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, November 1, 2019
Meeting Time: 10:00 A.M. to 2 P.M.
Meeting Location: 625 Forster Street, Room 129
Health & Welfare Building, Harrisburg, PA 17120

Roll Call

Advisory Board Members

David F. Simon (Chair), Consumer Representative
Paul McGuire (Vice-Chair), COO Quality Life Services
Sarah Boateng, Secretary of Health Designee **(Substitute)**
Martin Ciccocioppo, Secretary of DHS Designee
Pamela E. Clarke, House Appointed HIO Representative
Joseph Fisne, Senate Appointed HIO Representative **(Excused)**
Scott Frank, Insurer Representative **(Excused)**
Jennifer B. Haggerty, Home Care or Hospice Representative
Dr. Brian Hannah, Hospital Representative
Dr. Timothy Heilmann, Physician or Nurse Representative
Michael Humphreys, Insurance Commissioner Designee
Julie Korick, Underserved Representative
Minta Livengood, Consumer Representative **(Absent)**
Dr. Michael A. Sheinberg, House Appointed HIO Representative

Department of Human Services

Kathleen Beani, Human Services Program Specialist, PA eHealth
Stephanie Billman, Healthcare Analyst, PA eHealth
Terri Lynn Brown, Administrative Officer, PA eHealth
Megan Ebert, Human Services Program Specialist, PA eHealth
Dana Kaplan, HIT Coordinator, Promoting Interoperability Program
Dr. David Kelly, Chief Medical Officer, OMAP, Deputy Secretary's Office
Jonathan Kerr, Healthcare Analyst, PA eHealth
Allen Price, Project Manager, Bureau of Information Systems
Christy Stermer, Program and Fiscal Manager, PA eHealth

Guests in Attendance

Kim Chaundy, Keystone Health Information Exchange **(SKYPE)**
Mark Crider, Executive Director and Professor of Nursing, Harrisburg University
Tara Gensemer, PA Medical Society
Alix Goss, Vice President and Senior Consultant, Imprado
Andrew Harvan, PA Medical Society
Susan Leitzell, Geisinger
Michael Martz, Mount Nittany Health System
Matt McGeorge, Principal, Health Management Associates

Don Reed, COO, HealthShare Exchange
Sari Siegel, Hospital & Healthsystem Association of Pennsylvania **(SKYPE)**

Welcome and Introductions

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

Review of August 9, 2019 Meeting Minutes

The members voted to approve the minutes of the August 9, 2019 meeting as distributed.

PA eHealth Partnership Program Updates

Mr. Ciccocioppo outlined several staff changes for PA eHealth. He formally welcomed Ms. Stephanie Billman, auditor; Ms. Megan Ebert, Human Services Program Specialist; and Christy Stermer, Program and Fiscal Manager. Mr. Ciccocioppo then recognized Ms. Kathleen Beani, Human Services Program Specialist at PA eHealth since November 2018 and Ms. Terri Lynn Brown, Administrative Officer since July 2018. He also recognized Mr. Allen Price, Project Manager, as having the longest tenure at PA eHealth, having been involved since its inception. Mr. Ciccocioppo also informed the Board of an anticipated change for Ms. Dana Kaplan, moving from her position as PA eHealth's HIT Coordinator, into the role of Public Health Gateway Coordinator under the Department of Health. Mr. Ciccocioppo hopes to fill Ms. Kaplan's HIT position with lead auditor Mr. Jonathan Kerr. Additionally, Ms. Monica Fisher, Communications Specialist, is taking a position at the Department of Health, and PA eHealth will be looking to fill this role

Mr. Ciccocioppo announced that the Department of Corrections (DOC) finished onboarding and is currently publishing and retrieving documents from the Pennsylvania Patient and Provider Network (P3N). He stated that the DOC is offering inmates the chance to opt out and we are now receiving opt out forms from them. Ms. Beani noted that the percentage of inmates opting out so far has been less than one percent of that population: out of nearly 1,400 inmates released from incarceration last month, 12 of those individuals chose to opt out. To put this in context, over a period of five years, we had only 169 citizens from the general public opt out. But during October, we received twelve opt out forms from the DOC, which initially seemed alarming. PA eHealth and the DOC are now working through the process of additional staff training and educating inmates about the P3N and how the availability of their medical records will enhance their medical care when they reenter their communities.

