Pennsylvania eHealth Partnership Program

Strategic Plan
July 1, 2021 – June 30, 2024

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This is a three-year Strategic Plan for the Pennsylvania eHealth Partnership Program in the Office of Medical Assistance Programs in the Pennsylvania Department of Human Services.

VISION
Electronic health information exchange (HIE) enables initiatives striving to improve patient care and experience, population health, and health care cost.

MISSION
To enhance, expand and maintain the statewide interoperable system for participating organizations to electronically move health information in a manner that ensures the secure and authorized exchange of health information to provide and improve care to patients and reduce costs.

STRATEGIC GOALS and OBJECTIVES
The eHealth Partnership has the following seven strategic goals and related objectives focused on achieving the Department's vision and mission for HIE in Pennsylvania. Beginning on Page 8, each of the strategic goals and their related objectives are further detailed.

1. Enable ubiquitous, robust HIE, while maintaining privacy and security

    A. Expand the number and types of stakeholders actively participating in HIE

    B. Educate stakeholders, including patients and their advocates, on the value of participating in HIE

    C. Align health information exchange with Interoperability Rules and the Trusted Exchange Framework and Common Agreement (TEFCA)

2. Increase timely access, accuracy, and availability of clinical information to support diagnosis and treatment of individuals and to improve population health outcomes

    A. Expand HIO access to public health reporting registries

    B. Support newer technology for access to clinical information

    C. Promote health equity

3. Improve upon our existing P3N services by leveraging state services and resources

   A. Integrate P3N into the Medicaid Management Information System (MMIS)

   B. Provide P3N access to state program areas

4. Alert patient care teams to relevant patient health care encounters

   A. Expand the number and types of ADT messages contributed to the P3N ADT Service

   B. Capture meaningful information from ADTs for analysis and population health reporting

5. Support care coordination to improve quality and reduce health care costs

   A. Reduce duplicative or unnecessary services

   B. Support value-based purchasing and other initiatives intended to bend the cost curve

   C. Improve HIO access to public health reporting registries by incorporating PHG into the P3N

6. Improve patient outcomes and satisfaction

   A. Enable the sharing of care plans and treatment data with a patient's care team

   B. Support telehealth by providing remote access to clinical information

   C. Implement newer technology for access to clinical information

7. Optimize health information exchange stakeholders' experience

   A. Make the data more usable in the stakeholder's workflow

   B. Provide easy access to help when it is needed

ACT 76 of 2016
On July 8, 2016, Act 76 created the Pennsylvania eHealth Partnership Program (eHealth Partnership) within the Pennsylvania Department of Human Services (Department). Concurrent with the passage of Act 76, Act 121 of 2012 was repealed, and the independent Pennsylvania eHealth Partnership Authority (Authority) and its governing board were disbanded. Acts 121 and 76 require PA eHealth to "Develop, establish and maintain a health information exchange that complies with Federal and State law and that: Promotes efficient and effective communication among multiple health care providers, payers and participants."

STRATEGIC PLAN DEVELOPMENT
This Pennsylvania eHealth Partnership Program Strategic Plan was developed in consultation with the Pennsylvania eHealth Partnership Advisory Board (Advisory Board), the Health Information Exchange Trust Community Committee (HIETCC), the Public Health Gateway (PHG) Governance Team, the Department's Office of Medical Assistance Programs (OMAP), state agencies, and associations representing hospitals and physicians.

This Strategic Plan builds upon the strategic and work plans of the Authority and the current Pennsylvania eHealth Partnership Program Strategic Plan (January 2018 – June 2021). The Pennsylvania Patient and Provider Network (P3N), our statewide federated health information exchange (HIE), is the result of a dedicated public/private partnership that has formed consensus around strategic alignment among a diverse assemblage of Pennsylvania stakeholders. The P3N must continue to serve the needs of the residents of Pennsylvania, support the evolving Health Information Organizations (HIOs), deliver emergent national requirements, lead in interoperability services, and deliver measurable business objectives. This is not an easy set of tasks, but the Department has a focused vision and has charted a clear path to ensure success.

