

Pennsylvania eHealth Partnership Advisory Board Meeting

May 3, 2019



**PA PATIENT &
PROVIDER NETWORK**
PRIVATE & PROTECTED



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Agenda

- 10 a.m. Welcome and Introductions
- 10:10 Minutes of February 22, 2019 Meeting
- 10:15 Advisory Board Bylaws and Vice-Chair Election
- 10:25 eHealth Partnership Program
- 10:45 HIE Trust Community Cmte. Leadership Discussion
- 11:25 Highlights of Proposed FFY2020 Projects
- 11:45 DHS Comments on CMS/ONC NPRMs
- Noon Brief Lunch Break
- 12:20 P3N Health Information Exchange Procurement
- 1:15 Statewide Resource and Referral Tool
- 1:50 Public Comment
- 2 p.m. Adjournment



Welcome and Introductions

David F. Simon, JD

Consumer Representative

and

PA eHealth Advisory Board Chair

PA eHealth Advisory Board

Ms. ALISON BEAM, Chief of Staff
Pennsylvania Insurance Department (Insurance Commissioner Designee)

Ms. SARAH BOATENG, Chief of Staff
Pennsylvania Department of Health (Secretary of Health Designee)

Mr. MARTIN CICCOCIOPPO, Director, PA eHealth Partnership Program
Pennsylvania Department of Human Services (Secretary of DHS Designee)

Ms. PAMELA E. CLARKE, Senior Director, Member Services, Privacy and Policy
HealthShare Exchange (House Appointed HIO Representative)

Mr. JOSEPH FISNE, Associate Chief Information Officer
Geisinger Health System (Senate Appointed HIO Representative)

Mr. SCOTT FRANK, Chief Information Officer
Capital Blue Cross (Insurer Representative)

Ms. JENNIFER B. HAGGERTY, Chief Operating Officer
Pennsylvania Homecare Association (Home Care or Hospice Representative)

PA eHealth Advisory Board continued

Dr. BRIAN HANNAH, Vice President, Chief Medical Information Officer
Mercy Health (Hospital Representative)

Dr. TIMOTHY HEILMANN, Chief Medical Information Officer
UPMC Susquehanna (Physician or Nurse Representative)

Ms. JULIE KORICK, Director of Finance & Business Development
Pennsylvania Association of Community Health Centers (Underserved Representative)

Ms. MINTA LIVENGOOD, Vice Chair
Consumer Subcommittee of the MAAC (Consumer Representative)

Mr. PAUL MCGUIRE, Long Term Care Consultant
(Post-Acute Care Facility Representative)

Dr. MICHAEL A. SHEINBERG, Chief Medical Information Officer
Penn Medicine Lancaster General Health (House Appointed HIO Representative)

Mr. DAVID F. SIMON (Chair), Chief Legal Affairs Officer
Philadelphia College of Osteopathic Medicine (Consumer Representative)

PA eHealth Advisory Board Bylaws

- During the February 22, 2019 meeting, the Advisory Board reviewed draft PA eHealth Partnership Advisory Board Bylaws and agreed to the proposed mission statement and duties contained in the draft bylaws.
- Several minor editorial changes were agreed upon and have been incorporated into the February 22, 2019 version of the Draft Bylaws distributed with the May 3, 2019 Advisory Board Meeting agenda.
- Advisory Board approval of the February 22, 2019 draft bylaws is requested.

PA eHealth Advisory Board Vice Chair

- During the February 22, 2019 meeting, the Advisory Board followed Article III Section 4 of the draft PA eHealth Partnership Advisory Board Bylaws to begin the process of electing a vice chairperson.
- Advisory Board Member Paul McGuire was the sole nominee for vice chairperson.
- Since the Bylaws had not been approved, Paul McGuire was named acting vice chairperson.
- Advisory Board approval of Paul McGuire to serve as vice chairperson is requested.