Mr. Ciccocioppo noted that all five HIOs have emergency departments contributing to the Admissions, Discharges, and Transfers (ADT) program and two HIOs, Central Pennsylvania Connect (CPC) and Mount Nittany Exchange (MNX), will begin sending ADT messages from Inpatient facilities later this month. He encouraged all HIOs to submit Inpatient ADT messages to enhance the data exchanged. Mr. Ciccocioppo also informed the Board that we currently have connections to five registries via Public Health Gateway. He also noted the contract issue with APPRISS and the Department of Health (DOH) which is affecting the HIOs' ability to connect to the Prescription Drug Monitoring Program (PDMP). Mr. Ciccocioppo stated that in approximately one month, the connections may be able to move to RxCheck, working around APRISS contract concerns. He then announced that we are in the process of rolling out the Advance Directives Registry by working with the HIO community and provider community to see how to best utilize this registry. Chair Simon asked if there is a production date for the Advance Directives Registry, and Mr. Ciccocioppo stated it is ready for production, but we are still working through specifics to roll it out. Mr. Ciccocioppo stated there have been $2.6 million in HIO invoices for onboarding grants within the past month, and we are hoping to improve upon this in the coming year.

Mr. Ciccocioppo then moved on to a summary of PeopleStat statistics. He explained that PeopleStat Meetings are utilized within the Department of Human Services (DHS) to hold program areas accountable for initiatives. There are different PeopleStat groups structured around different departmental goals. PA eHealth is part of the PeopleStat group with the goal of advancing access to high quality healthcare services. On a bi-monthly basis, the group meets with DHS executive staff to discuss mutually agreed upon measures and ways to approve upon measures for each program office within the group. Slides were used to illustrate the measures for which PA eHealth has been held accountable, including patient matching metrics. Mr. Ciccocioppo explained that patient matching is defined as how well we can link a patient from one HIO to that same patient in another HIO. A question was then asked: If someone is receiving services in a facility that is connected to one HIO, and that person travels to a facility that is part of another HIO, does that new HIO ever have access to their data? Ms. Chaundy answered that they do have access, which is why it is important to look at the linking rate and ways to improve upon it.

Mr. Ciccocioppo explained the PeopleStat P3N Queries graphic, noting high query rates for CPC and HSX. He stated that, ideally, the HIOs should query more frequently. He then explained how CPC pulls back documents that are queried and serves them to physicians. He stated that CPC is doing this best, not only querying for data but then returning the data to providers who need it. He also noted that we have made significant progress as we just raised the target from only 2,000 queries to a goal of 100,000 queries per month. The Board asked why the query numbers for Keystone Health Information Exchange (KeyHIE) were lower. The explanation was an account of the transition to EPIC Electronic Health Record (EHR), requiring fewer queries. There was continued discussion regarding queries, and when it is necessary to retrieve documents from these queries. Dr. Timothy Heilmann from UPMC Susquehanna challenged the group, commenting that the vast amount of the information is now coming from the EHR and would not require the queries. Mr. Simon then asked if the 100,000 queries total is an aspirational goal and Mr. Ciccocioppo stated that it is. He added the caveat that HealthShare Exchange (HSX) used to automatically query but this had since changed. If HSX still had the system set up for automatic queries, then we would already have exceeded that 100,000 mark. Mr. Donald Reed from HSX asked Martin to clarify, as the volumes of queries are high within HSX queries and he wanted to know if these are HSX's own queries. Mr. Ciccocioppo said they are HSX queries but HSX is not pulling back a lot of data from these queries. A recommendation was made by the Community that PA eHealth continue to work on integration within the EHR system.

