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, May 5, 2023
Meeting Time: 10:00 a.m. to 1:36 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 - EXCUSED
Mr. Scott Frank – Chief Information Officer, Capital Blue Cross
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
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 (Vice Chair) – Chief Operating Officer, Quality Life Services
Ms. Katie Merritt, Director of Policy & Planning – PA Insurance Department - EXCUSED
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine

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, Health Care Administrator

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
Debra Kochel – PA eHealth Partnership Program
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

Kim Chaundy, Associate VP, Applications & Interoperability, Geisinger
Keith Cromwell – Central PA Connect HIE
Alix Goss – Point of Care Partners
Joel Lange – Cognosante
Michael Lundie, VP, Interoperability Engineering, Cognosante
Michael Murry – Sunstone Consulting
Dr. Sushma Sharma, Hospital and Healthsystem Association of Pennsylvania

Brian Wells, HealthShare Exchange
Dr. Margaret Zalon, The University of Scranton Department of Nursing

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, Vice Chair, called the meeting to order and welcomed all members and guests.

PA eHealth Partnership Program Initiatives
Mr. Martin Ciccocioppo shared several slides illustrating the P3N Linking Rate for patients linked to more than one HIO; Unique Persons served by the P3N ADT Service, as well as P3N ADT Service Participation, noting inpatient facilities in Production or Pipeline. As of March 2023, we were well above the target total of more than 150 in Production. to get Care Plans automatically integrated into the P3N, we have had meetings with the MCOs and the PA Dept of Aging (PDA). We are attempting to incorporate the Obstetrical Needs Assessment Form (ONAF) and Area Agencies on Aging care plans. Our Provider Directory will be made public facing once several display issues are resolved. The Directory takes information from NPPES, Dept. of State (DOS), Department of Health (DOH), Department of Human Services (DHS) as well as Department of Drug & Alcohol Programs (DDAP), this will enable providers and patients to find the appropriate provider for their needs. A Patient Portal, using a Keystone ID, has been created, however, we are still working on identity-proofing the public access to the data, therefore, it is not publicly accessible at this time.

Previously, the Public Health Gateway (PHG) was a separate from the P3N, and now it is being integrated with the P3N. Two HIOs have completed connecting to the new P3N PHG, with two public health registries up and running.

Cognosante is reviewing the accuracy of the Unique Patients reporting. We are hoping for a review/fix by May 19th as we are required to give SMC Reports to CMS at that time. There is a gap in Reporting between late August and mid-September 2022. There is also a much higher volume of activity—nearly 200 organizations are sending ADTs to the P3N. We get ADTs from DHIN also, and CRISP will be joining the P3N connection as well. Some LTC facilities that are connected to a HIO will added to the P3N ADT Service and LVHN will begin ingesting P3N ADTs. A few former HIO MNX facilities have joined KeyHIE. For incoming ADTs, we are confident the totals are accurate.

Vice Chair McGuire asked how Community Health Choices (CHC) MCOs are viewing this. Dr Kelley said The CHC Plans are very happy with the value they get from the P3N to timely identify those who are transitioning from one care setting to another, as this tracking is something they must do. Dr Kelley said they needed help getting this information for their patients. In the HIE whitespace in PA we still have four health systems: St. Luke's, Connemaugh, Penn Highlands and Commonwealth Health – which are not connected to an HIO, so are not part of the P3N. Over the last few months, we have spoken with Connemaugh and Penn Highlands. Commonwealth Health uses Epic and they say they are getting enough of the data they need.

Health Information Exchange Trust Community Committee (HIETCC) Updates
Mr. Brian Wells of HSX served in the HIO liaison role to provide a summary of the Committee's activities. Over the past several months, the HIETCC discussed and collaborated on the following: Uploading Care Plans, as well as RFA 03-22, which was used to help to determine a vendor for a Resource and Referral Tool (RRT) to address Social Determinants of Health (SDOH) data to help those in need. This was rebranded by the four HIOs working on this as PA Navigate. Cognosante attended several HIETCC

meetings to provide updates, as well as challenges and paths forward for the transition and implementation phases of the New P3N/PHG.

The HIOs also received updates from PA eHealth on CMS Streamlined Modular Certification (SMC), in the form of Reports and other documentation to ensure the P3N is on track and progress was measurable via Reporting. The Public Health Gateway (PHG) is being integrated into the P3N rather than continuing as a separate entity. One HIO has already connected to it while others were still working on that as of this month. For Interstate ADT sharing, we began meeting with CRISP's team on May 3, 2023, working to be able to have reciprocal ADT sharing with MD, WV, CT, and DC. It was also noted Alaska has a connection to CRISP, so that state's ADTs would also be available once this connection with CRISP goes live, sometime this Summer. LVHN is sending ADTs to the P3N and are working to ingest ADTs after more testing and other work has been completed.