Pennsylvania eHealth Program Updates

Martin Ciccocioppo, MBA MHA

Director

Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

Pennsylvania eHealth Program Updates

- HIO Onboarding Grants for FFY2019 have been awarded (\$3.5 mil.)
- Public Health Gateway Onboarding Grants for FFY2019 are being awarded
- Allegheny County Health Department Population Health Intergovernmental Agreement
- KeyHIE Image Sharing Grant Fully Executed
- Central Pennsylvania Connect HIE certification by mid-May, 2019
- Department of Corrections test connection to the P3N established
- CCHIE and CPCHIE Onboarding to ADT Service is on track for 6/30/19
- HealthShare Exchange working to re-establish connectivity to the P3N
- Trusted Exchange Framework and Common Agreement Draft 2 released for 60-day public comment on April 19, 2019 (Comments due June 17, 2019)

21st Century Cures Act - Section 4003(b)

“[T]he National Coordinator shall convene appropriate public and private stakeholders to develop or support a trusted exchange framework for trust policies and practices and for a common agreement for exchange between health information networks. The common agreement may include—

- “(I) a common method for authenticating trusted health information network participants;
- “(II) a common set of rules for trusted exchange;
- “(III) organizational and operational policies to enable the exchange of health information among networks, including minimum conditions for such exchange to occur; and
- “(IV) a process for filing and adjudicating noncompliance with the terms of the common agreement.”

“[T]he National Coordinator shall publish on its public Internet website, and in the Federal register, the trusted exchange framework and common agreement developed or supported under paragraph B...”

TEFCA Goals



GOAL 1

Provide a single
“on-ramp” to
nationwide
connectivity



GOAL 2

Electronic Health
Information (EHI)
securely follows
you when and
where it is needed



GOAL 3

Support
nationwide
scalability



Trusted Exchange Framework Principles

Principle 1 – Standardization: Adhere to industry and federally recognized standards, policies, best practices, and procedures.

Principle 2 – Transparency: Conduct all exchange and operations openly and transparently.

Principle 3 – Cooperation and Non-Discrimination: Collaborate with stakeholders across the continuum of care to exchange EHI, even when a stakeholder may be a business competitor.

Principle 4 – Privacy, Security, and Safety: Exchange EHI securely and in a manner that promotes patient safety, ensures data integrity, and adheres to privacy policies.

Principle 5 – Access: Ensure that individuals and their authorized caregivers have easy access to their EHI.

Principle 6 – Population-Level Data: Exchange multiple records for a cohort of individuals at one time in accordance with applicable law to enable identification and trending of data to lower the cost of care and improve the health of the population.

Common Agreement

The Common Agreement will provide the governance necessary to scale a functioning system of connected HINs that will grow over time to meet the demands of patients, clinicians, and payers.

Minimum Required Terms & Conditions (MRTCs): ONC will develop mandatory minimum required terms and conditions that Qualified Health Information Networks (QHINs) who agree to the Common Agreement would abide by.“(II) a common set of rules for trusted exchange;

Additional Required Terms & Conditions (ARTCs): In addition to the MRTCs, the Common Agreement will include additional required terms and conditions that are necessary for the day-to-day operation of an effective data sharing agreement. The Recognized Coordinating Entity (RCE) will develop the ARTCs and ONC will have final approval.

QHIN Technical Framework (QTF): Signatories to the Common Agreement must abide by the QHIN Technical Framework, which specifies functional and technical requirements for exchange among QHINS. The RCE will work with ONC and stakeholders to modify and update the QTF.

QHIN Technical Framework

The QHIN Technical Framework (QTF) describes the technical and functional requirements for EHI exchange among QHINs.

Functions included: Certificate Policy, Secure Channel, Mutual QHIN Server Authentication, User Authentication, Authorization & Exchange Purpose, Query, Message Delivery, Patient Identity Resolution, Record Location, Directory Service, Individual Privacy Preferences, Auditing, and Error Handling.

