



IMPROVING YOUR CARE THROUGH THE EXCHANGE OF HEALTH INFORMATION

*Pennsylvania eHealth Partnership Advisory Board  
Meeting Minutes  
August 9, 2019*

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**PA eHealth Partnership Program Advisory Board Meeting Date and Location**

Meeting Date: Friday, August 9, 2019  
Meeting Time: 10:00 A.M. to 2 P.M.  
Meeting Location: Keystone Building Desert Room  
400 North Street, Harrisburg, PA 17120

**Roll Call**

**Advisory Board Members**

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

**Department of Human Services**

Kathleen Beani, Human Services Program Specialist, PA eHealth  
Terri Lynn Brown, Administrative Officer, PA eHealth  
Martin Ciccocioppo, Director, 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

**Health and Human Services Delivery Center**

Allen Price, Project Manager, Bureau of Information Systems  
Kay Shaffer, Business Relationship Manager, Bureau of Information Systems

**Guests in Attendance**

Kim Chaundy, Keystone Health Information Exchange  
Alix Goss, Vice President and Senior Consultant, Imprado  
Andrew Harvan, PA Medical Society  
Donald Reed, COO, HealthShare Exchange

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Geoffrey Roche, Executive Director, Strategic Healthcare Initiatives, Harrisburg University  
Phyllis Szymanski, Director, ClinicalConnect HIE  
Pamela Zemaitis, Health Tech Solutions

### Welcome and Introductions

Chair 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. He then asked all present to briefly introduce themselves.

### Review of May 3, 2019 Meeting Minutes

The members voted to approve the minutes of the May 3, 2019 meeting as distributed.

### PA eHealth Partnership Program Updates

Mr. Martin Ciccocioppo said DHS has leveraged managed care contracts, value-based payment programs, and federal HITECH funding to substantially increase provider and payer participation in health information exchange in Pennsylvania.

This year, we have onboarded a new HIO, Central PA Connect (CPC) HIE and are actively working to onboard the PA Department of Corrections (DOC) electronic health record system to the P3N. All five HIOs have acute care hospital emergency departments (91 active and 9 onboarding) contributing Admission Discharge Transfer records (ADTs) to the P3N statewide Encounter Notification Service (ENS). We now have production connections to four public health registries through our HIOs, including retrieving immunization histories. We, also, added syndromic surveillance and PDMP registries this year.

As noted below, Mr. Ciccocioppo then brief summarized FFY 2019 HITECH-Funded Projects and their current status:

- 1. HIE Onboarding Grants** – To support HIOs to connect a variety of health care providers to the HIO's networks, and in turn to the P3N - \$3.5 million awarded
- 2. PHG Onboarding Grants** – To support efforts of HIOs to connect their Member Organizations to the Public Health Gateway (PHG) This allows a single point of connection from a provider, via an HIO, to a variety of public health reporting systems - \$300,000 awarded
- 3. Radiology Image Sharing** – This project will enable an HIO to electronically share existing radiology and mammography images across a network of care team members. It will reduce unnecessary radiology exposure to patients and is more cost-effective and value-based. KeyHIE will be the HIO to implement this initiative. The agreement is fully executed and work on this project is progressing.
- 4. Advance Care Planning Documents Registry** – The primary goal is to customize and extend the P3N to provide a statewide, centralized ACPD registry available to all health care providers in PA (for Medicaid patient, initially). This will establish an ACPD registry in cooperation with our HIO partners; develop an operations and support plan; determine usage metrics and steps to increase utilization; and develop an education and outreach plan. This registry is currently in HIO testing and is expected to move into production in September 2019.
- 5. HIO Integration for PA Department of Corrections (DOC)** – The goal is to enable health information exchange for the DOC by connecting their electronic health records systems to the P3N. To reach this goal, DHS will create a customized interface between DOC and the P3N. The interfaces will support submission of data to - as well as query of - the state's health registries and certified HIOs. Onboarding to the P3N should be complete in September 2019.
- 6. PHG Utilization** – This project supports advancement of the PHG and is primarily DOH staff expenses. We have seen significant traffic increase in 2019.