Mr. Ciccocioppo moved to the ADT slides showing the PeopleStat Measures. Currently, 99 hospital emergency departments (EDs) are submitting ADT information. He stated there are 153 acute care hospitals within PA. Currently, there are about 25 additional EDs that are part of HIOs but not fully connected or have chosen not to be part of this program. He stated that we have far exceeded our prior goal of 53 EDs submitting ADT information. The Board continued the ADT discussion and asked if there is a sense of effect of these ADT messages regarding opioid use disorder. The effects on opioid use disorders are not fully understood but Mr. Ciccocioppo did explain that the value of ADT messages will be strengthened by the overlap of HIOs and hospital systems such as UPMC Susquehanna. He then explained the Public Health Gateway (PHG) graphic. He noted that all five HIOs are connected to one or more registries and one more of their member organizations are using the PHG registries. He then showed a volume of messages going through the PHG, with the largest message volume coming from the Pennsylvania Statewide Immunization Information System (PA-SIIS). He also reminded the Board there is currently no PDMP activity due to the contract issues noted earlier.

Lastly, Mr. Ciccocioppo summarized the 2019 and 2020 projects. For 2019 projects, he highlighted key accomplishments, such as HIE onboarding grants, radiology image sharing, integration of DOC and Allegheny County Population Health project. Many of the 2020 projects are the same as those for 2019.

There is one new initiative, Health Plan Onboarding Grants, to promote interoperability with MA health plans and HIOs.

Keystone Health Information Exchange Overview

Ms. Kim Chaundy provided an overview of Keystone Health Information Exchange (KeyHIE) stating they were founded in 2005 and serve approximately 6.2 million patients in 53 out of 67 Counties in PA. KeyHIE is expanding into New Jersey. She explained that KeyHIE has different retrieval types to serve members. The first is a query, having a provider ask directly for information. The next is an alert to providers such as admission and discharge notifications to the care team. The third is a data pushing directly into disparate EHRs. She explained that having the ability to push a lab into the EHR of a patient directly increases the interoperability of the P3N. The last type of retrieval involves data aggregation. KeyHIE can do data aggregation for analytics for population health and data aggregation for patients. She then described a display of participants and the overlap of member organizations and HIOs, noting the goal of having coverage throughout the whole state of PA. She described statistically the amount of data received for the month of September, including encounters, discharges, ED summaries, history and physicals, labs, imaging and CCD. She also discussed the Mammosphere Project and the ability to expand it, allowing physicians to not only read reports but to look at the images. She described the services KeyHIE offers: KeyHIE Insights which is a tool to supplement data source HEDIS measures to payors; KeyHIE provider portal, which is a 365-day view of the patient's data; KeyHIE notifications and Information Delivery Service (IDS). This service is a push technology for real- time delivery of information. These notifications are for providers as well as home health providers. Mr. Chaundy noted a study showing that, due to this IDS service, KeyHIE was able to save 7.5 work hours for home health agencies. She further explained the types of IDS services that a member can subscribe to. KeyHIE works closely with their providers to determine which services are right for each member: if they subscribe to all IDS, it becomes overwhelming. IDS tool statistics were also explained by Ms. Chaundy. Another service KeyHIE offers is the transform tool that converts files, allowing facilities that have only paper health records to start participating in data sharing. Additionally, KeyHIE offers direct secure messaging, allowing patients to communicate securely with providers. The last service Ms. Chaundy described was the MyKeyCare patient portal. She mentioned the HEDIS Measures that KeyHIE is sending to members as a way of assisting them with HEDIS reporting, and then shared an illustration of KeyHIE's operational flow. Mr. Simon remarked that Ms. Chaundy's presentation was impressive and congratulated her and KeyHIE on the progress they are making.