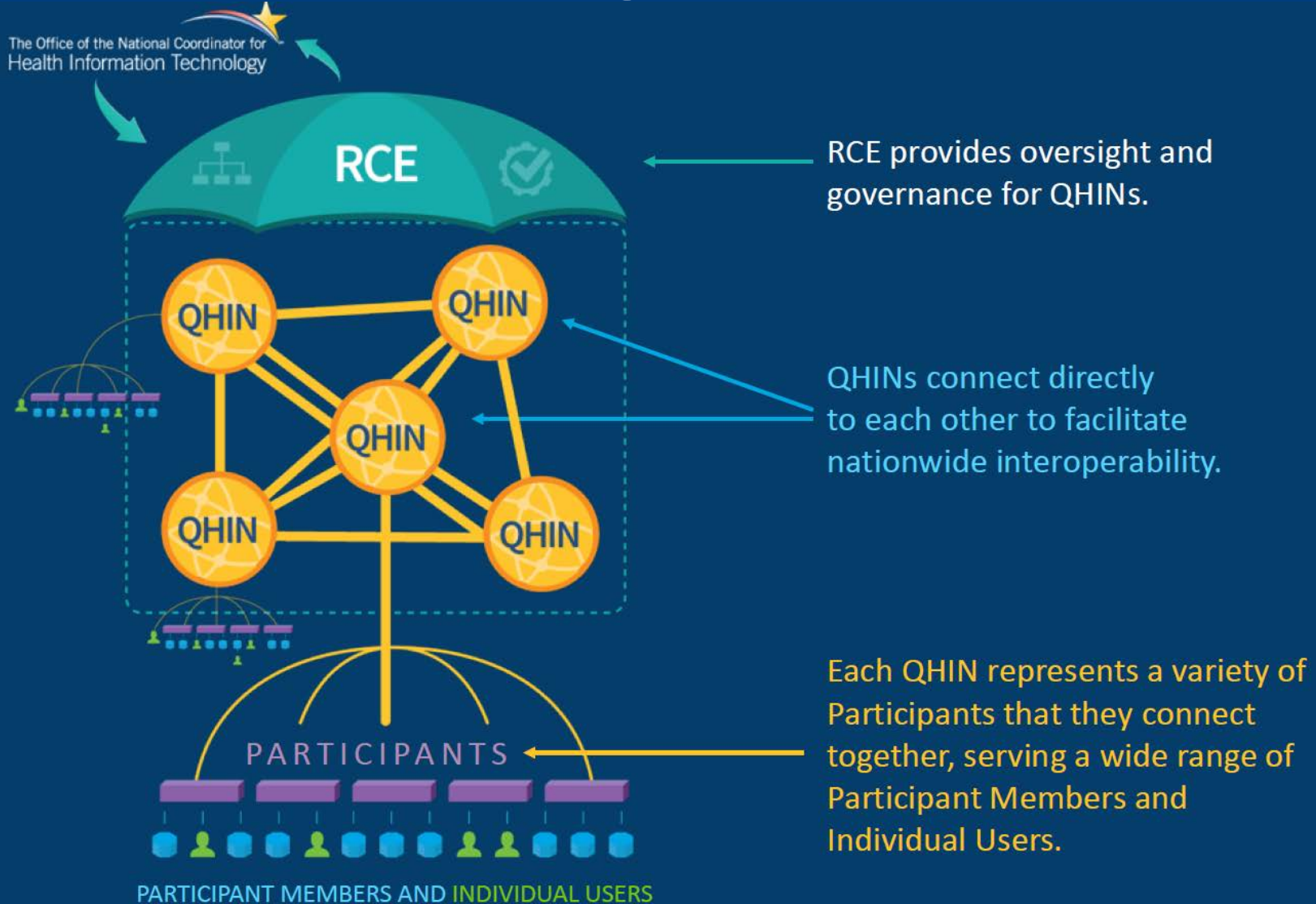
Technical detail: Focuses directly on information exchange between QHINs; for most interactions within a QHIN's network, the QHIN may determine how best to implement its responsibilities.

Functions enable: QHIN Broadcast Query, QHIN Targeted Query, and QHIN Message Delivery.

Recognized Coordinating Entity (RCE)

- ONC will select a non-profit entity based in the United States by September 2019 through a competitive Notice of Funding Opportunity.
- If selected, the RCE may not be affiliated with a QHIN.
- Develop, update, implement, and maintain the Common Agreement.
- Identify, designate, and monitor QHINs.
- Modify and update the QHIN Technical Framework.
- Virtually convene public listening sessions.
- Develop and maintain a process for adjudicating QHIN noncompliance.
- Propose strategies to sustain the Common Agreement at a national level after the initial cooperative agreement period.

How Common Agreement Will Work



HIE Trust Community Committee

PAMELA E. CLARKE

Senior Director, Member Services, Privacy and
Policy

HealthShare Exchange

HIE Trust Community Committee

- The Pennsylvania Patient and Provider Network (P3N) Health Information Exchange Trust Community Committee (HIETCC) is made up of the leadership of Pennsylvania's health information organizations and has met with PA eHealth on a continuously monthly basis since November 2013.
- The HIETCC Charter was approved November 5, 2014 under the PA eHealth Partnership Authority.
- The P3N Policy #9 HIETCC Participation Policy was updated in 2018 as part of the P3N Participation Agreement Package Version 4 (PAR4).
- All five HIOs have signed, and the Commonwealth has fully executed, PAR4.
- Approved HIETCC Meeting Minutes from March 2019 were provided a sample of substance of the "Trust Community" meeting.
- HIETCC Meeting Agenda for April 2019 was provided as a sample.