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7. **Case Reporting** – This project will expand electronic case reporting (e CR) capabilities by building a service to allow enhanced HIE integration that is not dependent on the Digital Bridge. This service will enable reporting of additional types of cases and meet the MU requirements. Work is continuing.
8. **Immunization Registry Interoperability** – The goal of this project is to provide a secure means for DOH to automatically evaluate test submissions to the PA-SIIS for proper content and structure. This funding will support the addition of three contract staff. This initiative supports the MU Stage 3 Public Health Objective. The registry was unable to implement this project in FFY2019
9. **Education and Outreach** – This project will utilize an outside vendor to offer training, technical assistance and outreach to small and mid-size provider groups and eligible professionals in PA to continue the groups' participation in the incentive program. More than 25 providers have returned to the Promoting Interoperability Program (PIP).
10. **Allegheny County Population Health** – The Allegheny Health Department (ACHD), in collaboration with Western PA's two largest health systems, will implement a software tool and network infrastructure to conduct population health analysis of E.H.R. data aggregated from the participating systems. Specifically, the ACHD will use software to perform analysis of the geographical distribution of diabetes and hypertension, focusing on disease progression, treatment and control. The IGA is fully executed; work is progressing.

### Central PA Connect HIE (CPCHIE) Early Experience - Newest Certified HIO

Dr. Michael Sheinberg recounted CPC's early experience as a newly certified HIO. He presented a timeline, noting that CPC HIE first went live on May 14, 2019 for CCD Query/Retrieve with the P3N, and on May 28, 2019, CPC went live with the ED Encounter Notification Service (ENS). In August 2019, they expect to connect to the Immunization Registry via the Public Health Gateway (PHG). In September 2019, CPC expects to connect to the PDMP via the PHG and they will become the first HIO to accomplish this.

Dr. Sheinberg reported that CPC launched more than 264,000 P3N queries through July 31, 2019 and retrieved nearly 170,000 documents from the P3N HIOs through the end of July. He cited two main factors contributing to large usage:

1. Auto Query Enabled: The system automatically sends queries for all patients who are scheduled for services, so the document list is available during that patient's actual visit. This avoids the 'delay' with the query/retrieve process.
2. Embedding the Data into the Provider's Workflow: Information is available in provider electronic health record (EHR) with no need to log into an external portal. The document list is stored in the system, along with all other clinical information.

Dr. Sheinberg presented several examples of the embedded workflow to demonstrate how it would appear on a screen. After the presentation, Dr. Sheinberg answered Board members' questions about CPC's experience. At the request of Chair David Simon, Dr. Sheinberg agreed that CPCHIE can give an updated presentation at a future Advisory Board meeting.

### Department of Human Services Priorities

Secretary Teresa Miller, Secretary, Dept of Human Services began by giving the Advisory Board members a brief background of her work with the Commonwealth. She is an attorney and joined the Wolf administration in 2015, focused on increasing access to healthcare for people in Pennsylvania through Medicaid expansion. She then noted that people need access to other services that affect their lives, such as food and housing. DHS is now laser-focused on Social Determinants of Health (SDOH), as we want to do a better job of helping Pennsylvanians lead healthier and happier lives. Secretary Miller

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spoke about members of her team who are currently leading four main DHS initiatives to address SDOH in Pennsylvania. Ms. Tara Williams heads the Workforce Development team. Ms. Caitlin Palmer leads the Parent Pathways initiative and is also focused on the issue of food insecurity. Ms. Nora Carreras is leading the Resource and Referral Tool development team. Once this tool is implemented, it will make applying for many types of benefits a much easier and seamless process for Pennsylvanians in need. Dr. Doug Jacobs is focused on DHS's goals for value-based payment, to ensure that initiatives and programs are reviewed and judged based on their promising results and successful outcomes.

Next, Secretary Miller described her recent statewide tour of Managed Care Organizations (MCOs), during which she asked those in the field what programs they use to connect with the SDOH needs of their patients. One such program is MANNA, which began in Philadelphia and has expanded to other PA counties. This program verifies that when patients are discharged from a hospital, they are also given a supply of food to ensure that their recuperation and recovery is successful. Another MCO noted that some repeat visitors to their ER were either homeless or did not have a stable/permanent place to live. This MCO now works with a housing coordinator to help obtain permanent housing for those patients. This has helped improve their health outcomes and reduced their ER visits over time.

Secretary Miller emphasized that we all need to work to help those in need, in our county, state, school district, or MCO. DHS's ultimate challenge is to encourage all these entities to share information for the benefit of Pennsylvanians.