Department of Human Services Clinical Quality Initiatives

Dr. David Kelley stated that, from a quality improvement standpoint, DHS is interested in integrating and leveraging health information exchange for Managed Care Organizations, with the focus on improving care quality. He stated that DHS Secretary Teresa Miller is keen on whole person care, making sure behavioral and physical health needs are met, and she is also focused on the social determinants of health (SDOH). In 2020, the Department is going to put out the Resource & Referral Tool, which will be used for screening SDOH, assessing people and referring them to community-based sources of assistance. Dr. Kelley then explained the Integrated Care Plan Program, noting that care plans are currently sitting at the MCO level. The Department envisions these care plans being integrated into the HIOs, allowing broader access to that information on a need-to-know basis.

Dr. Kelley stated there is also a focus on inpatient utilization, reducing inpatient stays, readmissions and ED visits. The ADT notifications and continuity of care notifications are vital in helping to improve readmission rates. Behavioral health plans are encouraged to join an HIO so they can receive timely ADT notifications and act to improve upon measures, such as follow up within 7 days from a mental health or

substance abuse admission. Dr. Kelley stated there is a focus on getting behavioral health managed care organizations (MCOs) to join HIOs, but it is contractually required for the physical health MCOs.

Dr. Kelley then discussed the Community Health Choices. These plans are required to join an HIO, and to focus on follow-up from hospital care, to care received when the patient returns home or goes back to a nursing home. The ADT information is vital to the success of this follow-up. Additionally, when a care plan is complete, they are required to notify the primary care physician within a set number of days. Dr. Kelley expressed the need to continue to integrate into health information technology to satisfy these measures. There have been complaints that Community Health Choices plans are not aware when fee for service patients leave the hospital. As a result, they are not able to fulfill the requirement of seeing the patient at their home or nursing home within seven days after a hospital stay. There is a measure which requires them to come out and assess patients after hospital visits. Timely ADT information should alleviate some of these complaints. Adding to the complexity of this is the Dual Eligible Special Needs Plans (D-SNPs) which also require the sharing of information. The program also wants to see nursing facilities and community providers linked to health information exchange.

Dr. Kelley highlighted additional projects, including a 30-million-dollar incentive for hospitals which focused on ED hand offs related to opioid use disorder. We had 120 hospitals participate and establish hand off protocols for persons coming into the ED with opioid use disorder. One of the requirements was to submit ADT documents to DHS, and this drove up the use of P3N ADT messages and proved their value. There is also a focus on electronic quality control measures, and Dr Kelley noted that three HIOs underwent the eCQM certification process, allowing them to provide data to MCOs and providers. Contractually, in 2020, MA plans will be required to start NCQA electronic data system reporting, with an emphasis on breast cancer screening, prenatal care, and depression screening. In addition, beginning in 2024, there are certain measures that will be required to be reported publicly. Dr. Kelley stated they are currently pushing e-extraction to promote more meaningful and timely reporting. He noted that the OB Needs Assessment form has the potential to become part of the health information exchange via the P3N Care Plan Registry. He then noted the desire to increase participation in the health information exchange with the Patient Centered Medical Homes (PCMHs). Dr. Kelley was asked if PCMHs are onboarded to HIOs. He replied that many are, and many others are part of health systems that have been onboarded to HIOs. The concern is that the language has been loose over the last two years, but that is going to be tightened up so that these providers can and will share information. Dr. Kelley was then asked about quantifying measures on the cost or quality side. He replied that, internally, there are metrics, but we have not quantified it, so this may be a future endeavor.

Health Information Exchange Trust Community Committee (HIETCC) Updates

The goal of Mr. Michael Martz's presentation was to illustrate the work the HIETCC has done as a group over the past quarter. He cautioned that he might add more personal commentary that is not representative of other certified HIOs. He thanked Ms. Chaundy, the Chair of the HIETCC, for providing focus to the group and putting an emphasis on the quality of data that is shared. The HIOs are focused on improving the clinical data they are sharing by completing a survey of what types of data all member organizations are currently contributing. The HIOs have never had an inventory of what member organizations are providing, so this will help provide a better understanding of what data the HIOs have. They want to use this survey so everyone knows what they can and cannot get, but they also want to set higher baselines to get all MOs to contribute a base level of clinical data, making the exchange more useful.

