**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, February 4, 2022
Meeting Time:         10:00 a.m. to 12:00 p.m.
Meeting Location:    Microsoft TEAMS Meeting

**Roll Call**
**Advisory Board Members**
Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council [EXCUSED]
Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System - ABSENT
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross [EXCUSED]
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health
Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health Medical Group
Ms. Teri Henning – CEO, Pennsylvania Homecare Association
Mr. Michael Humphreys – Chief of Staff, PA Insurance Department [EXCUSED]
Ms. Julie Korick – Chief Financial Officer, PA Association of Community Health Centers
Ms. Minta Livengood – Volunteer
Mr. Paul McGuire (Vice Chair) – Chief Operating Officer, Quality Life Services
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine Lancaster General Health
Mr. Jared Shinabery – Deputy Secretary for Health Innovation, PA Department of Health
Mr. David F. Simon (Chair) – Chief Legal Affairs Officer, Philadelphia College of Osteopathic Medicine
**Ex Officio Members (HIO representatives awaiting legislative appointment)**
Mr. Don Reed, SVP and Chief Operating Officer, HealthShare Exchange
Ms. Phyllis Szymanski, Director, ClinicalConnect HIE
**PA Department of Corrections (DOC) Staff**
Erica Gipe –   EHR Project Manager
**PA Department of Human Services Staff**
Ms. Kathleen Beani – PA eHealth Partnership Program
Ms. Dana Kaplan – PA eHealth Partnership Program
David Kelley MD – OMAP Medical Director
Ms. Debra Kochel – PA eHealth Partnership Program
Ms. Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program
Mr. Allen Price – Health and Human Services Delivery Center
Ms. Kay Shaffer – Health and Human Services Delivery Center
Ms. Christy Stermer – PA eHealth Partnership Program
**Guests**
Ms. Julie Crouse, Vice President, Technology Operations, Solution and Technology -- Cognosante
Ms. Tara Gensemer, Imprado
Ms. Alix Goss, Imprado
Mr. David Grinberg – Imprado
Ms. Susan Leitzell - Geisinger Health Plan-State Government Programs
Mr. Laval Miller-Wilson - Executive Director, Pennsylvania Health Law Project

Ms. Christina Roberts, Lehigh Valley Health Network
Sushma Sharma, PhD. – Hospital and Healthsystem Association of Pennsylvania
Mr. Patrick Weiss, Imprado
Ms. Margaret Zalon, Ph.D. – The University of Scranton Department of Nursing

## Welcome and Introductions
Chair David Simon welcomed participants, and it was announced that Cognosante would be in attendance during the first portion of today's meeting to give an overview of the transition from the current P3N to the new P3N.

## Review of November 5, 2021 Meeting Minutes
The members voted to approve the November 5, 2021 Meeting minutes as distributed.

## Introduction to New P3N Vendor Cognosante
Mr. Ciccocioppo presented the Advisory Board with a timeline of our engagement with Cognosante, as well as the main reasons Cognosante was chosen as our vendor for this Project. The expectation is to have the new P3N system replace the current IBM P3N system by the end of July 2022. The Public Health Gateway (PHG), the Care Plan Registry and other new services will be implemented by January 2023.

Mr. Ciccocioppo introduced Ms. Julie Crouse, the Project Manager leading the Cognosante team to transition our current P3N system, to their new P3N solution. Their partners for this Project are considered the 'best in breed' and were chosen by Cognosante for that reason: Verato is well known for MPI solutions with referential matching algorithms. Cognosante's Project partners also include Tableau, Imprado, and DynaVet, working with Alix Goss and David Grinberg. Other members of the Project team include Ready Computing, whose team has great expertise in InterSystems products, particularly the Enterprise Service Bus.  Ms. Crouse reported that Cognosante's main goal during the Transition and Implementation Phases are to ensure that we do not lose the data and capabilities we already have, and to enhance them. She aforesaid that they are using some solutions from InterSystems, but not their entire stack of solutions, which Cognosante did employ with the Alabama Medicaid Project. Cognosante has also worked on interoperability projects in the states of Oregon and Nevada, and on the federal level. Ms. Crouse worked for several years for ONC and CMS, so she has a substantial knowledge of the federal landscape and regulations. Cognosante has also worked on interoperability projects with non-profit organizations. Ms. Crouse noted they will help make our P3N more scalable. With this new P3N we will be gaining access to Tableau to enhance data visualization and analysis going forward. This new solution will use a FHIR standard to bring data in and store it in FHIR format, using Amazon FHIR Works.