FFY 2020 IAPD Projects

Dana Kaplan

OMAP HIT Coordinator

Department of Human Services

Office of Medical Assistance Programs

Current Projects Proposed for Continuing

#	Name	Description
1	HIE Onboarding Grants	Grants to HIOs to onboard healthcare providers to their networks and the P3N
2	Public Health Gateway (PHG) Grants	Grants to HIOs to connect member organizations to the PHG
3	PHG Utilization	This project supports the advancement of the PHG and is primarily 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 PI program
6	Immunization Registry Interoperability	Specific objective TBD
7	Radiology Imaging 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 geographical distribution of diabetes and hypertension

The Advance Care Planning Documents Registry Project and HIO Integration for PA Dept. of Corrections Project are expected to be completed in FFY2019

New Projects Proposed for FFY2020

#	Name	Description
1	Care Plans	Enable sharing of Medicaid beneficiary care plans among MA providers statewide
2	Health Plan Onboarding	Grants to HIOs to enable interoperability with Medicaid managed care organization members
3	Resource Referral Tool	Funding to enable a coordinated system for SDOH assessment-referral-electronic feedback/follow-up, so that patients and families can get the services they need.

Martin Ciccocioppo, MBA MHA

Director

Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

CMS and ONC Proposed Rules

Five provisions related to payors

- Patient access to their information (claims history and clinical information if they have it) via a FHIR API
- Provider directory made public via a FHIR API
- Payor to Payor exchange data via a FHIR API
- Join a trust network
- Dual eligible file upload from the state daily rather than monthly

Four Provisions for Providers

- Any provider that does not give an affirmative answer to any of the information blocking questions will be posted on the CMS website as potential information blockers
- NPES has been modified to capture additional provider level information, especially their digital endpoint (i.e. DIRECT address, etc.)
- Hospitals are required to send notifications of admissions, discharges and transfers to any provider that has an established care relationship with the patient

Information Blocking

ONC identified seven categories of practices that would be reasonable and necessary activities that do not constitute information blocking, provided certain conditions are met. If the actions of a regulated actor (health care provider, health IT developer, or health information exchange or network) satisfy one or more exception, the actions would not be treated as information blocking and the actor would not be subject to civil penalties and other disincentives under the law.

§171.201 Exception | Preventing Harm

§171.202 Exception | Promoting the Privacy of EHI

§171.203 Exception | Promoting the Security of EHI

§171.204 Exception | Recovering Costs Reasonably Incurred

§171.205 Exception | Responding to Requests that are Infeasible

§171.206 Exception | Licensing of Interoperability Elements on Reasonable and Non-discriminatory Terms

§ 171.207 Exception | Maintaining and Improving Health IT Performance

CMS and ONC Proposed Rules

Three Requests for Information

- All future CMMI models will contain interoperability components
- Patient Matching
- Post-Acute Care – what can CMS do to integrate this care area into the HIT space

Overriding Theme

Patients are the owners of their data and should have access to it and patients must be able to share the information (clinical and claims) with the physicians/providers.

Comments are due ~~May~~ June 3, 2019

A lack of seamless data exchange in healthcare...