This Plan was also informed by the 2020-2025 Federal Health IT Strategic Plan, the Wolf Administration's Government That Works Goal to increase access to health care, the Interagency Health Reform Council Report (December 2020) and the Department's Strategic Plan (2019-2022). More information regarding the Advisory Board, HIETCC, Federal Health IT Plan, the IHRC recommendations, and the DHS Strategic Plan follows.

Advisory Board
The Pennsylvania eHealth Partnership Advisory Board, with a diverse membership representing interested and affected groups and individuals, provides public and private health care industry guidance to the Department regarding the effective and efficient use of resources to support statewide, robust health information exchange.

Health Information Exchange Trust Community Committee
The Health Information Exchange Trust Community Committee, made up of certified participating health information organization leaders, has met monthly on a continual basis since 2013. HIETCC provides a forum for advancing the PA eHealth Partnership Program's policy and operational objectives.

Federal Health IT Strategic Plan
The 2020-2025 Federal Health IT Strategic Plan is a product of the Office of the National Coordinator for Health Information Technology, created in collaboration with many federal agencies. A key theme in this Plan is that, in today's digital world, a patient's right to control their health must include the right to access and control their health information. The Plan is outcomes-driven, with goals focused on meeting the needs of individuals, populations, caregivers, health care providers, payers, public health professionals, researchers, developers, and innovators.

Interagency Health Reform Council
The Wolf Administration is implementing a Whole-Person Health Reform Package that strives to make health care more affordable, support transformation within health care corporations and state government, and tackle health inequities. Whole-Person Health Reform is focusing on every aspect of a person that contributes to their health—both physical and behavioral health across the lifespan, addressing the social determinants of health, eliminating health disparities and promoting the affordability, accessibility, and value of health care. A core piece of this Whole-Person Health Reform Package was the creation of the Interagency Health Reform

Council (IHRC) created by executive order, on October 2, 2020. The purpose of the Council is to evaluate the potential alignment of health care payment and delivery systems to provide efficient, whole-person health care that also contains costs, reduces disparities, and achieves improved outcomes. The IHRC's December 2020 Report to the Governor included proposals for the development and implementation of health care reform and identified policy and legislative changes needed to effectuate the Council's proposals. The Report included several recommendations for leveraging HIE to improve Whole-Person care: Increase Provider Participation Requirements and Incentives; Integrate Health Information Exchange with MMIS; and Expand the P3N Alerting Service across States.

Pennsylvania Department of Human Services (DHS) Strategic Plan
The DHS Strategic Plan (2019-2022) is focused on how we approach health and well-being holistically and stresses the importance of investing in technology to connect government services with our local partners, so we will improve our ability to link individuals to the right service at the right time, whether it's provided by the Commonwealth, a county, a managed care organization, or a community partner. The Plan also seeks to leverage HIE to improve care coordination and bend the cost curve.

HOW HEALTH INFORMATION EXCHANGE WORKS IN PENNSYLVANIA
As of May 2021, there are five P3N Certified Participating HIOs connected to the P3N and one state agency electronic health record (EHR):

- ✓ ClinicalConnect Health Information Exchange (Connected: July 2016)
- ✓ Central Pennsylvania Connect Health Information Exchange (Connected: May 2019)
- ✓ HealthShare Exchange of Southeastern Pennsylvania (Connected: April 2016)
- ✓ Keystone Health Information Exchange (Connected: May 2016)
- ✓ Mount Nittany Exchange (Connected: July 2016)
- ✓ Pennsylvania Department of Corrections Sapphire EHR (Connected: September 2019)

Figure 1 demonstrates how the health information exchange occurs at the local, regional, and statewide leveraging provider EHRs, HIOs, and the P3N.

