PA eHealth Partnership Program Advisory Board Meeting Date and Location

Meeting Date: Friday, August 4, 2023
Meeting Time: 10:00 a.m. to 1:44 p.m.
Meeting Location: Harrisburg Uptown Building and via Microsoft TEAMS Meeting

Advisory Board Members

Ms. Pamela Clarke – Senior Director, Quality, Health Promotion Council
Mr. Martin Ciccocioppo – Director, PA eHealth Partnership Program, Department of Human Services
Mr. Joseph Fisne – VP/Associate Chief Information Officer, Geisinger Health System
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross
Dr. Brian Hannah – Vice President, Chief Medical Information Officer, Mercy Health - EXCUSED
Dr. Timothy Heilmann – Chief Medical Information Officer, UPMC Susquehanna Health Medical Group
Ms. Teri Henning – AVP Government Affairs, Aveanna Healthcare
Ms. Muneeza Iqbal, Deputy Secretary for Health Resources & Services, PA Department of Health
Ms. Julie Korick – Chief Financial Officer, PA Association of Community Health Centers
Ms. Minta Livengood – Volunteer - ABSENT
Mr. Paul McGuire (Chair) – Chief Operating Officer, Quality Life Services
Ms. Katie Merritt, Director of Policy & Planning, PA Insurance Department
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine
Dr. Margaret Zalon - The 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)

Erica Gipe, EHR Project Manager

PA Department of Health

Lindsey Walsh – Executive Assistant to Muneeza Iqbal

PA Department of Human Services

Kathleen Beani – PA eHealth Partnership Program
Dana Kaplan – PA eHealth Partnership Program
Dr. David Kelley – OMAP Medical Director
Aleissa (Lisa) McCutcheon – PA eHealth Partnership Program
Kay Shaffer – PA eHealth Partnership Program
Christy Stermer - PA eHealth Partnership Program

PA Insurance Department

Caolinn Martin – Deputy Policy Director

Guests

Nick Barbera, Sunstone Consulting
Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger
Tara Gensemer, HIE Operations Manager, Cognosante
Mary Honicker, Information Technology Program Director , Geisinger

Joel Lange, HIE Project Manager, Interoperability, Cognosante
Michael Lundie, VP, Interoperability Engineering, Cognosante
Sheena Patel, Senior Director, CRISP Maryland
Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

Welcome and Introductions

Roll call was completed with the Wiretap Act and Consent to Recording read aloud and shared visually on the screen with all attendees. Mr. Paul McGuire, Chair, called the meeting to order and welcomed all members and guests.

Health Information Exchange Trust Community Committee (HIETCC) Updates

Ms. Phyllis Szymanski, HIETCC chair, served in the HIO liaison role to provide a summary of the Committee's activities. The HIO consortium for PA Navigate obtained a full contract with the selected vendor and will meet with United Way of PA this month for strategy and partnership. Other topics covered at HIETCC meetings included the ongoing Cognosante P3N/PHG Implementation and Transition; working to onboard CRISP to expand interstate ADT data sharing; leveraging Hospital Quality Incentive Programs (HQIPs) to close remaining 'white space' in PA; proposing a new MA Enterprise Funded ADT grant program for P3N HIOs and providing encounter notification services for P3N HIOs. The HIOs also began an annual review of the P3N Certification Package and discussed the P3N Re-Procurement.

PA eHealth Partnership Program

There are four health systems in Pennsylvania that do not participate with the P3N: St Luke's, Commonwealth Health, Conemaugh, and Penn Highlands. The Department is exploring possible ways to leverage the Hospital Quality Incentive Program (HQIPs) to get all acute care hospitals participating in the P3N ADT Service through a P3N-HIO and contributing discrete data to the clinical data repositories of P3N HIOs.