Hospital Quality Incentive Programs (HQIPs) was discussed, to help close the HIE hospital "white space" in Pennsylvania. Also, TEFCA, the P3N Fee Schedule for SFY 2023-2024, the Health Data Utility (HDU) Concept/Model, as well as Lessons Learned from the new P3N Procurement and Implementation. The four HIOs have chosen FindHelp as the SDOH vendor and are currently in contract negotiations. A 1-year extension was granted for the HIOs to implement PA Navigate.

The HIETCC also discussed TEFCA and the coming of Qualified Health Information Networks (QHINs). So far, six QHIN applicants have been approved to move forward in the process, and once two of them are certified as QHINs the activity will go live. All the QHINS can handle a huge volume of data. One such future QHIN, Epic, will enhance their service to be like "Care Everywhere on steroids." If TEFCA and QHINs figure out how to offer Push notifications and Encounter Notifications, it will be a serious threat to all HIEs around the country.

Alix Goss said eHealth Exchange has 5-6 national HIEs under their umbrella and one of them is CRISP. It was noted that the QHINs can handle millions of transactions per day. If you are an EPIC facility, you will likely fall under that QHIN. If Cerner is your EMR, you may fall under that QHIN. It was noted that the Acute Care and LTC facilities use Point Click Care. If they are member of Carequality, that facility will connect to them. Carequality will either be a QHIN or join a QHIN.

Possible DHS Incentives for Provider Participation with P3N HIOs
Dr. David Kelley spoke about MA Hospital Quality Incentive Programs (HQIPs), funded through the Hospital Assessment program, they incentivize hospital to reduce preventable admissions, implement follow-through treatment for opioid use disorder (OUD) patient who present in the ED, and increase health equity. Dr. Kelley said the Department would like feedback from the Advisory Board and HIOs on leveraging the HQIPs to fill the "white space" in PA. He said the MA OUD ED HQIP initially required that acute care hospitals participate with one of the P3N certified HIOs and send ED ADTs to the P3N ADT Service. He suggested making P3N HIO participation a requirement for all three of the HQIPs with ADT Service participation and CCD reporting to HIO clinical data repositories.

Mr. Ciccocioppo reminded the group that in the enabling legislation, Act 76 of 2016, participation in HIE is voluntary for providers, patients, and payers. We cannot mandate P3N participation, although other states are moving in that direction (especially with the impact of TEFCA). We can, however, use incentive program to increase P3N participation. HQIPS are only for hospitals, so we cannot do this for individual physician practices. Dr Kelley noted it is preferable to push the value-added aspect of these incentives.

Mr. Don Reed of HSX asked about the incentive Dr. Kelley described, whether it is being proposed as a benefit of the member connecting to an HIO, or if there is any money available for an HIO to onboard

that member and to keep them connected to it? Dr. Kelley's reply noted they envision this to go to the provider members: We could highly encourage that the funding help pay for connectivity and infrastructure around more robust data exchange, but we cannot force the health systems to earmark that money, and we have not had that in our HQIP programs to date. Mr. Reed followed up, stating the entity would have to be a member and pay member fees to the HIO.

Dr. Kelley pointed out that while we strongly recommended using monies for staff retention and rewarding frontline employees—such as ED follow-up for OUDs, so those running the ED are connected to an HIO—we have no authority to allocate those dollars. This was especially true during the Pandemic. Mr. Ciccocioppo mentioned that Hospital Assessment provides financing for HQIP. PA instituted a hospital tax: Each hospital pays a fee based on volume, then DHS has those monies to get state matching funds and draw down federal match; for each dollar at State, we get 52 cents in federal dollars. It is a way for the Department to give directly back to the hospital a portion of that assessment—not dollar for dollar for what they paid, but a competitive way to work towards improving care quality and getting some money back. Vice Chair McGuire asked if one could assume the hospitals that have Medicaid get more money, Mr. Ciccocioppo noted it depends on how well they perform; Dr. Kelley added that it depends on the denominator— the higher volume you are, the higher the opportunity is for those dollars.

Ms. Kim Chaundy of KeyHIE emphasized the significance of determining where we stand with discrete data and CCDs. We need to require the proper major functionality if we are to be truly interoperable. ADTs and PDFs were fantastic in the past, but now we need to step it up a notch and focus on data quality for Pennsylvania to have genuinely interoperable capabilities.

There will be a predetermined amount of money available for the initiative and the incentives would be awarded formulaically. The current HQIP total funding around $150 million, rewarded on benchmarks and an incremental improvement for others.