FIGURE 1: How Health Information Exchange Works

Armed with the most complete patient information, the provider can render the best care to the patient. Once the encounter is complete, the provider's EHR generates a continuity of care document (CCD) that is published to their HIO's clinical document repository to be available for informing the next provider's encounter with that patient.

Figure 2 demonstrates how the member organizations of each HIO have access to the P3N services and the PHG. The P3N services enable the query and retrieval of patient clinical information across all five HIOs and the Department of Corrections, unless the patient has opted out of the P3N. The P3N Encounter Notification Service pushes Admission/Discharge/ Transfer (ADT) messages to a patient's home HIO when they are receiving care from a provider in another HIO, to enable timely follow-up and care coordination.

FIGURE 2: Statewide Health Information Exchange
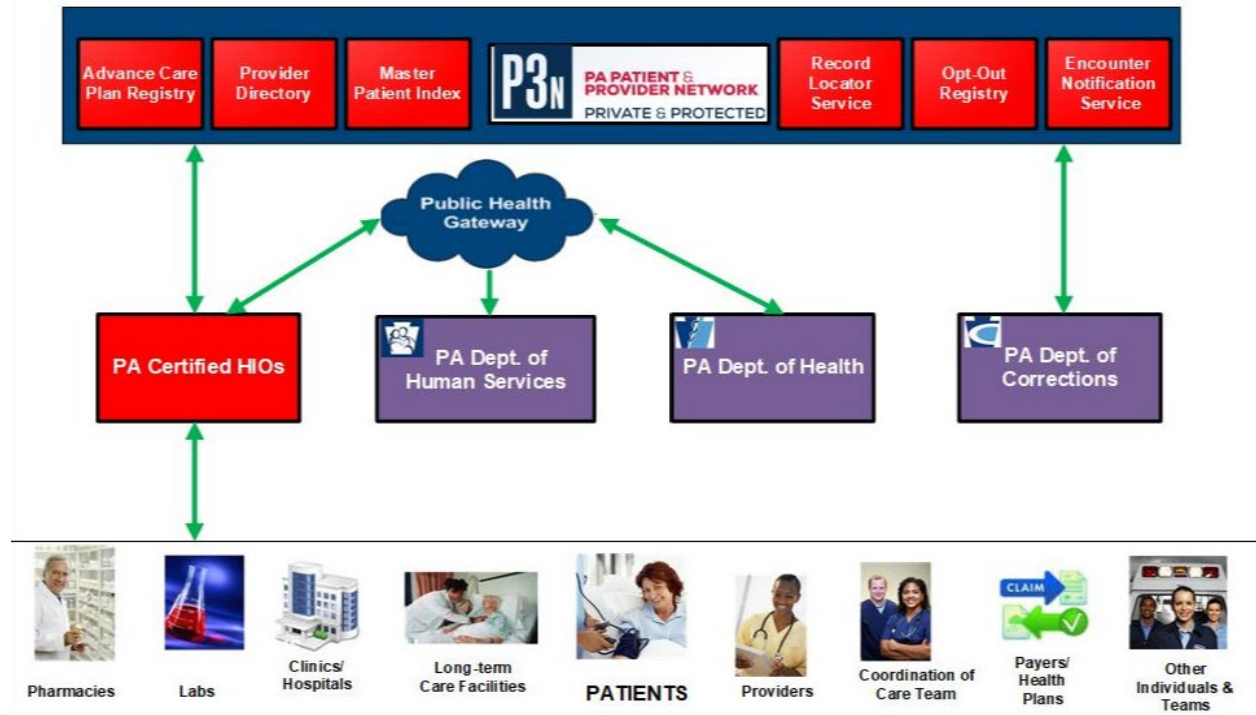
The PHG is available to HIO member organizations to streamline and simplify public health reporting to state registries and the retrieval of information from select state registries.

Figure 3 demonstrates production connections between HIO member organizations (MOs), HIOs, the Public Health Gateway, and individual state registries.