Ms. Crouse presented information to illustrate the Transition portion of the Project. They have an aggressive approach to the Transition Phase. This portion of the Project is broken out into two Phases, so they can effectively engage the right stakeholders throughout that process and get feedback from current Users. Transition Phase will occur within months 1-3 and include the following: Integration of 2 HIOs; Single Sign On (SSO) or current P3N Users; Initial Data Migration; Provider Directory; Master Patient Index (MPI); XDS Registry, Query/Retrieve and Row Level Security (RLS), and Super Protected Data (SPD) Logic. Initial User Acceptance Testing (UAT) would occur by the end of Phase I as Release 0.5, with stakeholders and users.

Some items that will stretch from Transition Phase I into Transition Phase II of months 4-6 would include: Integration of 3 HIOs; Opt-Out Registry; Advance Directives Registry; ADT forwarding; Clinical Data Repository (CDR); Integration of PA Agencies and other Data Sources; and Reporting Dashboards (Administration, System, Operations and Activity). Phase II of the Transition will also include: SSO for Patients (Keystone log in); Patient Portal and Provider Portal; Public Health Gateway (PHG); Clinical Reporting and Quality Reporting; QHIN Qualification; MMIS 2021 Integration – including APIs and Web

Services. Other items included in Phase II will be Production Readiness and Final Data Migration, and Final User Acceptance Testing (UAT), which would occur as Release 1.0. During months 7-12 of the Project the focus will be on Implementation, which will include Final User Acceptance Testing, Maintenance and Operations Releases and Change Orders. Cognosante will also add ongoing Enhancements to the initial Releases (0.5 and 1.0). They will also be able to implement some of these enhancements during the first 6 months of this Project.

Chair Simon had questions about Releases and Change Orders; to which Mr. Ciccocioppo explained that when things need to be changed along the way, we can request changes, as we do now via 'Change Request's with IBM. Chair Simon said the schedule is of prime importance: If the deadlines are missed, and we get to months 7-12, is it a flexible date, from the existing system to the new system, or a date-certain? Mr. Ciccocioppo replied that the contract we have with Cognosante is for 5 years. For the cutover from IBM, we are using a 5th Option Year with IBM, effective May 1, 2022. We wanted to be done by the end of IBM Option Year 4, April 30, 2022 but this was not possible, so we will go month-to-month during this final year with IBM. The transition from IBM to the new solution should be completed within 6 months, by July 31, 2022, there will no longer be an IBM solution. We will keep all the functionality we have now, but in the RFP, we asked for additional functionality and we will get that, such as having the PHG incorporated into the new P3N; this will give us a lot more synergy with the HIOs. We will have a Care Plan Registry that will also be implemented in months 7-12. IBM is shut off at the end of the first 6-month period, and in the 2nd 6-month period, we will have those enhancements.

Chair Simon commented he now had a better understanding of this, and the acronym UAT (User Acceptance Testing). During the Transition of months 1-6, we can implement things and ensure that we have the new system in place and can then turn off the old one. Chair Simon thanked both Ms. Crouse and Mr. Ciccocioppo for the presentation and clarifying different points during the presentation.

Mr. Ciccocioppo advised that after the initial 12 months of Implementation the Maintenance and Operations portions of this Project will play out over the remaining 4 years of the Cognosante contract. It is front loaded—most of the cost is for the 1st year, due to the extensive build out; there will then be a fixed monthly fee we will pay for maintenance of the system for remaining years. Ms. Crouse agreed that it is a lot to absorb in a diagram and Cognosante will provide a more detailed view of the timeline data to this Advisory Board. Mr. Reed had a comment "As an HIO we have our own system migration we are working on with NextGen; they are moving us from Mirth to the Health Data Hub", and questioned if there has been development in discovery with the HIOs and what they have going on, their ability to migrate in this time frame and also if there was any consideration about cost and effort required on the HIO side to migrate all their system connectivity to this new platform; as there are significant costs involved for the user testing and all the integration to be done.

