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*Pennsylvania eHealth Partnership Advisory Board
Meeting Minutes*

PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, February 2, 2024

Meeting Time: 10:00 a.m. to 2:00 p.m.

Meeting Location: Harrisburg Uptown Building and via Microsoft TEAMS Meeting

Advisory Board Members

Ms. Caroline Beohm – Policy Director, PA Insurance Department

Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council

Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System **EXCUSED**

Mr. Scott Frank – Chief Information Officer, Capital Blue Cross

Dr. Timothy Heilman – CMIO, UPMC Susquehanna Health Medical Group **ABSENT**

Ms. Teri Henning – AVP Government Affairs, Aveanna Healthcare

Ms. Muneeza Iqbal, Deputy Secretary for Health Resources & Services, PA Department of Health

Ms. Julie Korick (Vice Chair) – Chief Financial Officer, PA Association of Community Health Centers

Ms. Minta Livengood – Volunteer - **ABSENT**

Mr. Paul McGuire (Chair) – Chief Operating Officer, Quality Life Services

Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine

Mr. Mark Volovic- VP and Chief Information Officer, Indiana Reg. Med. Ctr. & Punxsutawney Area Hospital

Dr. Margarete Zalon - Professor Emeritus, University of Scranton Department of Nursing

Ex Officio Members (HIO representatives awaiting legislative appointment)

Mr. Don Reed, SVP and Chief Operating Officer, HealthShare Exchange

Ms. Phyllis Szymanski, President, ClinicalConnect HIE

PA Department of Corrections (DOC) Staff

Phil Coady - Corrections Healthcare Administrator

Erica Gipe- EHR Project Manager

PA Department of Health

Rae Ann Ginter –Director of Data Modernization

PA Department of Human Services

Dr. Valerie Arkoosh -- DHS Secretary

Kathleen Beani – PA eHealth Partnership Program

Dana Kaplan – PA eHealth Partnership Program

Dr. David Kelley – OMAP Medical Director

Deb Kochel – PA eHealth Partnership Program

Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program

Kay Shaffer – PA eHealth Partnership Program

Christy Stermer – PA eHealth Partnership Program

Guests

Nick Barbera, Sunstone Consulting

Thomas Bruynell, MS, CHCIO, VP, Chief Application Officer & Associate CIO, LVHN

Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger

Alix Goss, Point of Care Partners

David Grinberg, Imprado

Richard (Rick) Kerr, R. Ph. Administrator, Clinical Applications, LVHN

Joel Lange, HIE Project Manager, Interoperability, Cognosante

John P. Leed

Michael Lundie, VP, Interoperability Engineering, Cognosante

Bill Marella, VP, Value Based Care and Analytics, Health Share Exchange

Alexandra McMahon, Director of Government Relations, PA Homecare Association

Ravi Mahendra Patel, University of Pittsburgh School of Pharmacy

Asha Shah, Director for Clinical Applications Outpatient, LVHN

Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

Steve Shine, Director, Population Health, LVHN

Meg Snead, former Acting PA DHS Secretary

Alice Vuong, Chief Technology Officer, Health Share Exchange

Welcome and Introductions

Roll call was completed. The following advisories were read aloud and shared visually on the screen with all attendees: Wiretap Act, Consent to Recording and an additional advisory noting the Commonwealth does not approve having AI (Artificial Intelligence) bots interacting with Commonwealth meetings. Chair Paul McGuire called the meeting to order and welcomed all members and guests. Attendees (in person or via TEAMS) were asked to introduce themselves to the group, as some individuals were attending this meeting for the first time.

PA Department of Human Services Priorities

Dr. Valerie Arkoosh, PA DHS Secretary, attended the first portion of this meeting (via TEAMS) providing remarks on the Department's priorities, and the opportunity for a brief Q &A with the Board and other attendees. She congratulated the HIO consortium and everyone who helped to make PA Navigate a reality, as its website went live in late January 2024. She also gave recognition to Ms. Meg Snead, the former Acting Secretary of DHS, for her contribution to the SDOH work done under the former RISE PA initiative. In addition, she said, a patient needs assistance with things other than medicine, such as food, shelter, transportation, and other essentials. We have hope for the support that PA Navigate can offer, and the information that we gather will also give us an evidence-based plan for meeting community needs.

DHS is focused on resources for good health and quality of life for all people of PA, to help them live more independently, especially for those who live at or near the poverty level. Secretary Arkoosh said DHS values the PA eHealth Partnership Advisory Board experience and counsel as Pennsylvania pursues an 1115 Waiver to address health related social needs. The 1115 Waiver and PA Navigate together have the potential to significantly enhance Pennsylvanians' quality of life.