PA eHealth is exploring the creation of a new Medicaid Enterprise Funded ADT Grant Program for P3N-HIOs. PA eHealth used funding from Medicaid (MA)- Medicaid Enterprise Funding (MEF) to support P3N cost. Following is the breakdown: Year 1= 90% paid by CMS funds and 10% paid from state funds. For current and future years, we are asking CMS to pay 75% of our remaining costs for the rest of our contract with Cognosante. CMS was asked if we could use MEF for the HIOs, however, this is specifically tied to Medicaid (MA) value and the state must pay for the match. The current proposal for this new grant would be 25% state ($500,000) and 75% federal (1.5 million) funds for a total $2 million. We would allocate that $2 million to the HIOs based on their proportion of ADTs sent to the P3N for Medicaid patients.

The P3N Functional Diagram provided a comprehensive glimpse into what was expected of the P3N, how much has been accomplished so far, and the work that is in progress. The P3N includes connection to PHG for reporting of data to the Cancer Registry, PDMP, Immunization and Labs. We will shortly add CRISP to the list of ADT Service Participants so that ADTs for CRISP patients seeking treatment in PA and PA residents seeking treatment in one of the data sources under CRISP can be shared.

We have robust tools for monitoring in a Tableau Dashboard and provide access to the HIOs, rather than the excel spreadsheet reports we previously received from IBM on a weekly basis. On the presentations, various summaries were mentioned, including P3N Inbound ADT and Unique Persons by HIO. It was also noted that this Dashboard is interactive, so when it is in use, you may view the data instantly. For instance, if there were 7.2 million messages delivered in a single month, such as July, we would obtain ADTs for roughly half a million Unique Persons.

Cognosante is using Verato for our MPI, getting a nearly 100% matching rate. Verato was chosen since it does not just rely on probabilistic matching, but referential matching with demographics, such as former addresses, to determine the match.

A study of all HIOs and their Medicaid-eligible patients in Pennsylvania was suggested. Cognosante mentioned that they wish to deliver a Cross Source Duplication report and that they have reports and regularly interact with data stewards. The board members understand that the clean-up is not a simple or quick procedure, but they are happy with how it is going thus far. Some of the reports we give the HIOs concentrate on missing data points. Ms. Muneeza Iqbal pointed out that DOH has recently employed Verato (in addition to the Verato MPI offered by the P3N). Verato provided the demographic data that DOH needed to fill information gaps during COVID reporting.

CMS approved the 9 different SMC Metrics showing how P3N benefit MA patients which will be reported monthly: 1) **P3N Enterprise Master Patient Index (MPI)**; 2) **P3N Patient Portal**; 3)**P3N Provider Directory**; 4)**P3N Provider Portal;** 5)**P3N Clinical Data Registry and Repository**; 6)**P3N Consent Registry;** 7)**P3N Encounter Notification Service**; 8)**P3N Clinical Data Push Service;** 9)**P3N Public Health Gateway (PHG) Service**. PA eHealth began sending CMS monthly reports on the 9 metrics in May, starting with February 2023 data.

Chesapeake Regional Information Services for Patients (CRISP) Overview
Dr. Sheena Patel gave an overview of CRISP. CRISP Shared Services is a non-profit support organization, with each HIE participating in governance efforts. The mission of CRISP Shared Services is to help member organizations to achieve economy of scale, pooling innovation efforts and implementing best practices. The Affiliation Principles include the following: Preserving the independence of each HIE and empower the local jurisdictions, as they each may each have different priorities; improving HIE technologies and taking advantage of shared HIE infrastructure to reduce costs for all regions. CRISP shared Services has been able to help local Healthcare communities improve health outcomes for their patients. This has been done for MD, DC, and WV via affiliation and recently, they added Connecticut and Alaska for the same purpose. It was noted that Maryland is an official HDU. A Public Health Data Utility (PHDU) is different than an HIO in that MD state law require the state designated HIE to provide data in real-time to individuals and organizations involved in treating patients and public health officials to support public health goals. The legislation will also require the Maryland Department of Health (MDH), nursing homes, electronic health networks, and prescription drug dispensers to share data with the state-designated HIE. To work well, the PHDU should be statewide, or match the jurisdiction of the public health agency, officially designated through a method chosen by the state. It should be a non-profit company or independent state commission, governed by a mix of public and private sector health leaders. A PHDU should also be connected to all important healthcare providers, especially hospitals; receive some data by mandate, or from the department of health, and it should be held to a high level of security and patient privacy protections.