Ms. Crouse answered his questions as follows: Cognosante is flexible within that 6-month time frame. If an HIO has key activities in any month, they can be flexible in when they engage the HIO but there is assumption we engage that HIO and move them over to being connected to the new one by the end of the 6-month timeframe. If that is problematic, we would need to have a follow up conversation, as that is a key assumption to have to allow the incumbent to be turned off by July 31, 2022. As to Mr. Reed's 2nd question, pertaining to level of effort, Cognosante is already engaged with IBM and trying to minimize the level of effort to all HIOs pointing their existing feeds to a new solution. Cognosante does not consider this a complete rebuild of an existing interface: For example, there could be bifurcated feeds where you are feeding the existing interface to Optum and then Optum routes it to Cognosante; or the HIIO can open up ports and allow us to connect and get that same data from the HIO, so we can analyze it to make sure the quality of format and content of the feeds can be processed through our system all the way into FHIR data repository and all the way into the user interface. But to summarize that, we are planning to reuse the existing interfaces that the HIOs have, with the assumption there will be network connectivity effort required on both sides.

Dr. Michael Sheinberg commented that Ms. Crouse's answers to Mr. Reed's and other schedule questions did not make him feel any better, noting there can be too many unknowns. He inferred that the timeline does not take into account that HIOs are not all the same, so there is no 'one size fits all' for that work. He also noted there should be a look at one or two HIO first, then come back to the Board with that discovery, adding that the earlier they get that data, the better.

Cognosante agrees that each HIO has different data feds and platforms. They will leverage that and engage 2 HIOs in Transition Phase I to get those 2 HIOs running in the lower environment, get fully connected to do query/retrieve with those 2 HIOs and ADT feeds. Cognosante will not tackle all this at once. They will do this in parallel with other HIOs in the first 3 months of the timeline. They have a dedicated team just for HIO integrations; they will be looking at sample messages. Cognosante's technical resources, in tight partnership with HIO counterparts, will do most of the heavy lifting. We expect that there is a minimal HIO effort. We will ask: Where are HIO resource? Where can Cognosante fill in the gaps? and How does Cognosante get your HIO to the new system using your existing feeds? Chair Simon asked about the Integration of two HIOs, which ones would go first. Ms. Crouse stated that they have 2, possibly 3 current candidates, but we are not naming them now. Two of those three HIOs will work out; if the third HIO wants to, we will update that timeline item to three HIOs. Mr. Ciccocioppo stated that we did discovery with Cognosante about the HIOs tech stacks, and they have solutions that Cognosante is familiar with and which of the HIOs are willing to be early adopters; they know who they are. No HIO had signed on yet, but a few HIOs have stated they want to be at front of line. He also reminded everyone that we only just received a PO for this Project this past Monday, January 31, 2022 and that Cognosante has already showed dedication by doing work over past 4 months that is not recoverable (not compensated) and they want to help and need cooperation from our HIOs, DOC, DHIN and any other data sources.

Chair Simon Chair asked if there were any other questions about the schedule for this Project, and Mr. Ciccocioppo said we would get a detailed status report a few months from now. Mr. Joseph Fisne had a comment, agreeing with his HIO colleagues: Do not underestimate the effort needed for integration points. We want that noted, as it will take some time, do not understate it. Mr. Allen Price reiterated information relayed by Mr. Ciccocioppo about the HIO tech stack information provided to Cognosante. Also, we surveyed the HIOs about their current activities, so the discovery process has already started. We know what is in store for us over this year.

Mr. Reed asked if there would be any reimbursement for the HIOs or their side of the transition. Mr. Reed had other concerns: I feel like prep work is done and everyone has done this before, knowing that this is complicated, and I am looking at the tech stack and lots of new systems involved and lot of changes. I think there should be HIETCC input and analysis that everyone does together, and not just doing a schedule without everyone buying into it.

Ms. Crouse remarked that Cognosante has a dedicated schedule team for this Project and will ensure you all come together and do a pessimistic schedule and optimistic schedule. She noted there will be bumps in the road, but Cognosante will work on them with the HIOs. The first 6 months is to get existing feeds turned over to the new solution; the existing feeds may or may not be perfect, such as fields that are not coded today that can be coded. There should be a lens around the quality of data-that needs to be seen as a follow-on activity. There is always room to improve the quality and codification of data in these feeds. This is the reason Cognosante proposed the InterSystems Iris Interface engine to be the Service Bus for this Project. The Ready Computing team specializes in customization to modify the interface so it can still process that potentially non-compliant feed. There are still kinks to iron out, but Ms. Crouse noted that Cognosante will work with everyone from a quality perspective on this.