The keystones of Health, which the 1115 Waiver encompasses, include four main areas of focus: Re-entry, to improve transitions for those MA beneficiaries re-entering society from correctional facilities to help with their medical care, especially for those with substance use disorder and/or serious mental illness; Housing, to provide people with a stable place to live; Food and Nutrition for those facing food insecurity, such as pregnant women and beneficiaries with diet-sensitive conditions, so they can be provided with medically tailored meals, as well as SNAP (Supplemental Nutrition Assistance Program) benefits. The fourth area of focus is on providing children with multi-year medical coverage from the time of birth until the month of their sixth birthday. This will assist in closing coverage gaps that may impede the availability of preventive care and other health services.

A short Q & A was held with attendees. Dr. Margarete Zalon asked about rural areas that have limited connection to hospitals and need to increase internet capabilities. The Secretary stated that the Governor has prioritized broadband access, and efforts are well underway to build out that network. One positive that came out of the Pandemic (2020-2023) is that there is more access in rural areas than there had been prior to that timeframe.

Mr. Bill Marella noted the HIEs and findhelp put comments in on the 1115 Waiver: Part of a plan to integrate social data with clinical data, to monitor the outcomes of these programs, and to show that it reduces excess usage, and the need to make it sustainable. While other states have implemented small-scale pilot programs like "food is medicine" and other initiatives, DHS believes that this cooperation between DHS and PA Navigate has the potential to do much more. For this reason, they are in favor of giving some funding for it. By the end of the year, DHS wants to have this in place.

Chair McGuire noted the realm of Long-Term Care (LTC) is a challenge in getting them connected to an HIO – maybe need some incentives? He said that PA Navigate will help LTC, some patients they see in LTC are young and they have no one to count on once they get discharged. The Secretary acknowledged these challenges. She suggested that if he puts something together, DHS will review it. Ms. Teri Henning noted the same challenges as Chair McGuire in the realm of HCBS (Home and Community-Based Services) with connecting and interoperability, especially those that are not part of a larger hospital/system.

Mr. Don Reed thanked the Secretary and Mr. Ciccocioppo, then noted the HIOs have worked as federated organization for 6-7 years now. When they start sharing data throughout the state with grants received from the state, they add organizations to the HIOs, but those funds are no longer available. The HIOs sustain themselves through members' fees and their own operations. In the future, the network is dependent on HIOs maintaining infrastructure and being able to add to it - such as LTC—costs money. By working with DHS and the state, they have to find alternative ways to fund projects, so our members are not faced with paying higher costs on their end. Mr. Ciccocioppo noted eHealth has been investigating an HIE Care Coordination grant program that would leverage MMIS funding to help support the role HIOs play in sending ADTs on behalf of Medicaid patients.

Advisory Board member Mr. Mark Volovic went onto PA Navigate website, observed a page on Telemedicine, asked how an interested group can be part of the website. Dr. Kelley answered that, if they enrolled as a provider, they do not need to do anything else. If a program wants to be on the website, findhelp, the vendor, works to get clients like Geisinger (they use findhelp as Neighborly PA), so any connection is a front door. In the example Mr. Volovic noted, Geisinger simply wanted its patients to be aware that Telemedicine is available in their areas. Mr. Marella also responded to Mr. Volovic: We have 22,000 programs for a patient to search. The Coalition worked with their MCOs and the CBOs and have a findhelp list of many organizations. He also suggested that findhelp work with the counties, as they are responsible for the CBOs. Mr. Ciccocioppo mentioned that findhelp oversees curating that list of programs and works with providers to make it available for free or at a set fee. They will customize the footprint to reflect who and what they assist.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Mr. Keith Cromwell served in the HIO liaison role, noting the following: Mr. Rick Kerr of LVHN was elected HIETCC Chair for CY 2024. Some of the topics covered during HIETCC meetings included: ingesting ADTs from CRISP, PA eHealth Strategic Plan, PA Navigate, ADT Message Sharing; formation of a P3N Performance work group, TEFCA. Also, CMS Streamlined Modular Certification, proposed new MA Enterprise Funded ADT Grant Program for P3N HIOs, P3N Operations and Transparency, and getting Conemaugh to join the CCHIE HIO. The newly formed P3N Performance workgroup had a meeting and a

workgroup for the Consent process will be created. Mr. Cromwell attended the national ONC meeting and provided the HETCC with updates. The HIOs have been working on interoperability before it is required at the federal level. Ms. Phyllis Szymanski informed the group that this week, Indiana Regional hospital also just signed with CCHIE.