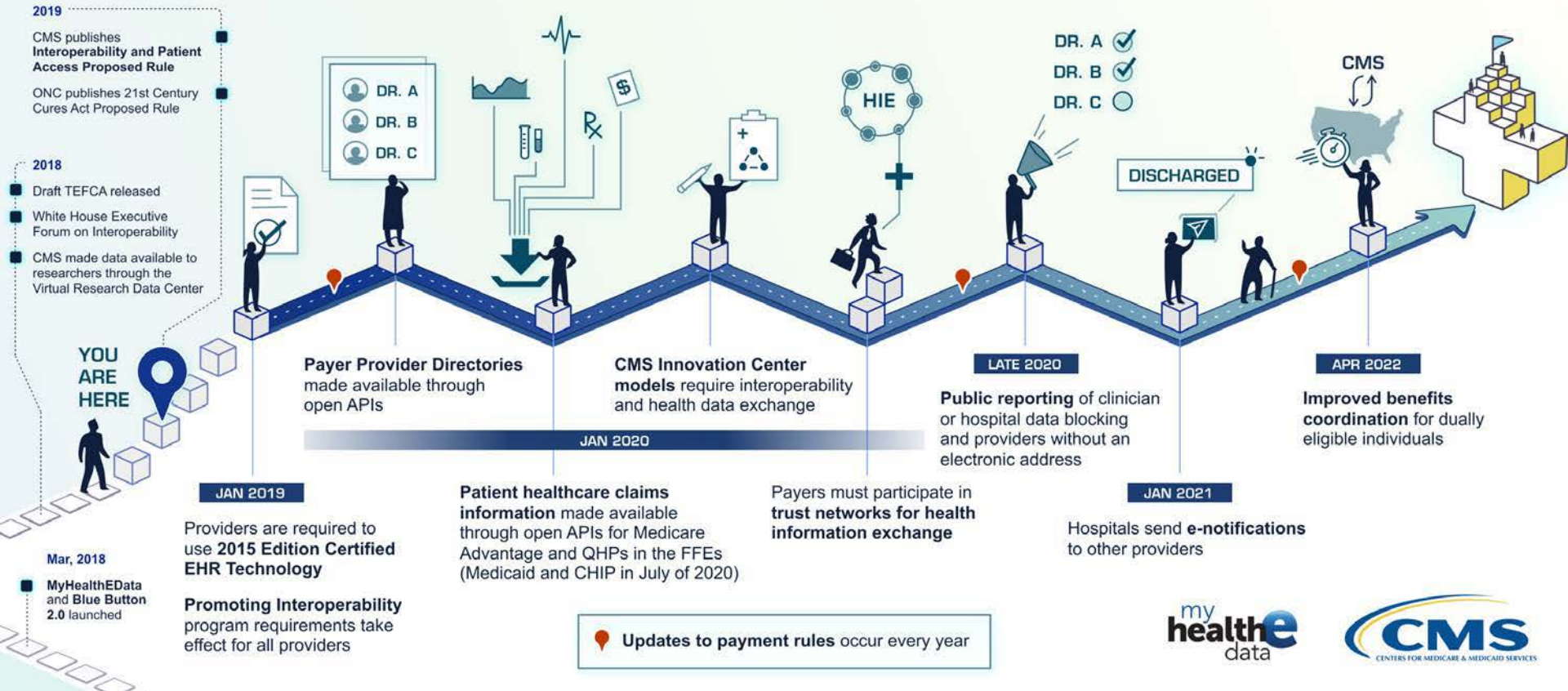
leads to disconnected care, worse health outcomes, and higher costs.

Interoperable healthcare data exchange...