Mr. Fisne commented that we should have our eyes wide open for bumps along the way. Vice Chair Paul McGuire asked about the July 31, 2022 date that IBM goes away: What happens If there is a challenge in

the schedule? Mr. Ciccocioppo replied that when we are satisfied that the solution is in place, then the existing P3N can be turned off. Cognosante said by the end of 6 months, it will be done. IBM will be turned off by July31, 2022. If that deadline is not met, we can pay IBM monthly until this is done, if needed. We have flexibility, but we do not want to use that if we do not need to.

Cognosante has a dedicated risk manager to identify and mitigate risks ahead of time to stay on schedule. If they see something, for example, going from 5 days to 15 days, they can modify the schedule in other areas. The resources Cognosante has employed are not just for technology but communications management and change management, and in the HIOs and the Dept of Human Services, there are resources to ensure we can do this and all activities on time in 6 months. Ms. Crouse also emphasized that in the RFP, training is required; they have a team of 3 resources to support this across multiple areas for DHS:  a reporting tool, portal usage for all types of users, and early engagement in training before Cognosante turns off the old and turns on the new. Mr. Ciccocioppo explained that there will be individual meetings with HIOs as well as with HIETCC, and we will meet with Cognosante next week on February 8, 2022. Chair Simon opined that a lot of work has gone into this and said it was Mr. Ciccocioppo's call, but advised that other Advisory Board members want a detailed status report at the next meeting, with a more detailed schedule and hopefully a good report as part of the May 6, 2022 Agenda. Mr. Ciccocioppo agreed and asked if there were any other questions for Ms. Crouse and he invited her to either remain for the rest of the meeting or depart. He also thanked her for coming to this meeting and answering tough questions. Ms. Crouse thanked the Board and noted Cognosante will capture these comments and questions in their risk log, along with the concerns that were brought up; she is looking forward to working with everyone and will provide a detailed status report at the next Advisory Board meeting.

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

During each Advisory Board meeting, an HIO representative is chosen on a rotating basis to serve in a liaison role to update the Advisory Board on the HIOs' accomplishments, activities and issues addressed by the Health Information Exchange Trust Community Committee (HIETCC). The current Chair of the HIETCC is Mr. Keith Cromwell of CPCHIE. For today's meeting, Mr. Doug Carroll of MNX was to serve in this liaison role; but as he is unable to attend, Mr. Ciccocioppo summarized the following HIETCC issues:

- The choice of Cognosante as the vendor to transition the P3N from the current system with IBM, to the new P3N
- RISE PA – Grant Program for HIOs to select Statewide Resource Referral Tool (RRT) Vendor
- New HIO – Lehigh Valley Health Network (LVHN) Onboarding to P3N
- Interstate Data Sharing – DHIN Onboarding to P3N ADT Service; CRISP to leverage DHIN P3N Connection for sharing Maryland, West Virginia, and District of Columbia ADTs
- HIO support for Public Health Reporting—PA SIIS Challenges and new PDMP
- ARPA Funded Grant Programs for Home Health Agencies (HHAs)
    HIE Onboarding
    EHR Incentive Program
- P3N Operations and Transparency
- Encounter Notification – P3N ADT Service - Nursing Home Expansion
- Enabling Image Sharing in Health Information Exchanges
- Electronic Case Reporting
- Trusted Exchange Framework and Common Agreement (TEFCA)

### PA eHealth Partnership Program Accomplishments and Initiatives
PA eHealth Accomplishments
Mr. Ciccocioppo gave an overview of what PA eHealth has accomplished since the last Advisory Board meeting. In November 2021, the PA eHealth team relocated, from the Health and Welfare building in

the Capitol Complex, to the newly constructed Harrisburg Uptown Building (HUB) at 2525 North 7th Street, Harrisburg, PA 17110. In December 2021, the P3N began receiving ADTs from the Delaware Health Information Network (DHIN) for Pennsylvania patients receiving care in Delaware. In January 2022, the P3N began sending ADTs to the DHIN for Delaware patients receiving care in Pennsylvania. In February 2022, several initiatives were realized: The Lehigh Valley Health Network (LVHN) became the sixth P3N certified HIO; Cognosante officially began work on building the next-generation P3N with an integrated Public Health Gateway; we began using Tableau for data analytics and visualizations.