PA eHealth Partnership Program Initiatives

While noting that several of these were covered in the HIETCC update, Martin Ciccocioppo singled out a few of them: PIERS has replaced PA SIIS. We have shared ADTs with DHIN for several years at this point. We received ADTs via CRISP for WV, CT, DC, MD, and Alaska since we started providing ADTs to them in August 2023 and they started sending us ADTs in October 2023. We have established workgroups to make sure everything is operating as it should because some reporting and fine-tuning needs to be done. Compared to a few months ago, this network is stronger. We will revisit conversation with Ohio regarding the sharing of ADTs after they have finished with their transition.

The six PA state hospitals are mostly paper based but are implementing IT infrastructure improvements and the Netsmart EHR using ARPA funds. Once Netsmart goes live in August 2024, P3N will be connected and be able to publish CCDs across the P3N. New expansion opportunities are pending, such as UPMC Health Plan, which wants ADTs from Conemaugh and Indiana and will pay for them to be sent to CCHIE; to begin it will just be ADTs, they may become a full participants at a future date. Although we have made progress in closing the whitespace of hospitals, there is additional work to enable connectivity. Mr. Ciccocioppo and OMAP Deputy Secretary Sally Kozak will meet with representatives of these providers the week of February 4th, to discuss the value proposition; appreciation goes to HAP for recognizing this need. Uniontown Hospital has the same EHR as WVU, so they are part of the WVHIN. Uniontown Hospital ADTs will go to CRISP, then to the P3N whenever a PA patient gets care there.

Services offered via the P3N include Core Services, such as P3N Master Patient Index (via Verato), statewide query/retrieve, and statewide/interstate alerting. P3N enhancements include Care Plan Registry (Integrated Care Plans, ONAF, Pediatric Shift Nursing, and Area Agency on Aging SAMS). The Public Health Gateway (PHG) includes PA Immunization Electronic Registry System (PIERS), electronic Lab Registry (eLR) and Prescription Drug Monitoring Program (PDMP). It was noted that PIERS vendor is operating in over 30 US states, and PA was one of the last states to still be using the older system, with PA SIIS. The changeover to PIERS took place January 17, 2024. Two more enhancements to the P3N are the Provider Directory (<https://portal.p3nphg.org/public/providers>) and the Patient Portal. While there have been some challenges, we will continue to monitor the progress of the Patient Portal.

The 2nd anniversary of the 5-year Cognosante contract will begin soon, we started the next RFP in 2023. There are several steps that must be completed prior to publishing for public consumption. It must go through Legal, CMS, then DHS Procurement.

In January 2024, 5.8 million Inbound ADT messages were received via the Pennsylvania HIOs, DHIN and CRISP, for 450,000 Unique Persons. Out of those 450,000 unique persons, 200,000 of them had their home HIO plus one more HIO connection at some point. For January 2024, there were 1.15 million document queries, and 1.09 document retrieves. It was reiterated that an HIO cannot do a query of PIERS. The provider can get that information, but not the HIO. During the COVID Pandemic, it would have been very helpful if the HIOs could have used a type of bulk report on patients that haven't been vaccinated. The patient may have had a vaccination outside of a hospital setting, such as a pharmacy (CVS, Rite Aid or Walgreens, etc.), the HIO only saw 25% of vaccinations that were done. In the bigger picture, larger pharmacies have walk-in clinics, but they send that data directly to the Registry, not via an HIO connection. KeyHIE had a pilot with 250 pharmacies to get connected to their HIO, but most pharmacies

are not connected to an HIO. A bulk report pertaining to vaccination data was requested from DOH; Ms. Ginter will take this on as a task and report back to the Board, the HIOs, and Mr. Ciccocioppo.