FIGURE 3: Public Health Gateway Connections
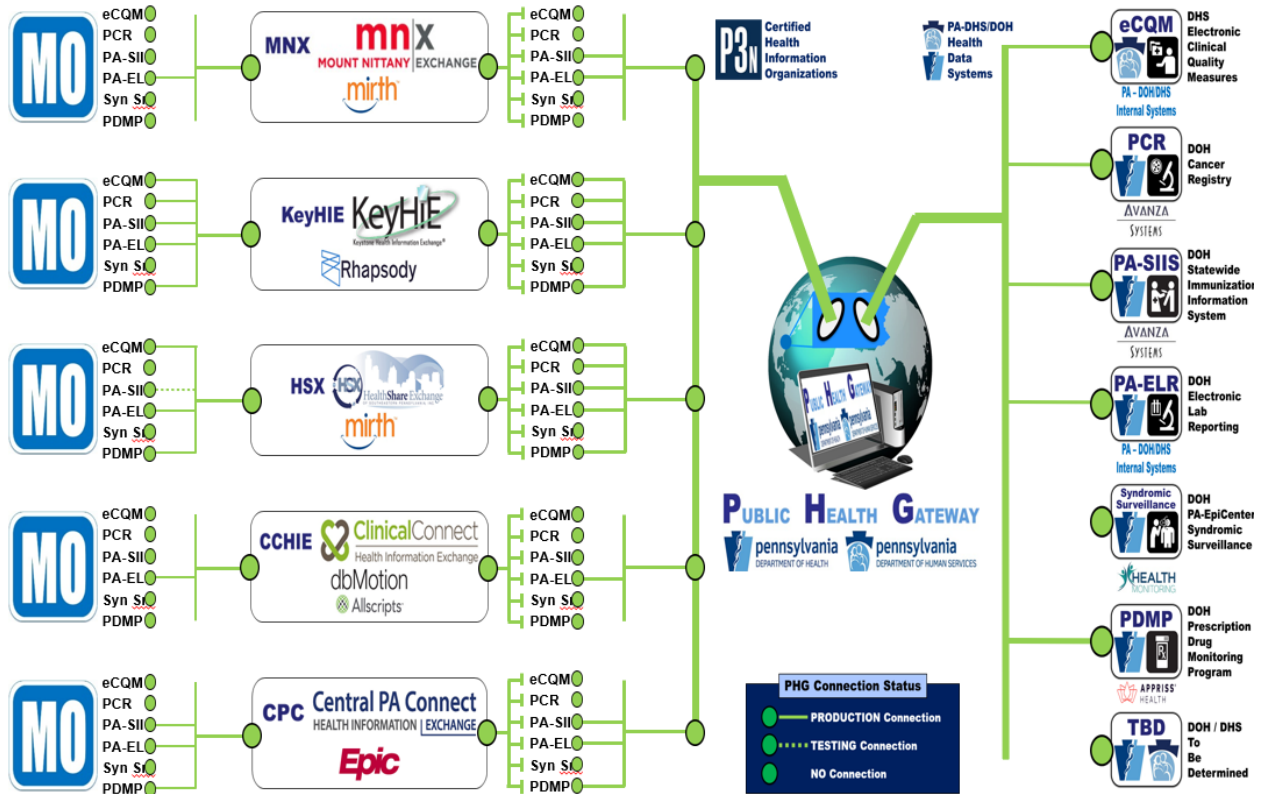
STRATEGIC GOALS with OBJECTIVES

Each of the eHealth Partnership strategic goals are described below, along with the related objectives the Department will undertake with stakeholders to realize the strategic goals.

1. **Enable Ubiquitous Robust HIE, while maintaining privacy and security**

   Pennsylvania, with the support of the Department, has been an early innovator in the challenging journey to improve health care via secure and effective data exchange. This journey has been dynamic and impacted by internal and external forces, including vendor technology constraints, rapidly evolving standards, new Commonwealth mandates, new Centers for Medicare and Medicaid Services (CMS) and Office of National Coordinator (ONC) policies, and new Federal law. A lot has changed in ten years, and it is time for a new P3N.