Mr. Ciccocioppo then presented the following P3N ADT data: A graph showing distinct patient counts and ADT message counts sent by the HIOs to the P3N; and another graph showing distinct patient counts and ADT message counts coming from the P3N to the HIOs. He then noted the steady strides we have made statewide in increasing the number of hospitals affiliated with an HIO. The state map shows that as of February 2022, 153 out of 251 hospitals (60.96%) are affiliated with an HIO. It was noted that the addition of LVHN as a P3N certified HIO has helped reduce the "white space" that existed in eastern Pennsylvania (including Lehigh and Northampton Counties) for years. Another map illustrated that 136 out of 275 Acute Care hospitals (77.7%) are currently affiliated with an HIO. We will continue to encourage more HIO connections by providers, particularly Long-Term Care (LTC) facilities. There was a question about how many LTC facilities in Philadelphia and Montgomery Counties are, in fact, affiliated with an HIO: HSX believes they may have more hospitals connected to their HIO than what was noted today; we expect to receive a definitive answer at the next meeting in May 2022.

PA eHealth Initiatives
Several PA eHealth initiatives, including HHA HIE Onboarding, for which we will administer a $5 million grant program solely for HHAs that serve MA Pediatric Shift Care patients and the HHA EHR Incentive Program, for which we will administer a $7.8 million EHR Incentive Program for HHAs that serve MA Pediatric Shift Care patients. Another initiative that has been on the horizon for several years within DHS is the Resources Information and Services Enterprise (RISE PA) which will be enabled by P3N HIOs and their selected statewide Resource and Referral Tool (RRT) vendor, with support from an $18 million PA eHealth grant program. Mr. Ciccocioppo also gave a brief update on TEFCA: In January 2022, the Office of the National Coordinator for Health Information Technology (ONC) and the Sequoia Project began implementing the Trusted Exchange Framework and Common Agreement authorized by the 21st Century Cures Act of 2016. PA eHealth is currently evaluating the options of either becoming a Qualified Health Information Network (QHIN) or connecting to a QHIN.

After giving an overview of these initiatives, Mr. Ciccocioppo provided the Advisory Board with a more detailed look into the RISE PA RRT, providing background, status of this effort and the path forward. RISE PA is a platform to screen for unmet social needs, looking at domains such as the security of food and housing, employment, financial stress, childcare, utilities, clothing, medical access and affordability, and transportation. The RISE PA RRT would have the following characteristics: It would maintain data, contain a searchable and accessible resources directory and be a closed loop referral system (to ensure a referral is made and results are recorded). Also, for Community Based Organizations (CBOs) it would provide a care coordination and care management platform. The RISE PA RRT would also allow for a level of interoperability and integration with stakeholder and Commonwealth systems. Mr. Ciccocioppo stated that DHS has engaged many different stakeholders over several years to better understand what was desired for RISE PA, and we are working to ensure that the previous feedback received from that advisory committee is not lost in the new path forward. Mr. Ciccocioppo then provided details on the RISE PA RRT effort: The total grant would be $18 million over two years: $4.5 million for HIOs to procure a RISE PA RRT and integrate it into Health Information Exchange (HIE); $9 million for the HIOs to pass through to the selected RRT vendor; $4.5 million for end-users of the Tool, such as providers and CBOs, to update their electronic records system to integrate with the Tool. The HIOs would slightly increase user fees in the long term, given added functionality after the initial two-year period.

There are several advantages to this RISE PA RRT initiative: The HIOs are already in the business of exchanging health-related information and have significant connections to providers across the Commonwealth. He also noted the RISE PA RRT will be more expeditious and more stable (no need to re-procure it every two years).

The path forward for the RRT: The HIOs will be tasked with collectively procuring a single, statewide, RRT vendor with the desired functionality. HIOs would then integrate the RR Tool into the P3N and health information exchange, so providers and other stakeholders could access the Tool if they have already been onboarded to any of the HIOs. Also, the selected RRT vendor would be tasked with onboarding the Community Based Organizations (CBOs). Agencies in PA can also access the Tool, either by working directly with the RRT vendor, or with an HIO.

After his presentation on the PA RISE RRT, Mr. Ciccocioppo noted he intended to discuss TEFCA during today's meeting. However, due to time constraints, that discussion will be tabled for now and the topic will be on the May 6, 2022 Advisory Board Meeting Agenda.