HIO Overview—Lehigh Valley Health Network (LVHN)

Another regular feature for quarterly Advisory Board meetings is the HIO spotlight, in which an HIO representative provides an overview of their HIO's accomplishments and the services they offer. Mr. Thomas Bruynell provided an overview of Lehigh Valley Health Network (LVHN). LVHN became a P3N certified HIO in February 2022, and were participants in the transition of our P3N from IBM to Cognosante, in 2022. LVHN began to ingest P3N ADTs as of August 2023. Between February 1, 2022, and January 28, 2024, LVHN shared over 909,000 patient records. LVHN has a total of 13 hospital campuses, 5 institutes, including Heart & Vascular, Pediatric and Orthopedic. Since their 2015 go-live with EPIC's Care Everywhere they have exchanged nearly 93 million patient records, 1.2 million patients use the MyLVHN portal to communicate with their care teams, and LVHN also employs this in screening for SDOH in 13 domains: utilities, housing, food, finances, transportation, stress, social connection, physical activity, depression, health literacy, intimate partner violence, tobacco use and alcohol use. LVHN uses referral and diagnostic metrics to help them understand how they are getting patients the help they need. LVHN shares over 350,000 new prescriptions each month with pharmacies. They also have Epic Care Link, which gives EHR access to records, if the provider does not use full Epic services. Also, LVHN has connections with 3 EMS organizations. LVHN is a full member of the National eHealth Exchange, and shares data with SSA, the VA and Dept of Defense (DoD) as well. LVHN is also connected directly to PDMP, Skilled Nursing and Home Health.

LVHN will be able to integrate with the other 4 HIOs' PA Navigate version of findhelp. LVHN has been live with findhelp (formerly Aunt Bertha) since February 2022, and have 1,527 top referral partners participating in a closed loop referral system; findhelp's resource directory is imported into Epic's EHR. LVHN joins weekly touch base calls for the PA Navigate project and are committed to secure HIE and 'coalition sharing' - the sharing of CBO referral information across the P3N.

Regarding LTC and SNFs, Mr. Shine of LVHN stated that there are hundreds of them overall, with 28 of them working in post-acute care collaboration. When a patient moves from an inpatient institution to their home or an assisted living community, this is crucial. One significant aspect of SNFs is that the EHR is linked to the prescription list at the time of discharge, and if you go to post-acute care, all the information (including test results) is already there. It was also observed that 31% of PA's LTC and SNFs—roughly 200 out of 700+ are linked to an HIO.

Trusted Exchange Framework and Common Agreement (TEFCA) Discussion

In December 2023, there were 5 designated QHINs and TEFCA went live. If you are connected to a QHIN you get access to all those connected to any QHIN. There are 1,200 organization in the TEFCA directory. Although it was first believed that EHR vendors would not apply to become QHINs, that has been happening. Our own HIOs and P3N are not connected to a QHIN, and there is a question about long-term sustainability for TEFCA. Draft Version 2 of the Common Agreement and Trusted Exchange Framework are out for public comment and could be finalized by March 31, 2024. FHIR must be used in APIs, and there are more options with QHIN and TEFCA.

A visitor expressed doubt about the future of TEFCA, but Mr. Ciccocioppo emphasized that the current administration is firmly in favor of it and has made large financial investments in it. Noting that the flow-down will close the doors in some service regions, HSX stated that their HIO is independent, that they are connected to the eHealth Exchange (eHX), and that they do not see a need to connect eHX QHIN. ADTs are essential to offer to providers; a QHIN does not have any, and a CCD query from a QHIN does not suffice.

Some have pointed out that EHR vendors are pursuing this and want HIOs to be excluded from HIE in the US. They will collect fees and want to attach their clientele to them.

There is possibility this will cause fragmentation, leaving too many gaps. HSX also noted it would cause fragmentation, and that they have members who will use the EPIC QHIN. CPCHIE noted that EPIC is pushing them about joining the QHIN by stressing the Honor Roll, and Mr. Frank noted it was like a game of 'musical chairs' in which one chair is taken away, so someone will not have a chair. HSX asked that, if an EPIC QHIN member facility then joins HSX, how do you keep the HIO going? CPCHIE noted they are trying to figure that out, looking at how the flow-down provisions affect EPIC and the HIO. LVHN did Version 7 last year to avoid an issue with EPIC Honor Roll. From a clinical perspective, they have all that they need, but noted they are a bit different than HSX. HSX should not underestimate the PA EPIC clients, such as Jefferson, UPMC, PENN and LVHN, as they can influence this against QHIN force. It was also noted we are not the only state or region going through this process.

PA Navigate Implementation Support

The first press conference for the public launch of the site was on January 23, 2024. More than 15 television and print affiliates covered the story of the public launch. On January 29, they held a demo of the site for 30 people in state government: DHS, Governor's office, DOH to show them the PA Navigate analytics dashboard.