When asked about assistance for smaller hospitals, Dr. Kelley noted some, especially in the ED initiative, some smaller hospitals had to do attestation for clinical pathways, but we did measure their capabilities, also based on MA volume. Ms. Chaundy noted the importance of not just being able to view data but pulling data and getting data – and ingesting it to flow directly into their EHR systems; others agreed with that point. Vice Chair McGuire advised that for LTC it is a struggle to pull CCD out of our EHR to go into something else, the nurses are not doing it and it is harder to do.

Opportunities to Leverage P3N

Mr. Michael Lundie of Cognosante, gave an overview of different things that can be made available through the P3N, considering new technology enabled with upgrades and new services Cognosante provides and what HIOs can take advantage of: Provider Directory, the eSante My Health App, and P3N Health Information Clearinghouse.

For the Provider Directory, the main data source is NPPES file from CMS. Cognosante extracts provider data from PA, Washington DC, Delaware, MD, NJ, NY, WV, and Ohio. They then look at data from DHS, DDAP, DOH and the Medicaid (MA) provider files and match that data with NPPES. It is all FHIR-based HL7 standard based on DaVinci PDex (Payer Data Exchange) standard. It can be used as a public facing directory and it can be maintained by P3N. It also complies with the 21st Century Cures Act as well. We allow practitioner searches or organization searches, which will be available on the home page as a link.

The Department of State (DOS) for federal licensure information will be the source of truth that would supersede NPPES. If the HIOs would like the Provider Directory to be extractable, it can be discussed as it is a FHIR resource, perhaps via bulk export, flat file, normalization, etc.

The second focus point of P3N Enterprise Applications: eSante My Health, App sharing screenshots illustrating the patient app, which is available on Android and iPhones. It is based on FHIR, and this is where TEFCA is going in terms of data exchange. Everything on this app has been alpha and beta tested with Alabama: Full rollout of this app will be this Summer for the AL statewide HIO. There is caution whenever you have a person accessing their information; matching their own record to them is an important thing they do for their MA population in Alabama. Once we roll out this app in PA, we will have Cares API—we can validate head of household and that data is updated each month as well.

P3N Health Information Clearinghouse. Think of P3N as a network of networks, and now we want to determine which value-added services we can add on, so that the P3N is looked upon as promoting quality of care, lowering costs and other goals. We do Patient Cohort Monitoring, via the data within the ADT, such as we did with the COVID- 19 Report; this can be done with any type of Report, such as Child Abuse, etc. A Data Lake is available that the HIOs can take advantage of for their stakeholders. We have subscription-based Event Notification Monitoring for Providers, Care Managers and Public Health Reporting. It is valuable in monitoring patient admissions, discharges, Diagnosis Code Cohort Screening, 30-day readmissions, 72 -hour bounce-backs and ER Recurrent Use. We also have the Integrated Clinical Viewer and Conditions of Participation ENS Services. There is also value in Patient Cohort Analysis in the realm of Predictive Modeling: We can look at patient demographics, health factors (immunization status, comorbidities, etc.). In the area of Data Enrichment, we can focus on geographic disparities, income level, housing, and environmental hazards. These sets of data can help us identify patterns, trends, and risks, track a particular region's rise in or fall of cases, identify 'hotspots', and monitor changes in demographics for that particular area.

Mr. Lundie also provided information on PHG (Public Health Gateway) Unified Interoperability. Cognosante has begun integrating four out of the five HIOs into PHG within the new P3N. There is a Unified On-Ramp for P3N Participants; this serves for pass-through delivery of clinical payloads between those participants and the Registries. We can obtain analytics and trends via transaction volume, based on HIO participation levels and the volumes of Registry Delivery and Inquiry.

PA NAVIGATE

FindHelp has been chosen as the vendor for PA Navigate, which is the Resource and Referral Tool (RRT) Pennsylvania will use to help PA residents with needs that go beyond medical care, into housing, food insecurity, employment, environmental concern, and other issues that affect an individual's health and well-being. The HIOs are in contract negotiations with FindHelp, hoping to settle that by mid-May, then start work in early June 2023. If organizations want to join PA Navigate but are already part of FindHelp, they will be given a cost reduction to become interoperable with the HIOs' FindHelp solution. The HIOs will provide more updates on PA Navigate to the Advisory Board as they progress. Dr. Sheinberg congratulated the HIOs on the vendor selection and keeping the timeline on target, barring any issue with negotiations. Ms. Chaundy complimented the HIO group, noting they are truly a unified team, going out there with the intent of what is best for everybody. It is great to see the collaborative effort on all fronts for this initiative. Dr. Kelley also commended the HIOs' work on choosing a vendor and furthering PA Navigate efforts. He also advised them, that, in addition to looking for the best CBOs and other organizations to work with, the HIOs should also confer with and engage housing, Mental Health and Drug and Alcohol staffs at the County level and look at Medicaid dollars that flow through them.