Secretary Miller described a listening tour she went on in order to connect with TANF (Temporary Aid to Needy Families) recipients participating in the Employment and Training Program (ETP). Initially, she believed the ETP needed a few improvements. Many clients were grateful for the Cash Assistance, SNAP (food stamps) and Medicaid benefits they receive through those programs. But they told Secretary Miller far too many stories of being forced into training programs that were not appropriate for their level of education and/or experience. Other TANF recipients were told they were limited to certain ETP programs, when that was not the case. Once the tour was completed, Secretary Miller concluded that DHS's ETP program needed to be overhauled. It is currently in the process of being completely redesigned to better address and meet the needs and abilities of today's TANF families.

Secretary Miller also discussed various Parent Pathways programs, which focus on single parents and their children. One such program, Misericordia, helps support 12 families while the parent or head of household attends college classes. She noted that even small, successful programs like these can be replicated across the state to help families develop the skills they need to eventually become self-sufficient. In addition to federal and state funding, philanthropic donors and foundations are willing to contribute to these DHS endeavors.

Secretary Miller noted that in the future, MCOs will have to move away from Fee-For-Service (FFS) and move forward into Value based Payments (VBP). DHS is currently focused on ways to make that a reality. She also noted that providers do want to help with SDOH, but they want to be paid for those efforts. Another DHS emphasis is increasing the coordination and communication between Physical Health and Behavioral Health. Secretary Miller stressed that the Office of Medical Assistance Programs (OMAP) and the Office of Mental Health and Substance Abuse Services (OMHSAS) need to work more closely together than they currently do. They each have their respective focus, but they share the common goal of promoting the health and well-being of all Pennsylvanians.

Chair David Simon thanked Secretary Miller and remarked that many of the initiatives she presented to the Advisory Board would not only help a great number of Pennsylvanians in need, but would also, in the long run, save the State a great deal of money as a result of DHS's focus on SDOH.

Secretary Miller then held a roundtable discussion with the Board on various topics of their choice:

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- Mr. Joseph Fisne asked if the Manna program was available state-wide, and Secretary Miller said it is, but some counties have not yet implemented it.
- Mr. Scott Frank works with those dealing with the Opioid Crisis, and they have a program that enables patients to use an I-Pad to have face-time visits with their doctors. Mr. Frank also asked Secretary Miller how he and his colleagues can help promote SDOH in PA. Secretary Miller noted that DHS is about one year away from implementing the Resource and Referral Tool, which will make it easier for MCOs and other entities to share data to help more Pennsylvanians lead healthier lives.
- Dr. Sheinberg noted that the DHS goals and initiatives which Secretary Miller presented today are not impossible to achieve, noting her energetic leadership and willingness to hear from all sources to promote SDOH in Pennsylvania.
- Ms. Pamela Clark noted that HSX not only provides ADT alerts, but using the MANNA program, they also provide dietary evaluation data to providers.
- Dr. Brian Hannah noted an ADT pilot in which they were able to match up 70 (elderly) households to receive PACE (help with medication expenses) and SNAP (food stamps). This pilot program enabled these households to receive a total of \$250,000 worth of benefits.
- Ms. Pamela Clark asked if Board members could possibly serve as Subject Matter Experts (SMEs) for the Resource and Referral (R&R) Tool noted by Secretary Miller, and the Secretary suggested anyone interested should leave their contact information/card with her at the end of the roundtable discussion.
- Mr. Paul McGuire noted issues regarding value-based care for rural populations, and Secretary Miller agreed that more needs to be done in this area.
- Dr. Brian Hannah commented to the Secretary that medical records should be more patient-oriented. He said that not all doctors complete and document complete social histories for their patients. We need to get other's involved in capturing information about positive screens for social determinants of Health (SDOH).
- On the topic of value-based care, Dr. Timothy Heilman noted that we need to make sure that reporting of data is truly seamless. He also observed that you can get penalized for not doing reporting, but you also do not have a lot of money to do that reporting. Secretary Miller said that we want to leverage health information exchange to ease the reporting burden for providers.
- Ms. Julie Korick noted that Cindi Christ, COOPACHC, is on one of the subcommittees for the Resource and Referral Tool initiative. She told Secretary Miller that smaller Health Centers are not being properly trained for transition into VBP. Secretary Miller asked Ms. Korick to have those centers reach out to the Secretary's office directly, so that DHS can help them.
- Ms. Jennifer Haggerty appreciated the Secretary's willingness to connect with different groups throughout Pennsylvania, and to engage with the Board at this meeting today.

Chair Simon thanked the Secretary for her presentation and the discussion afterward with Board members. The Secretary departed the Board meeting, and there was a short break for lunch.