Mr. Martz explained that, as an industry, there is a large gap in how data is consumed. We are good at pumping data out clinical care documents (CCDs) but we do a poor job consuming data from CCDs. He explained that these CCD documents are often over 20 pages, which requires the provider to sift

through pages to find the data they need. To some providers, these CCDs seem useless. The EHR systems can extract data elements out of the CCD and put them in the EHR. However, most EHRs are not good at extracting discrete data elements out of CCDs. It has been a hard-learned lesson that physicians do not have the time to look at a second or third system in order to look at data. Mr. Martz highlighted some of things the HIOs are trying to improve upon as a group. For example, when they exchange data currently, they exchange lab data, and for the most part it does not get seen by the receiver due to the extraction. To remedy such concerns, the HIOs are thinking about sending discrete data. These are tough problems and there is a diverse opinion on how to take them on. Mr. Martz was asked if these are national issues. He replied that they are national issues as meaningful use rules require the data to be sent out, but the requirement to consume the data is not set. Dr. Brian Hannah confirmed some of the struggles Mr. Martz spoke about, highlighting how physicians do not know what a CCD is, and do not trust that the data is updated. As a result, tests are being repeated, since the data is not documented in a real time way. Mr. Martz reiterated that we need deep integration in the electronic health record and reliability of data.

Mr. Martz spoke about the connections outside of PA and the flow of patients outside of PA. He believes we must have national connections, noting that there are various options and none of them are perfect at this point. Most providers cannot afford connecting to multiple paths to get where they need to go. He explained that connections through Sequoia vary between states. Mr. Simon asked if there is a common opinion of the national exchange within the HIETCC community. Mr. Martz said that they do not have a unified front at this point but continue to discuss the possibilities.

Mr. Martz then highlighted the Certification Package Review and how the HIOs are setting standards to hold the group accountable. He provided an example of the downtime policy and how they alert the State and other HIOs of downtime occurrences. He also touched on the concept of patient matching and how we identify patients. If we wrongly identify patients, we can cause harm to them, or not honor their wishes regarding end-of-life care. Dr. Hanna did caution about the model of simply pushing data into the EHR without the physician knowing about it, because that information should be available up front. Otherwise, someone could question why that physician took a certain course of action, when something else was in the file CCD that the doctor was unaware of.

Mr. Simon asked the HIOs about the self-pay issue and if it was worked out at the HIETCC meeting in October. Mr. Martz provided background to the Board, stating that it is part of the federal rules that if a patient pays out-of-pocket for a lab test, that patient can state that they do not want it shared with an insurance company. Mr. Martz said the HIOs have had a challenge with how to deal with that because EHR systems do not have switches to include certain data and exclude other data. Some HIOs have taken the position that if something is classified as self-pay, they will not send the data to clinicians or insurance companies. This presents problems, for example, with patients in the Amish Community. Mr. Martz stated that, using this logic, we will never send this data to clinical providers, even though the Amish Community may want it to be sent. The HIO community is worried that, by sharing self-pay data, they may share restricted self-pay data which can open legal issues. Dr. Hannah asked about self-pay for those who are uninsured, but do not indicate they do not want the data shared. He added that physicians typically want to see data for uninsured patients, as those individuals tend to go to multiple facilities and are happy to be admitted to a hospital.