Between January 2021 and September 2023, PA has had 1.3 million users on findhelp. The new <https://pa-navigate.org> site saw over 8,000 hits in the first few days after the launch. From the data in findhelp, the top needs in PA include food and housing. Breaking it down into areas, Scranton, Philadelphia, Pittsburgh, and Erie all note the same top needs of food, housing, and utilities. Two out of four of our HIOs already have integration with findhelp platform, and our other HIOs are doing integration work. LVHN will connect via Coalition Sharing, since they have already been using findhelp for several years.

PA Navigate achieves enhanced interoperability by exchanging Clinical CCDs, with demographics, medications, labs, encounter history and other data; Social Care CCDs, containing demographics, SDOH needs, SDOH Referrals and Closed-Loop Status. SDOH CCDs will be added from PA Navigate to the P3N in response to a query from an HIO.

PA Navigate will detect areas where the social needs are more than the CBOs' ability to meet those needs. Per referring entity, the data will also show which CBOs are the most responsive and engaged. Through clinical data, which has a 20% impact on overall health, and social care, which has an 80% impact on health, the data also assists in identifying high users of social services. Finding MA beneficiaries who qualify for MCO services can also be aided by PA Navigate.

Future-focused, we need to expand Community Information Exchange (CIE). This is the national director of ONC's responsibility at the federal level. A few pioneers in certain rural locations comprise some of the "frontier" villages. We are far ahead of other US regions in Pennsylvania. Dr. Kelley mentioned that doulas have been included to the list of Medicaid (MA) providers in Pennsylvania, and that CMS began paying community health workers in January.

PA eHealth Partnership Program Strategic Plan

Ms. Kay Shaffer led discussion of the proposed changes made to the Draft Strategic Plan, based on recommendations of suggested changes and edits during various previous meetings.

eHealth Partnership thanks the Advisory Board, for assisting in adding metrics. We can change each of the percentages that we have included as measurements since some of them can be excessively high or low. To determine that we have attained the % we were aiming for each year, we will analyze these percentage

changes in workgroups or track them as an assignment. For example, using consumer education to promote the benefits of joining an HIO, we seek to increase the percentage of LTCs connected to HIE by 2%. Currently, 31% of LTCs are connected to an HIO. It's difficult since some hospitals, like St. Luke's and others, aren't linked to an HIO. We can also achieve a 5% increase in the number of hits on the PA eHealth website or in the use of the Patient Portal.

Ms. Shaffer continued, saying that to accomplish them, we must meet these objectives. We may require Tiger Teams and a Sustainability & Finance committee once more as they were in the past. When questioned about additional sources of income, Dr. Kelley mentioned NCQA Analysis and Reporting. Additionally, he recommended collaborating with providers like PCMH, saying, "We need to look at that again and bump up the funding." Chair McGuire added that we also needed to examine re-admissions.

A discussion ensued concerning incentives on joining an HIO. Mr. Reed remarked that while we are halfway there in our desire for the VA to connect, there still needs to be a reward. Legislation mandating enrollment in an HIO would be an additional option. Dr. Kelley highlighted that infrastructure receives 15% of 1115 Waiver, which is a nice incentive. Just as we were able to persuade EDs to do this in 2018–2019, we have exerted pressure to convince D-SNPs and MCOs to join. It was also recommended to devise a plan to persuade outliers to become members of an HIO.

When HSX inquired about possible solutions for smaller providers' HIO connections, Dr. Kelley responded, "We'll look into that as well." There is a mix of hospitals in the "whitespace" we are referring to; ownership is a determining factor, not always whether a hospital is for-profit or non-profit. According to Mr. Reed of HSX, although providers are contesting costs, health plans are amenable to them because our HIO provides a plethora of data. In response to a query on the potential for HIOs to sell the data they obtain, the HIOs stated that the Use Cases should be on treatment and care management/coordination rather than revenue generation.

The Advisory Board approved to have PA eHealth Partnership Program send the Strategic Plan to the DHS Executive Review process. After this Strategic Plan is approved, it will be in effect July 1, 2024, through June 30, 2027.

New Advisory Board Member

A new member of the Board, Mr. Volovic, attended this meeting for the first time. We have one nomination for an additional available Advisory Board position as of late January 2024.

Public Comment

None.

Action Items

- Examine whether it is possible to obtain reports on vaccination data in bulk – Rae Ann Ginter

Remaining Advisory Board Meetings Scheduled for 2024

May 3, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

August 2, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

November 1, 2024, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

Adjournment

The meeting was adjourned at 2:00 p.m.

APPROVED: May 3, 2024