

Mr. Ciccocioppo showed a graphic of the fee schedule for the current fiscal year, which varies based on the HIO size and points are given to the HIOs based on their members. The HIOs pay the State each year and the payments are used to offset the P3N and PHG infrastructure costs. For the last two fiscal years, the HIO fees were frozen. At the February 2020 Advisory Board meeting, the HIOs told the Board that the fees are a burden and any significant increases would be difficult for their members. The sentiment was that the HIOs would greatly appreciate anything that could be done to keep the fees the same, or minimally increased. Mr. Ciccocioppo said P3N costs will increase next year due to the re-procurement. MMIS funding was also discussed and will ultimately bring the infrastructure costs down if approved by CMS. He said that within the department, there is sentiment for the fees to be maintained in state fiscal year 2021-2022. There are additional discussions that we need to have about keeping fees the same. We would also need to provide 12 months' notice to the HIOs for any fee changes. We are looking to decide on this by June 2020 for the state fiscal year 2021-2022. Mr. Ciccocioppo said he is happy to entertain any questions regarding the fee schedule.

Mr. Martz said that there are times when the public payers may not align with the private payers. There may be situations where the private payer's interest is different than the public payers' and an integration into MMIS may make this more difficult. Mr. Ciccocioppo said that the P3N being part of

MMIS would make claims data more readily available to HIOs as well as MA eligibility information. He said it is time to investigate governance issues and other concerns as we move to integration with the MMIS system, and the HIO Community will be part of that process. Mr. Reed thanked Mr. Ciccocioppo for trying to maintain the fee schedule going forward, noting that members are having financial difficulty because of the COVID-19 public health emergency. He noted that it is going to be hard for HSX to maintain fees for their members. He asked Mr. Ciccocioppo to convey this sentiment when discussing fees, as the upcoming year is going to be financially challenging.

Ms. Patel asked if ONC has released any information or financial help regarding seamless connectivity and interoperability as the current pandemic has brought these issues to light. Mr. Ciccocioppo said there is an awareness of interoperability as there have been increases in home healthcare, telehealth situations and nursing home needs. Mr. Paul McGuire thanked Mr. Ciccocioppo for including the importance of nursing homes. There is greater awareness about social determinants of health. There is also clear acknowledgement that HIE is important, but in terms of the movement of federal dollars to help HIE, Mr. Ciccocioppo could not comment at this point. Ms. Patel recommended that we reach out to ONC and other states to see how they are planning on supporting improvements to HIE. Mr. Ciccocioppo noted we are part of a national organization, Strategic Health Information Exchange Collaborative (SHIEC) and this is the primary forum we are using at this point.

Adjournment

Mr. Ciccocioppo asked if anyone had new business items to discuss, none were stated. He then asked if there were any public comments, none were offered. Due to the COVID-19 public health emergency, it is uncertain whether we will be holding the next meeting in person. Mr. Ciccocioppo anticipates that the August 14, 2020 meeting may be held virtually via Skype. He then turned the proceedings back to Chair David Simon, who thanked attendees for their participation and adjourned the meeting at 12:00 P.M.

Remaining 2020 PA eHealth Partnership Advisory Board Meeting Schedule (may be SKYPE Meetings)

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: August 14, 2020