During COVID, they were able to identify ways to see gaps in race and ethnicity- they went from just 20% data completeness to 90%. The PHDU combines data to enhance data, delivers data back to clinicians in the field and supports public health interoperability projects. It was noted that they have a partnership with EMS (emergency medical services) and ambulance services, to get the event reported to the patient's primary care team. They have also provided school absentee data to the student's pediatrician and have made K-12 bulk immunization data available.

Currently, these Public Health Use Cases are in production: In Maryland, there is integration with the PDMP System, to alert providers when patients have had previous overdoses, Cancer Registry Enhancement, and Public Health investigations (to get additional info about fatal events, such as

overdoses and infectious diseases).In Washington DC, there is integration with Lead Registry system, Colorectal Cancer screening Compliance and HIV/AIDS Lost to Care and PREP Medication Reporting/Analytics. In West Virginia, they work with community partners to provide an alert when infant is born with Neo-Natal Abstinence Syndrome (due to in utero exposure to drugs, such as opioids) so the infant's treatment course can be adjusted throughout childhood. West Virginia also created an infrastructure allowing sites to do point-of -care (POC) COVID-19 testing to report those test results through the HIE to Public Health and make them available as alerts to providers. The HIE is integrated with the West Virginia End of Life Registry, allowing a patient's end-of-life choices to be shared broadly to all participating providers. It was also noted there is a Care Redesign Program that hospitals in Maryland must take part in. There is Care Coordination using ADT as a 'prompt' to tell who patients are and what happened to them. This was noted especially during COVID and MPOX, and health equity data. It was noted that, MD and DC residents on Medicaid (MA) now need to have their MA Redetermination completed, so 400,000 packets have been sent out over the past 3 months to these recipients, so they can complete and return them. For the past 3 years (during the COVID Public Health Emergency these Medicaid (MA) Redeterminations were halted but have been reactivated this year).

Why remote or distant states/territories are linked with CRISP is a question that has been raised. As it turns out, Alaska has 100 hospitals. Additionally, the US Virgin Islands (USVI), which now have two hospitals, are a part of a concept pilot that also involves the state of Florida. It was reported that 75% of LTC homes are connected; CRISP MD is their vendor and they are given incentives by state law. Additionally, it was stated that because that state is far smaller than Pennsylvania, passing laws was easier for them.

PA Navigate Project Implementation
The PA Navigate Project, which will help patients address Health Related Social Needs (HRSNs), was discussed with a national CIVITAS Networks for Health Annual Conference in July. Findhelp (formerly known as Aunt Bertha) has been chosen by KeyHIE, CCHIE, CPCHIE, and HSX as their vendor. The HIOs will meet with United Way and findhelp on August 17, 2023, to talk about a partnership. At the HUB building in Harrisburg on August 18, there will be a kick-off meeting with PA eHealth. It was highlighted that county governments and community-based organizations (CBOs) are both very keen to participate in this, thus it is crucial to work together to sign up CBOs. The challenge may be to look at LOINC codes for social determinants of health (SDOH) screenings because there are issues with national coding standards for various sectors that have chosen to use LOINC codes. OMAP uses Z and, as Dr. Kelley pointed out.

For implementation and next steps, findhelp is incentivizing and providing assistance to CBOs to get connected to PA Navigate. Also, each HIO has grant funding to help their members customize their EHR to connect to PA Navigate. Dr. Kelley noted they work with ODP ad LTC to be sure that service coordination will help those who are disabled.