### Health Information Exchange Trust Community Committee (HIETCC) Updates

To increase coordination and communication between the HIETCC and Advisory Board, it was agreed that an HIO representative could act as a liaison between the two, and this role would be rotated among the HIOs for each Advisory Board meeting. Ms. Phyllis Szymanski, acting in that capacity for this meeting, gave a presentation on HIOs and updated the Advisory Board on what has been happening in the Trust Community. In advance of this meeting, the Board was provided with copies of approved HIETCC meeting minutes for April, May and June 2019, as well as the meeting agenda for the July 2019 HIETCC meeting.

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Ms. Szymanski briefly discussed the following HIETCC issues:

- Prescription Drug Monitoring Program (PDMP)
- Onboarding of Central PA Connect HIE and the PA Department of Corrections
- New FFY2020 IAPD Grant Projects (i.e., Sharing of Care Plans and Health Plan Onboarding)
- Payer Member Access to P3N
- National Exchange Connectivity
- Super Protected Data (SPD) Filtering and Code Set-workgroup meetings

### Highlights of Proposed FFY 2020 Internal Advance Planning Document (IAPD)

Ms. Dana Kaplan described the following ten Project Proposals for FFY 2020:

1. **HIO Onboarding Grants** - To help connect healthcare providers to the HIO and P3N
2. **PHG Grants** - For HIOs to connect member organizations to the PHG
3. **PHG Utilization** – To support PHG advancement, primarily for DOH staff expenses
4. **Case Reporting** – Specific objective TBD
5. **Education and Outreach** – Training, technical assistance and outreach to small- and mid-sized provider groups for the Promoting Interoperability Program (PIP)
6. **Immunization Registry Interoperability** – Specific objective TBD
7. **Radiology Image Sharing** – Phase II: Enable sharing of radiology and mammogram images with care team members
8. **Allegheny County Population health** – Phase II: Implement software and infrastructure to enable analysis of the geographical distribution of diabetes and hypertension
9. **Care Plans** – Enable sharing of Medicaid beneficiary care plans among MA providers statewide
10. **Health Plan Onboarding** – Grants to HIOs to enable interoperability with Medicaid Managed Care Organization (MCO) members

### PA eHealth Partnership Program Strategic Plan Mid-Plan Review

Ms. Kay Shaffer and Mr. Ciccocioppo led the Advisory Board through a PA eHealth Partnership Program Strategic Plan Mid-Plan Review. Due to technical difficulties, remote participants were unable to participate in a substantial portion of the review exercise.

In mid-2016 the Pennsylvania eHealth Partnership Authority was merged into the Pennsylvania Department of Human Services and in 2017 DHS and PA eHealth worked with internal and external stakeholders to update the strategic plan of the 2014 Authority strategic plan. The exercise resulted in a re-affirmation of the vision, mission, and goals of the Authority as those of DHS for PA eHealth. A new **Pennsylvania eHealth Partnership Strategic Plan: January 1, 2018 – June 30, 2021** was approved by DHS in September 2017. The new plan identified eight strategies to be pursued to achieve the PA eHealth vision, mission, and objectives. Ms. Shaffer and Mr. Ciccocioppo reviewed the following eight strategies with the Advisory Board, noting achievements to date and current efforts for each strategy.

#### 1. **Improve upon our existing services by leveraging other state services and resources**

**Achievements:** We will onboard the PA Department of Corrections (DOC) by September 2019. In 2018 DHS contracted PH MCOs to join an HIO and in 2019 required MA PCMH to join an HIO. We have connections to 3 DOH registries and 1 DHS registry through the PGH. In July 2019, we participated in a visioning session with DHS Executive Staff, Deputy Secretaries and clinical leadership on how HIE can make their program areas more effective.

**Current efforts:** Currently, we are working on these efforts: Onboarding 3 HIOs to the PDMP through PGH; working with IBM to develop a robust Provider Directory using data from DHS, Aging, DDAP, CMS and the Department of State.

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### 2. Expand the coverage area of providers exchanging data

**Achievements:** In FFY 2018 we awarded \$8 million in grants and in FFY2019 we awarded \$3.5 million. HIO hospital participation rate has increased, from 40% in 2017 to 66.5% in 2019. Our five HIOs have 1,256 hospitals and practices participating in the P3N. We maintain a public-facing website within DHS that provides information to patients, providers and HIOs regarding Health Information Exchange in the Commonwealth.

**Current efforts:** We are working on these efforts: IAPD for FFY2020 includes up to \$7.5 million in HIO onboarding grants, and up to \$500,000 in PA health plan onboarding grants.