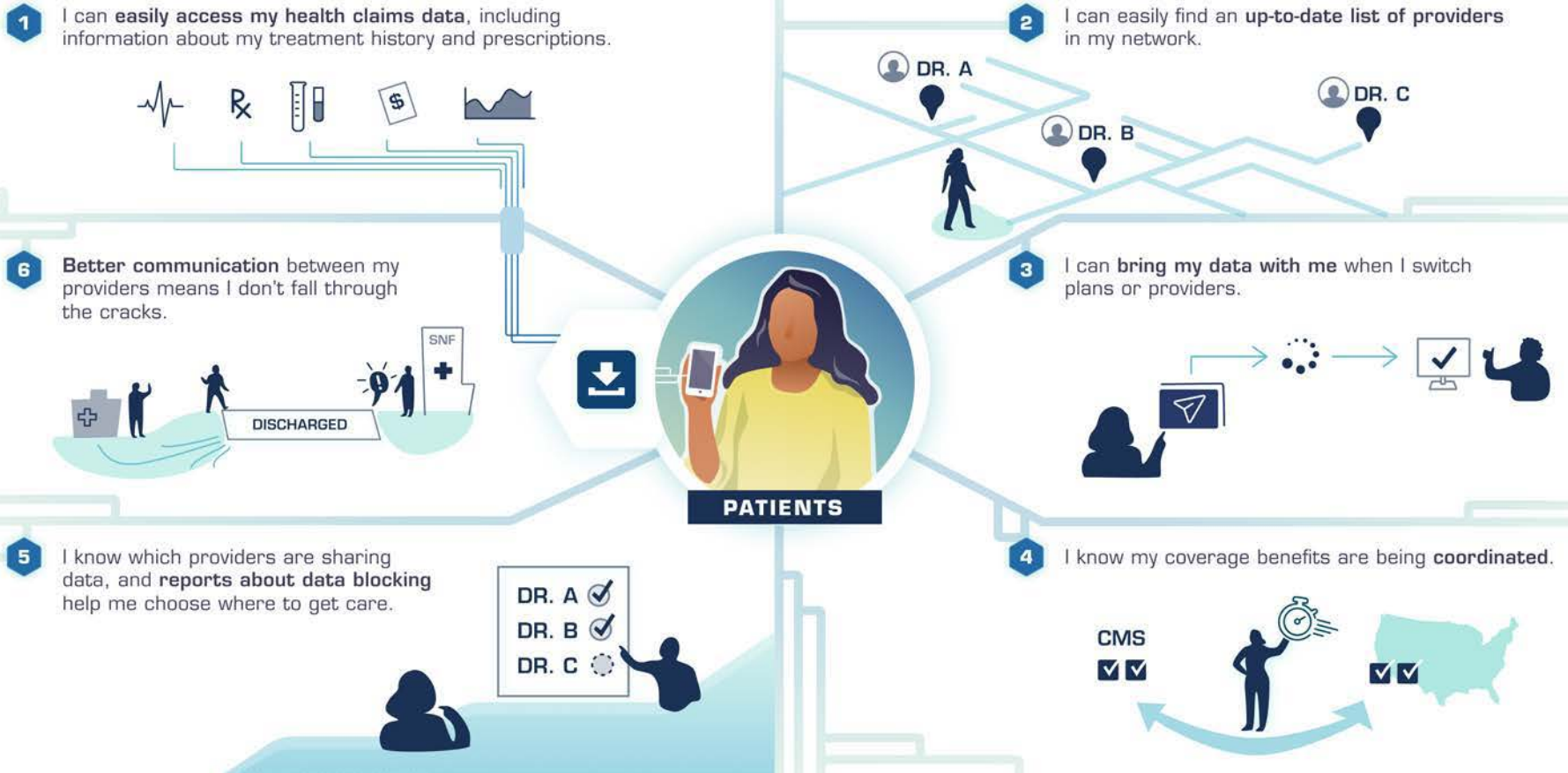
enables coordinated care, improved health outcomes, and reduced cost.

How might we get there?



The proposed rule would lay the foundation for healthcare interoperability.

How might these proposals impact me?



The proposals would help empower me to take ownership over my health data.

How might these proposals impact me?

- 1 With **better access to patient data**, I can provide more informed treatment recommendations and help my patients make better care decisions.



- 2 I know how to **contact other providers** my patient is seeing so we can share information and provide coordinated care.



- 4 As a participant in **alternative payment models**, I can showcase my commitment to health care interoperability and standards-based data exchange.



- 3 **E-notifications** that my patients are admitted or discharged keep me in the loop.



The proposals would help me to confidently provide better care to patients.

How might these proposals impact me?

1 **Sharing health information** with patients better engages them and strengthens our relationship.



2 **Historical claims data** helps patients understand their healthcare expenses.



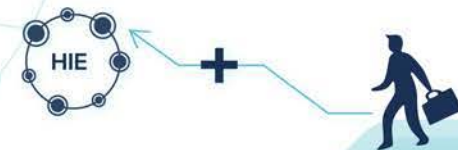
3 **Care Coordination** with other payers helps me provide coverage to get my patients the best outcomes.



5 **Offering a provider directory** through an API helps my patients find the doctors they need.



4 **Trusted exchanges** make it easier for me to communicate with providers.



The proposals would increase my ability to provide more efficient and coordinated coverage.

PA eHealth/OMAP CMS Comments

Request for Information on Policies to Improve Patient Matching

PA eHealth recommended a patient profile matching effort that allows a patient to enter demographic information with CMS; ONC; or a procured exchange or vendor into a demographic profile. Patients would then give their providers permission to link their health record with the initiative's matching demographic profile, creating universal demographic profile matching.

Beneficiary Access to and Exchange of Data

OMAP supports the transparency provided through the regulations, but requests that two years be provided for States to determine how to share this information, and what source to use for the data. Additionally, the development and implementation of the systems changes required for compliance will take two years from publication of the Final Rule.

PA eHealth/OMAP ONC Comments

FHIR Flexibility: PA eHealth recommended that ONC adopt FHIR Release 2 and FHIR Release 4 in order to introduce flexibility into how health IT developers are able to demonstrate compliance with proposed §170.315(g)(10).