Trusted Exchange Framework and Common Agreement (TEFCA) Impact on HIE
Seven entities' applications have been approved to go forward toward QHIN certification, and 2 of those 7 could potentially have the greatest effect our HIOs and the P3N—EPIC and National eHealth exchange (eHX). Half of our hospitals and 2 HIOs use Epic customers, and all five P3N-HIOs are part of the National eHealth exchange. A few other EHR vendors also want to be QHINs, although the original TEFCA never foresaw that an EHR vendor would seek to become a QHIN. The HIOs were asked to opt out or sign up to be part of the eHX QHIN between May 31 and July 31, 2023. There must be a separate governance for each QHIN; some of them will be up and running by the end of this year. Some will join a QHIN down the road. The fact that a provider organization can only be part of one QHIN has given some

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HIOs and others pause. This Single-Entry Rule could be modified after so many opted out of joining a QHIN for now. PA eHealth will continue to monitor this TEFCA topic. It was also noted that Epic has used this as a business model for years—they already operate as a QHIN in other ways.

PA eHealth Partnership SFY 2022-2023 Strategic Plan Accomplishments
Ms. Kay Shaffer presented the Vison and Mission for our Strategic Plan, and how we have attained or are in the process of attaining the goals and objectives we have set. We looked at 7 Strategic goals, with 1-3 objectives for each. Our current Strategic Plan ends June 30, 2024. Another consideration is that we are in 1.5 out of 5 years with the Cognosante contract (ending in 2027) so we need to do a new Procurement for that as well.

Snowflake is the new data base we have for the P3N via Cognosante. We are working on the Care Plan Registry and ONAF (Obstetrical Needs Assessment form), and we used ARPA funds to help to promote Health Equity. We are integrating P3N into MMIS: We began Operational Readiness Review (ORR) in January 2023, and a final letter request will go to CMS by September 2023. We are using Verato for better patient matching. With IBM, we only dealt with small number of ADTs but have greatly expanded that with Cognosante: In the month of June1-30, 2023 we had 6.7 million Inbound messages and 5.1 million Outbound messages. Care coordination to promote better outcomes and reduce duplication of services comes under goal 5. We have supported VBP (Value Based Purchasing) and other initiatives to help the healthcare cost curve. We work with MCOs and HIOs on alerts and quality data, as well as AAA (Area Agencies on Aging) Care Plans. We have also integrated the PHG along with the P3N. The sharing Advance Directives can be accommodated the registry, but none of them are in there yet and our Patient Portal is not ready for people to register due to the Keystone ID issue. Other accomplishments are we optimize HIE stakeholder experience by making it more usable in their workflow, and provide training (such as Moodle, via Cognosante). We can also provide funding/grants to make them interoperable with the vendor and provide easy access to health data when/where it is needed.

Board members made several suggestions: since only 30 % of LTC has a connection to an HIO, we review which ones are good and not seeing readmits and transfers and other adverse events since being connected to an HIO. Also, look at transitions of care in other directions. We might accomplish this in the upcoming Strategic Plan, outlining it with a baseline for it, and setting up crucial success factors. It was noted that Cognosante has on the Portal the frequency of ER visits and other data and ER visits would be a main measure. Dr. Kelley noted that, for HQIPs they look at hospitals with previous admissions and readmissions. Critical Success factors for PA Navigate should be put in the new Strategic Plan. Goals and objectives need to be measurable, to know how well they are working.

Vice Chair Nominations
In July, Paul McGuire was appointed Chair by the Secretary, and he can serve in this role until October 2025. Ms. Julie Korick elected Vice Chair immediately and was nominated for Vice Chair in 2024. In November the Advisory Board will vote on the Vice Chair position. It was also noted that Dr. Brian Hannah (Hospital rep.) and Dr. Timothy Heilmann (Physician/Nurse rep.) current appointments expire in October 2023 and both are eligible for appointment to one more 3-year term.

Remaining Advisory Board Meetings Scheduled for 2023
November 3, 2023, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

Adjournment
The meeting was adjourned at 1:44 p.m**.**

APPROVED: November 3, 2023

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