   To realize the full value of HIE for everyone in Pennsylvania, we need to have all health care and community stakeholders actively sharing health information, providing the highest quality services, and providing ongoing support and coordinated care. Federal interoperability regulations are helping to pave the way for sharing information among providers, payers, and patients. This Strategic Plan and the new P3N will help all Pennsylvanians to participate in robust HIE.

Objectives

A. Expand the number and types of stakeholders actively participating in HIE

Increase HIE participation through incentives or contractual arrangements (i.e. grants or cooperative agreements) that would require certain types of providers to participate with P3N HIOs; or create additional incentives for participation. Focus on expanding nursing home and home health organization participation in HIE.

B. Educate stakeholders, including patients and their advocates, on the value of participating in HIE

Expand public and provider HIE awareness activities focused on why providers should participate with P3N HIOs and why consumers should seek participating providers. Develop simple, consistent, and coordinated core messaging to be used by agencies. The key message across both providers and patients is that it is good to have health information shared to improve care, wellbeing, and effectiveness.

C. Align health information exchange with Interoperability Rules and the Trusted Exchange Framework and Common Agreement (TEFCA)

Leverage the P3N procurement to ensure that the new P3N will comply with the operational and policy requirements of TEFCA.

2. **Increase timely access, accuracy, and availability of clinical information to support diagnosis and treatment of individuals and improve population health outcomes**
The Department will work closely with other state agencies to ensure the efficient and effective delivery of whole-person services.

Objectives

A. Expand HIO access to public health reporting registries

Leverage new P3N/PHG to increase bi-directional access to registries and expand the number of public health registries accessible through the PHG.

B. Support newer technology for access to clinical information

The new P3N system will include both provider and patient portals and will support application programming interface (API) access to clinical data available through the P3N.

C. Promote health equity

The Department has selected a vendor for Resource Information and Services Enterprise – or RISE PA – an upcoming statewide resource and referral tool. RISE PA is a collaborative effort between multiple state agencies, counties, and local non-profits and community organizations, health care, and social services providers. The selected vendor, will create an interactive online platform that will serve as a care coordination system for providers, including health care and social services organizations and a closed-loop referral system that will report on the outcomes of the referrals. It will also serve as an access point to search and obtain meaningful

information to help Pennsylvanians find and access the services they need to achieve overall well-being and improve health outcomes. Integration of the new P3N system with RISE PA will help to address health disparities and support a closed-loop community referral system for addressing social determinants of health (SDOH).

3. **Improve upon our existing P3N services by leveraging state services and resources**
   To leverage the P3N to better enable whole-person care, the new P3N system must be better integrated with other state systems and program areas.

   Objectives

   A. Integrate P3N into the Medicaid Management Information System (MMIS)
   > The Department should fully utilize CMS MMIS funding for the new P3N system and integrate the P3N into the planned MMIS Modernization. This integration will benefit both the MMIS users and the P3N HIOs and their member organizations.

   B. Provide P3N access to state program areas
   > In addition to MMIS users, state program areas that deliver and/or pay for needed services and have a need for clinical information available through the P3N, should be provided with limited access to the P3N.

4. **Alert patient care teams to relevant patient health care encounters**
   To better enable care coordination across communities and across the state, we must ensure that patient care teams are aware when their vulnerable patients are being treated by other providers or are transitioning from one care setting to another.

   Objectives

   A. Expand the number and types of ADT messages contributed to the P3N ADT Service
   > Increase the number of facilities reporting real-time inpatient and emergency department ADT messages to the P3N Encounter Notification Service, and expand ADT reporting to include ambulatory providers, particularly specialty practices. Also, expand ADT reporting to include neighboring states.