### 3. Increase bi-directional access to public health registries

**Achievements:** We now process more than 36,600 PA-SIIS messages per week through the PHG and we provide HITECH funding to PA-SIIS to increase onboarding capacity. We provide detailed information to HIOs for all six registries available through the PHG, and we have standardized the onboarding process with HIOs and have started discussions with EHR vendors to improve it.

**Current efforts:** We are working on these efforts: Onboarding 3 HIOs to PDMP, so that member providers/organizations will be able to obtain a patient's full history of filled prescriptions; requesting additional HITECH funding to expand PA-SIIS onboarding capacity

### 4. Provide improved analytics to better support performance measurement and quality reporting

**Achievements:** We have focused on the area of improving MPI matching rates by achieving increased compliance with patient demographic information reporting. We have weekly and monthly reports to track the accuracy of patient data. Our patient linking/matching rate across the HIOs increased from 15.44% in December 2017, to 21.56% in June 2019.

**Current efforts:** Three P3N HIOs are pursuing strategies to use their clinical data repositories for payer members' clinical quality analytics, in order to replace or supplement paper chart reviews.

### 5. Enhance the types of patient data exchanged

**Achievements:** All 5 HIOs have acute care emergency departments (91 active and 8 onboarding) contributing ADT records to the P3N statewide encounter notification service. In 2019, we added PDMP and Syndromic Surveillance registries to the PHG.

**Current efforts:** Recruiting providers to submit inpatient and ambulatory ADTs to the P3N; working with IBM to host a statewide Advance Directives Registry by September 30, 2019, and a statewide Care Plan Registry in Q1 2020; working with HIOs to expand document types that are returned in response to queries; funding to support MA mammography image sharing project in one HIO, so that other HIOs will be able to learn from this pioneering effort

### 6. Update the certification program to better serve all current and new participants

**Achievements:** The P3N HIETCC participated in a review and update of the HIO certification package in 2018, and a new security policy was added to that package. DHS and all 5 HIOs have fully executed Version 4.0 of the P3N Participation Agreement (PAR) which binds all parties to a set of standards and data uses for statewide health information exchange.

**Current efforts:** The HIETCC has undertaken an annual review of the P3N HIO Certification Package in 2019. Revisions will include better alignment of insurance requirements with current industry practice, adding new P3N services and a new downtime notification policy.

### 7. Offer expanded system access to patients and providers

**Achievements:** P3N worked with IBM to enable FFS Nurse Case Manager access to the P3N provider portal to enable more effective and timely care plan development and coordination

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MA FFS use of the P3N portal is delayed due to special ARRA protected self-pay encounter data handling required for allowing payer access to the P3N.

**Current efforts:** P3N HIETCC is focused on resolving special ARRA protected self-pay encounter data obstacles; a public-facing version of the P3N provider directory will be available once the directory is complete and providing patient access to their own data through the P3N will be considered in the P3N re-procurement.

### 8. Expand exchange capabilities to include external state and federal partners

**Achievements:** Four P3N HIOs have onboarded to the National eHealth Exchange directly PA eHealth worked with IBM to technically enable National eHealth Exchange connectivity to the remaining/fifth HIO. PA eHealth secured concessions from Sequoia on their application and technical requirements to conform to DHS 's Legal requirements. PA eHealth worked with DHS Procurement to navigate the sole-source procurement process.

**Current efforts:** An updated Sequoia application is in the DHS review process. Once the application is approved and submitted to Sequoia, PA eHealth will enter into a Data Use and Reciprocal Support Agreement (DURSA) flow-through agreement with one P3N HIO.

At the conclusion of the mid-plan review, the Advisory Board members re-affirmed the eight strategies and the Pennsylvania eHealth Partnership's current efforts in support of the strategies. The Advisory Board members also re-affirmed their commitment to assisting PA eHealth/DHS in their advisory capacity.

The Advisory Board members expressed appreciation for Secretary Miller's participation, noting it was the highlight of today's Advisory Board meeting.

**Public Comment** – None were offered.

### Adjournment

As Chair Simon had to depart the meeting earlier, Vice-Chair Paul McGuire adjourned the meeting at 1:53 p.m.

### Next PA eHealth Partnership Advisory Board Meeting

Friday, Nov.1, 2019, 10:00 a.m. – 2:00 p.m. in H & W Building, 625 Forster Street, Harrisburg, Rm. 129

Minutes Approved: November 1, 2019