



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, August 14, 2020
Meeting Time: 10:00 a.m. to 12:00 p.m.
Meeting Location: SKYPE MEETING

Roll Call

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 – CEO, Pennsylvania Homecare Association
Ms. Emily Holladay – Deputy Legislative Director, PA Insurance Department – **DELEGATE**
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
Ms. Meghna Patel – Deputy Secretary for Health Innovation, PA Department of Health
Dr. Michael A. Sheinberg – Chief Medical Information Officer, Penn Medicine Lancaster General 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 Health Staff

Dana Kaplan – Public Health Gateway
Stan Murzynski – Prescription Drug Monitoring Program (PDMP)

PA Department of Human Services Staff

Kathleen Beani – PA eHealth Partnership Program
Terri Lynn Brown – PA eHealth Partnership Program
Allen Price – Bureau of Information Systems, Delivery Center
Kay Shaffer – Bureau of Information Systems, Delivery Center
Christy Stermer – PA eHealth Partnership Program

Guests

Douglas Carroll, Mount Nittany Health System
Kim Chaundy, Keystone HIE
Alix Goss, Imprado
Leroy Jefferys, Geisinger Health Plan-State Government Programs
Susan Leitzell, Geisinger Health Plan-State Government Programs
Laval Miller-Wilson, Executive Director, Pennsylvania Health Law Project

Frank Persinger, HealthEC, LLC

Dr. Sari Siegel, Hospital & Healthsystem Association of Pennsylvania

Welcome and Introductions

Chair David Simon called the meeting to order at 10:00 a.m. and welcomed all the participants. Ms. Terri Brown announced that the meeting was being recorded to assist with minutes' preparation, and Mr. Ciccocioppo took roll of those in attendance.

Review of May 8, 2020 Meeting Minutes

The members voted to approve the May 8, 2020 meeting minutes as distributed.

Next Steps from Hospital and Health System Association of Pennsylvania's (HAP) HIE Analysis

Dr. Sari Siegel thanked the Advisory Board for the opportunity to speak, and thanked attendees who participated in this research. She explained that HAP hired a consulting firm, IMPAQ, to examine several elements of the relationship between hospitals and health information exchange to determine the best way HAP can serve as liaison for its members to encourage greater participation in the P3N.

IMPAQ took a multi-layered approach in conducting this analysis: First, they interviewed hospitals to understand the factors driving their decision to participate or not to participate in the P3N; then they interviewed other State Hospital Associations about their role in supporting members in their respective states.; and finally, they interviewed each of the state HIOs to determine how HAP may support them, and work in partnership with them to support their members.

In addition to the interview portion of the analysis, IMPAQ did a survey of approximately 240 HAP members, which includes most hospitals in the state. This survey produced significant, high-level findings, with a good response rate. A high square analysis was done to ensure that respondents were truly representative of hospitals across the state. Survey results showed that 43% of hospitals in PA do not participate in the P3N and there were some statistically significant characteristics of hospitals that were less likely to be connected.

Non-participating hospitals tend to be Psychiatric hospitals, Long-term Acute Care Hospitals, and Rehabilitation Hospitals. Smaller hospitals (fewer than 100 beds) were less likely to participate than larger hospitals. Non-Teaching Hospitals were less likely than Teaching Hospitals to be part of P3N. This survey also looked at Case Mix to understand if there were differences in the degree to which a hospital's patients were covered by commercial insurance versus Medicare. Disproportionally, lower commercial reimbursement hospitals and hospitals more reliant on Medicare were less likely to be connected to and participating in the P3N.

The second finding in this analysis was that hospitals consider several factors in deciding to join a P3N HIO. Clinical decision making was the top reason for P3N participation, followed by Care Coordination, Public Reporting, and Population Health Surveillance. Among members that do not participate, their responses in both the survey and interview were that their Electronic Health Record (EHR) system meets their data exchange needs. This was a common response, even within large health systems, which was interesting.

These providers felt that patients who frequent their hospitals seek a lot of their care within their system. That is, a subset of the EHR meets their data exchange needs because they're all within the system and able to share more easily through the EHRs. There were also concerns about incompatible IT infrastructure and the costs of updating or syncing their IT infrastructure. There was also a misperception that data availability through the P3N is limited. This analysis also showed that HIO and P3N satisfaction rates were quite high, as 77% of IMPAQ survey respondents rated their experience with the HIO as a positive one.