Mr. Ciccocioppo circled the discussion back to Mr. Simon's question of whether the HIO Community had resolved the self-pay issue. At the HIETCC's October meeting the Community agreed to add language to Policy 5, making it the HIO's responsibility to not release restricted self-pay information. Several HIOs (by policy) have their member organizations not send data in instances where a patient invokes their right to not have self-pay encounters shared with a payer. Mr. Ciccocioppo stated that, on the other

hand, HSX flags all self-pay encounters and within HSX they make data available to clinical members, but for all payer members they do not send any self-pay data, whether restricted or not. He further highlighted the issue's complexity, noting that each member organization has a different way of identifying self-pay. Ms. Pamela Clarke observed that this is a difficult tissue to come to terms with, due to varied policies and the lack of technological advancement, and she applauded the HIETCC for coming up with a solution. She also stated that, while it is quite rare for a consumer to invoke the right to not have self-pay data sent to the payer it is a still their federally protected right to do so.

Brainstorming for FFY 2021 Implementation Advance Planning Document (IAPD) Projects

Mr. Ciccocioppo stated that the HITECH Act allows us, through Medicaid, to access federal dollars to support health information projects and that the 2020 projects have been approved. He also stated that the last year of HITECH funding is FFY2021. We want to discuss how we might best maximize the use of 2021 HITECH dollars. We have a great deal of latitude in prioritizing and we welcome the Board's input for prioritizing projects for 2021. Ms. Dana Kaplan reminded the Board that these projects are 90 percent federally funded and must be related to the Medicaid population. In addition, the projects should benefit the broader community provider base, and not just one group. Ms. Kaplan illustrated what we currently have as current and suggested projects, in order to give the Board and guests a baseline for reference.

Ms. Alix Goss suggested a project idea for security infrastructure cost allocation. Mr. Don Reed noted that dollars to obtain HI Trust Certification could help improve capabilities for security and privacy. Ms. Kaplan said this was a great idea and that we will research it further.

PA eHealth Partnership Program Draft Annual Report

Mr. Ciccocioppo explained that as part Act 76 of 2016, the Pennsylvania eHealth Partnership Program is required to submit an Annual Report to the Governor and General Assembly. Ms. Megan Ebert presented the basic outline of this Annual Report draft. She explained that the Summary of Work and Accomplishments section was broken down based upon the eight strategies within the PA eHealth Strategic Plan. She then highlighted accomplishments within these eight strategies. Ms. Ebert explained that the next part of the Report, the Summary of Receipts and Expenditures will be completed by Ms. Stermer. The next section of the Report contained contracts provided to the HIO organization. The Advisory Board determined there were a few corrections needed for the list of contracts. The last part of the Annual Report notes any security breaches that may have occurred within the review year. Mr. Ciccocioppo stated that there were no reported breaches for the year ending June 30, 2019 and concluded by stating PA eHealth is happy to entertain any suggestions regarding the Annual Report.

P3N Fee Model and Schedule Review

Mr. Ciccocioppo explained to the Advisory Board that one source of revenue for the PA eHealth Program is our certified HIOs. The certified HIOs pay annual fees, generating about 630,000 dollars annually. The fees are based on the size of the HIO and the size of the HIO is based on a point model. Mr. Ciccocioppo illustrated the current point model. He also explained the alternate point schedule for an HIO that does not have hospital or payer members, noting that we have never had to use the alternate point schedule. He wanted to make the Advisory Board aware of the fee schedule, as it was frozen for this fiscal year and the following fiscal year. He stated that we agreed to provide a year's notice to the HIOs if there is a change in the fee schedule. By June 2020, DHS need to decide what the fee schedule should be and communicate these changes to the HIOs, so we are going to be looking for direction on this from the Advisory Board. Mr. Ciccocioppo also emphasized that the Board can provide advice, but the final decision regarding the fee schedule will ultimately fall to DHS Secretary Teresa Miller.

Public Comment

No public comment was offered.

Adjournment

The meeting was adjourned by Chair Simon at 2:04 p.m.

Next PA eHealth Partnership Advisory Board Meeting

Friday, February. 14, 2020, 10:00 a.m. to 2:00 p.m. in H &W Building, 625 Forster Street, Harrisburg, Room 327

Approved: February 14, 2020