§171.204 Exception – Recovering Costs Reasonably Incurred: PA eHealth recommended that ONC Consider the HIE business model here. HIE membership fees should be an exception in and of themselves. Actors join an HIE in order to gain access to increased interoperability and data exchange. Some HIEs may need to make a profit. Limiting HIE membership fees to costs reasonably incurred may inhibit exchange by making it difficult for an HIE to be sustainable, and HIEs already struggle with financial sustainability. Membership fees are often listed in contracts and increases to membership fees often have agreed upon methods of implementation. Therefore, HIE membership fees should be specifically listed as an exemption from information blocking.

P3N Infrastructure Procurement

Allen Price, M.Eng. PMP

Project Manager

Pennsylvania eHealth Partnership Program

Pennsylvania Office of Administration

Health and Human Services Delivery Center

How HIE is Structured in PA

Electronic Health Information Exchange is the secure exchange of protected health information in a digital format.

Locally: HIE occurs within physician practices, health systems, and other provider organizations through their own electronic health records (EHR) systems.

Regionally: Providers connect to a network known as a health information organization (HIO). Patient records held by an HIO-connected provider are available to other providers connected to that same HIO.

Statewide: HIOs connect to the **PA Patient & Provider Network (P3N)**. A main service of the Pennsylvania Department of Human Services' PA eHealth Partnership Program, the P3N facilitates the secure sharing of patient information across a larger geographic area as well as enhanced provider reporting.

PA eHealth Connections

- **Statewide Connections with four Certified HIOs**
 - ClinicalConnect Health Information Exchange (Connected: July 2016)
 - HealthShare Exchange of Southeastern Pennsylvania (Connected: April 2016)
 - Keystone Health Information Exchange (Connected: May 2016)
 - Mount Nittany Exchange (Connected: July 2016)

- **Onboarding New HIO**
 - Lancaster General Health has begun the P3N Onboarding Process (Expected Connection: May 2019)

- **Onboarding State Agency**
 - PA Department of Corrections to begin the P3N Onboarding Process (Expected Connection: August 2019)

How Health Information Exchange Works

1

The patient goes to a healthcare provider.



2

The healthcare provider requests patient medical records through its health information organization, or HIO.



The retrieved patient medical record is forwarded to the requesting HIO which sends it through the P3N to the requesting healthcare provider.



The HIO sends the request via the PA Patient & Provider Network, or P3N, to other P3N-connected HIOs, which locate the needed patient information from their member providers.



4



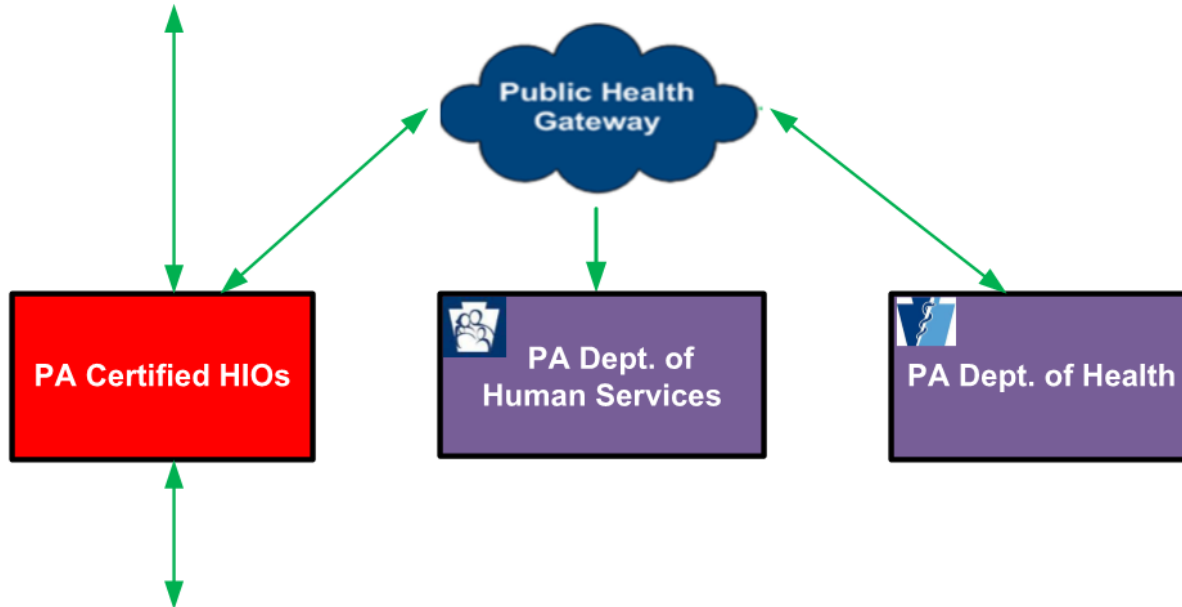
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DEPARTMENT OF HUMAN SERVICES