HIE Overview

Dr. Michael Sheinberg gave an overview of his HIO, The Central Pennsylvania Connect HIE (CPCHIE). Their members include three hospital systems, welcoming two of these within the past year: Allegheny Health Network (AHN) and Wellspan Health; five provider offices, eight post-acute LTC facilities, and

within their Penn Medicine Lancaster General Health Community partners, there are eight physician practices, two hospitals and two ambulatory surgical facilities.

Their current initiatives include the PA Navigate RRT statewide selection and rollout, the onboarding of PA LTC facilities to the P3N ADT Service, and the continued expansion of member organizations to assist in closing the gap in the health information exchange 'whitespace' areas within Pennsylvania.

Trusted Exchange Framework and Common Agreement (TEFCA) Impact on HIE
Ms. Kay Shaffer gave a presentation on TEFCA, noting recent developments as well. The 21st Century Cures Act directs the National Coordinator of Health Information Technology to "develop or support a trusted exchange framework, including a common agreement among health information networks nationally." TEFCA outlines a common set of principles, terms, and conditions to support the development of an Agreement that would help enable nationwide exchange of electronic health information (EHI) across many different health information networks (HINs). TEFCA is designed to scale EHI nationwide and help ensure that HINs, providers, plans, individuals and many more stakeholders have secure access to their EHI when and where it is needed.

Under TEFCA, ONC defines overall policy and certain governance requirements. The Recognized Coordinating Entity (RCE), the Sequoia Project, provides oversight and governing approach for QHINS (Qualified Health Information Networks), which connect directly to each other to facilitate nationwide interoperability. Each one of the QHINs connects participants which in turn connect Sub-Participants. The seven key components of TEFCA are: the Trusted Exchange Framework, Common Agreement, Standard Operating Procedures, the QHIN Technical Framework, QHIN Onboarding, Metrics and Governing Approach. The target date to operationalize TEFCA is December 2023. The first part of 2023 has included these events: The approval of six QHIN applicants to move forward in the process of implementing TEFCA as prospective QHINs (Commonwealth Health Alliance, eHealth Exchange, Epic TEFCA Interoperability Services, Health Gorilla, Kno2 and KONZA). These six entities must still meet the rigorous TEFCA eligibility requirements, terms and conditions of TEFCA participation, and have all committed to a 12-month go-live timeline.

In Q3 and Q4 of 2023, the following is expected: Additional QHIN applications will be processed, and a Governing Council will be established. Also, they will follow a change management process to iterate Common agreement SOPs and QTF, including the support of FHIR-based exchange.

Certain clarifications were made about the current state of TEFCA and QHIN initiative: The six QHIN applicants were recognized for moving onto the next phase of Onboarding. The QHIN application will remain open, and there are others currently going through the application process. Currently, there are no Designated QHINs: the six approved applicants have remaining processes to complete successfully to then be Designated and there is no guarantee that each of these six will become a QHIN. Also noted is that there will be no 'first' QHIN, as there needs to be at least two of them to begin active operation.

The major factor with implications for the HIE Ecosystem, is that healthcare providers may only be listed once in the TEFCA Provider Directory; therefore, healthcare providers can only be connected to one QHIN or a downstream participant of a QHIN. This requirement is likely to have a chilling effect on regional and statewide HIE if a healthcare provider is connected to their EHR vendor's QHIN.

One HIO noted their belief that the EHR vendors will not succeed as QHINs and that, in fact, TEFCA may "lower the bar" compared to where the HIOs are now with the P3N. It was also noted they would need a very strong incentive to do statewide HIOs across the U.S.

It was announced prior to the meeting's completion that Vice Chair Paul McGuire had presided over both today's proceedings and the preceding Advisory Board meeting in February after former Chair David Simon stepped down. Mr. Ciccocioppo mentioned submitting formal requests to the Secretary, including the ones to name Mr. Paul McGuire as the Advisory Board's Chair and designate Dr. Margaret Zalon to fill Mr. Simon's former position as a consumer representative on the board. If she is chosen, she will take Mr. Simon's place for the remaining portion of his tenure. We'll need nominations for the vice chair post after Mr. McGuire's appointment as chair has been authorized.

New Business
None noted

Public Comment
None were offered.

Remaining Advisory Board Meetings Scheduled for 2023
August 4, 2023, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.
November 3, 2023, In-person at 2525 N. Seventh Street, Harrisburg, 10 a.m. - 2 p.m.

Adjournment
The meeting was adjourned at 1:36 p.m.

APPROVED: August 4, 2023