## Health Information Organization (HIO) Overview
Mr. Don Reed presented an overview of HSX's services and accomplishments over the past year.  HSX's goal is to provide health care information when and where it is needed. Their mission has been to provide secure access to health information to enable preventive and cost-effective care, improve quality, lower costs and facilitate care transitions. HSX is HITRUST-certified and is in the process of recertifying in the areas of HIPAA and Security Compliance. HSX has collaborative Data Sharing Agreements with major regional health care entities, totaling approximately 500 organizations, including 16 Health Plans/ACOs, 70 hospitals, 120 post-acute facilities and over 150 ambulatory practices.

Mr. Reed noted that HSX has experienced major growth during Onboarding Grant Year 2021, not only in PA, but in other states:  Delaware health systems, including the Nemours Foundation; the New Jersey Health Information Network (NJHIN) including the Camden Coalition. HSX is also part of the national eHealth Exchange, and HSX has added Blue Cross Blue Shield health plan to their membership.

Technology and integration:  via NextGen, has Mirth Results CDR–14 million patients and an average of 60 million messages per month. They are interoperable with Care Management Systems and EMRs; they have Direct Messaging and are migrating to Health Data Hub. For their Encounter Notification Services (ENS) via Audacious Inquiry (AI), they have nearly 6.5 million Patient Panels, Smart Alerts and CoP CMS ADT Sharing. HSX also offers customization to its members, such as Clinical Activity History - Push to Provider, and the Auto Care Team Finder – Physician Attribution.

Value Based Care:  HSX noted Strategic Data Aggregation for providers, health plans, ACOs and participating in new models and quality incentive programs. These support value-based care and contracting, as well as supplemental data for Quality- of-Care Programs. HSX is now in the process of achieving NCQA Data Aggregator Validation Certification. They are also working on 21st Century Cures Act FHIR APIs for Payer Data Queries.

Partnerships and Programs:  They have Public Health Partnerships with the city of Philadelphia and in 2021 they received an award from HHS/ONC as a Nationally Recognized HIE. HSX has also partnered in different initiatives with the PA Department of Aging (PDA), Pennsylvania's local Area Agencies on Aging (AAAs), Pharmaceutical Assistance Contract for the Elderly (PACE) and the Benefits Data Trust (BDT). Currently, there are 12 hospitals participating and there has been an increased benefit for the medication assistance program. This has helped to identify and reach out to individuals who are unaware of their eligibility for prescription assistance. Research and Analytics: HSX has partnered with the Robert Wood Johnson Foundation (RWJF) for studies focused on COVID-19, diabetes, and obesity. HSX has also been working with Novo Nordisk and the American Diabetes Association (ADA).

Quality Improvement Programs:  HSX partnership with the ADA includes the following: Know Diabetes By Heart; Philadelphia Diabetes Prevention Collaborative; Partnership with AMA, Jefferson College of Population Health; ADA State of Diabetes – Regional Workgroup to Improve Health Equity; Amputation Risk Reduction – Grant submission (with ADA) to Johnson and Johnson (J&J), and the Diabetes Awareness Campaign.

Innovation and Activation:  14 million patients have current demographics, a single chart medical history that contains 5+ years of robust clinical data, including every healthcare visit, using HL7, LOINC, ACD-10 and NDC coding, and is available in real time, with over 50 million records processed per month. HSX Market Street is a digital health applications platform for solution development with secure API access to HIE for lab results, vaccines, CCD history/encounters, medications and diagnosis. HSX's Digital Health Apps and Solutions include: HEDIS and Payer Services, Aging in the Home, Patient Engagement, Treatment and Care Management, Disease Management and Patient Directed Requests. After his presentation, it was noted that we would be incorporating the HSX slides into this meeting's slide deck and sending a copy of it to all attendees. It was also noted that slide deck would be posted onto the DHS website.

## Public Comment
There were no requests for public comment.

## Action Items
- Survey participants for May 6, 2022 meeting preference (in person or virtual) – late March 2022
- Provide detailed Project progress for the new P3N – Ms. Julie Crouse, Cognosante
- Provide number of Philadelphia/Montgomery County LTC HIO connections – HSX
- Provide meeting Slide Deck with HSX slides incorporated – PA eHealth

## Proposed 2022 Advisory Board Meetings
- Friday, May 6, 2022 in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.
- Friday, August 5, 2022 in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.
- Friday, November 4, 2022 in-person at 2525 Seventh Street, Harrisburg, 10 a.m. – 2 p.m.

## Adjournment
The meeting was adjourned at 12:00 p.m.

**Approved:  May 6, 2022**