Statewide Health Information Exchange



IBM Watson Health Services to P3N

- **Provider Directory** – Health Providers, Individual & Organization,
- **Master Patient Index** – Patient IDs and Demographics
- **Record Locator Service** – Clinical Document Metadata and Repositories
- **Opt-out Registry** – Citizens can opt-out of sharing across the P3N
- **Encounter Notification Service** – Emergency Department Encounters shared across HIOs with standard Admission, Discharge, and Transfer (ADT) Messages
- **Advance Care Planning Documents Registry** – Will provide a state-wide centralized ACPD registry available to all healthcare providers in PA for Medicaid patients initially.

RFP Input for Consideration and Review

- Act 76 of 2016
- Draft Trusted Exchange Framework & Common Agreement (TEFCA) DRAFT 2 (Apr. 19, 2019)
- CMS NPRM 9115-P Interoperability & Patient Access (Mar. 4, 2019)
- ONC NPRM 0955-AA01 21st Century Cures Act: Interoperability, Information Blocking, & the Health IT Certification Program (Mar. 4, 2019)
- MMIS 220 Platform RFP (Jun. 29, 2018)
- Comprehensive Services & Information Resources RFI (Dec. 7, 2018) and Toolkit
- HAP Statewide Clinical Data Repository RFI (May 12, 2017)
- Other Exchanges (eHealth, Carequality, Commonwell, other state HIEs)
- Original P3N RFP (Aug. 7, 2012)
- Current P3N Features & Services
- Stakeholder Input

P3N Stakeholders & Influencers

- PA eHealth Advisory Board
- Commonwealth Agencies
 - Office of Information Technology
 - Dept. of Human Services
 - Dept. of Health
 - Dept. of Aging
 - Dept. of Drug & Alcohol Programs
 - Dept. of State
 - Dept. of Military & Veterans Affairs
 - Dept. of Corrections
 - Pennsylvania Health Care Cost Containment Council (PHC4)
- Payers & Managed Care Organizations
- Health Information Organizations (HIOs)
- Providers (Clinical & Non-Clinical)
- Citizens

P3N System Functions & Features

- Master Patient Index
- Provider Directory
- Cross-Enterprise Document Sharing (XDS) Registry
- Admission-Discharge-Transfer (ADT) Forwarding Service
- Support Multiple Participant Connection Models
- Clinical Data Repository
 - Advance Directives
 - Care Plans
 - Enhanced Consent Registry
 - Agency Clinical Data (DOC, DMVA, etc.)
- Clinical Data Push Service
- Public Health Gateway (PHG)
- Data Analytics Capability
- Super Protected Data (SPD) Filtering
- Query Integration with DOH PA SIIS & PDMP
- Provider Portal
- Patient Portal
- Application Programming Interfaces (APIs)
- Interoperability with other HIEs
- Quality Reporting for Payers

P3N Vendor Services

- Project Management for Onboarding
- Change Management
- Training
- Privacy & Security Plan
- Yearly HIPAA Risk Assessment
- Operations, Maintenance, & Support
 - Hosting Services
 - Accounting of Disclosures
 - System Alerting
 - System Utilization Reports
 - Service Level Agreement (SLA) Reports
 - Maintenance Notifications
 - Technical Support
 - Disaster Recovery Plan & Test
 - Auditing, Logging, & Monitoring
- End-of-Contract System Turnover Plan

Statewide Resource and Referral Tool

Nora Carreras

Special Advisor to the Secretary

Office of the Secretary

Pennsylvania Department of Human Services

Public Comment

- Name of submitter for written comment submission acknowledged by chair
- Verbal comment (3 minutes per commenter)

DHS eHealth Partnership Program

For further information:

www.PAeHealth.org

PA eHealth Partnership Advisory Board:

<http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/ehealthpartnership/advrybrdmtngs/index.htm>

P3N HIO Certification Package:

<http://dhs.pa.gov/provider/healthinformationexchange/hioconnection/index.htm>

P3N Certified Health Information Organizations (HIO) Information:

http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_281601.pdf