   B. Capture meaningful information from ADTs for analysis and population health reporting
   > As ADTs pass through the P3N, they include patient information that show the progression of patients from initial emergency department encounter, to admission, to discharge. They also include patient classification, admission source, diagnosis, and procedures. This information may be used for surveillance and other reporting such as determining high utilizers, 30-day readmissions, and 72-hour bounce-backs.

5. **Support care coordination to improve quality and reduce health care costs**
    A provider's success in a value-based payment (VBP) environment depends on having timely data to manage their patients' care. The eHealth Partnership will work to give providers access to the data they need, by continuing to increase the number of providers and payers participating in Pennsylvania's electronic health information exchange, the Pennsylvania Patient and Provider Network (P3N), and by expanding electronic encounter notification services.

    Objectives
    A. Reduce duplicative or unnecessary services
        By ensuring a patient's clinical information is available for retrieval by health care providers in P3N HIOs and across the P3N, the need for duplicative services will be reduced or eliminated.

    B. Support value-based purchasing and other initiatives intended to bend the cost curve
        With more complete, standardized patient data available in the clinical document repositories (CDR) of P3N HIOs, Medical Assistance Managed Care Organizations (MA MCOs) and other payers will be able to lessen, or eliminate, the need for provider chart reviews in developing their annual Healthcare Effectiveness Data and Information Set (HEDIS) measures. P3N HIO CDRs can also be leveraged real-time to identify and address gaps in care during the performance period.

    C. Improve HIO access to public health reporting registries by incorporating PHG into the P3N
        The new P3N system will also serve as the state's new PHG. This will further streamline MO public health reporting to, and data retrieval from, public health registries. Under the current PHG system, P3N HIOs must maintain separate connections to the P3N and the PHG.

6. **Improve patient outcomes and satisfaction**
    Care coordination across payers and providers is critically important for improving patient outcomes and satisfaction. Currently, the sharing of integrated care plans between MA physical health and behavioral health MCOs requires many point-to-point connections among all the MA MCOs and it doesn't always make the care plans available to providers.

    Objectives
    A. Enable the sharing care plans and treatment data with a patient's care team
        The new P3N will allow for, and encourage, a centralized system for posting, accessing, and modifying patient care plans across all stakeholders responsible for a patient's treatment.

    B. Support telehealth by providing remote access to clinical information
        Provide enabling technology in support of telehealth that allows access to clinical information that improves telehealth encounters. Additionally, allow for the capture of telehealth encounter information by HIOs.

C. Implement newer technology for access to clinical information

> The new P3N system will fully support the federal interoperability requirements, including portals and API technology.

7. **Optimize health information exchange stakeholder experience**

To ensure that providers and other exchange stakeholders actively use information available from their HIOs and the P3N, the eHealth Partnership needs to ensure that the information available for retrieval is complete, reliable, and actionable.

Objectives

A. Make the data more usable in the stakeholder's workflow

> The P3N and each of the HIOs will need to work to ensure that the most relevant patient clinical information is assembled and presented to a patient's health care provider within their EHR with little or no additional effort on the part of the provider. This would include ingesting discrete health care data such as labs, allergies, medications, and immunizations into the provider's EHR in advance of, or concurrent with, the patient encounter.

B. Provide easy access to help when it is needed

> If health care stakeholders attempt to access clinical information through their HIO and/or the P3N and do not find what they need, the HIOs and the eHealth Partnership will need to have processes in place to assist the stakeholder in finding the available information.

Acknowledgements

The eHealth Program is grateful for all the hard work and dedication of the many stakeholders who have worked tirelessly over the last ten years to improve the health and wellbeing of Pennsylvanians through the effective and efficient use of health information technology and health information exchange. This Strategic Plan is a roadmap for further enabling ubiquitous robust health information exchange in the Commonwealth. Thanks to all who contributed to this Strategic Plan.

Approval

Approved by Acting Secretary Meg Snead on July 1, 2021.