Most survey respondents have been involved with P3N over three years, with the comprehensive experience to make these determinations. For example, the structure and availability of information for hospitals varies by their HIO's functionality, and participants' contributions vary across the five HIOs. Some HIOs only offer CCDs and ADT alerts for ED admissions; others have a more robust offering for members.

This is a very interesting finding. The structure of data sharing also varies. Some HIOs provide specific discrete fields they push to the hospital EHRs, while others don't have an integrated system and require a separate portal to exchange data. This reiterates that some participating providers do not contribute all requested data, and Dr. Siegel noted this familiar challenge. It feeds the perception about data being limited and is driven by how that data is being provided.

The fourth finding of this analysis is that this experience is not unique to Pennsylvania but is shared by other states. Robust HIE participation is often driven by regulation, funding, and incentives. Onboarding grants available through ARRA and HITECH have been helpful in PA and other states. There was a positive association between P3N and participation in Medicare value-based purchasing models. Interviews and survey responses revealed a connection between quality and financial performance: Hospitals that focused on value-based purchasing were more likely to participate in the P3N.

IMPAQ had specific interviews with the states of Oregon, Connecticut, New Jersey, Missouri, and Iowa, but there were other State Hospital Associations that participated in an information focus group. They also spoke to small groups within other State Hospital Associations. The information garnered from contact with the other states gave them a better understanding of the range of structures for HIE and how they vary greatly from state to state.

IMPAQ's analysis showed that HIEs thrive in states where there is a participation mandate for hospitals. In some states, there was robust participation, mainly because it is mandatory. All these findings taken together led to IMPAQ's recommendation that the Hospital and Healthsystem Association of Pennsylvania (HAP) form a new CIO/CMIO Council, and HAP just approved a memo that will be sent out next week to recruit member for this new Council, envisioned as a CIO and CMIO Council working jointly, with work groups comprised of IT Executives of member hospitals. HAP expects the first work group session to convene in October 2020.

The work group agenda will include, among other items, strategies to better partner with P3N and the five HIOs; work with EHR vendors to ensure that we're working together to meet the needs of PA hospitals and health systems as they work toward data exchange. Dr. Siegel then asked attendees if they had any questions. Mr. Joseph Fisne of KeyHIE asked who could serve on the Council. Dr. Siegel said they are asking CIO and CMIOs to either volunteer themselves or others within their organization to serve on the Council but would also welcome those working more directly with the HIE and data exchange.

What HAP envisions is a larger CIO/CMIO Council, comprised of several workgroups, one of which would advise on issues related to HIT and HIE Exchange. Chair Simon suggested that it would be great for Mr. Martin Ciccocioppo to participate in the Council in some capacity, at least as an observer. Dr. Siegel agreed and said an invitation will be sent to Mr. Ciccocioppo. HAP wants him to participate in these meetings and will contact him after the detailed memo goes out as a calendar is put together.

Mr. Ciccocioppo thanked Dr. Siegel for her leadership and getting this analysis done. It validated what he's seen over the years and from his seat within DHS over the last three years.

Ms. Pamela Clarke thanked Dr. Siegel for sharing HAP's research with the Board and asked these questions: "What is HAP's perspective and what is their goal in convening this Council? What is HAP's motivation in moving forward with it?" Dr. Siegel responded that the reason for forming this Council

and meeting with council workgroups is to focus on HIE related issues and understand how HAP can most efficiently and effectively support members that are in HIE.

In part, it is a matter of talking through agendas of meetings like this, to ensure we are well- informed of the concerns and issues that our members face, and how various meeting agenda items may affect them. We can speak with the authority of our membership behind us as we talk about what may be helpful for hospitals involved in the P3N, to comply with new regulations or recommendations as they come out. The goal is for HAP to better represent their members, to ensure their needs are being met and for HAP to educate themselves about the full range of what those needs are. HAP is looking at this survey's results, noting some challenges, but seeing an opportunity to partner with PA eHealth and the state to help bolster and improve the partnership between hospitals and the state, and fully understand the range of issues.

Ms. Clarke thanked Dr. Siegel and added: "I used to work for HealthSare Exchange (HSX) and recruited hospitals and other providers to participate in the HIE. One reason entities did not participate with HIEs was that most of their patients sought care within their own system. Initially, HSX had to do a lot of work to help them understand that although their perception was that their members really stayed in their systems, this was not true. Once we were up and running, we had data to demonstrate that. When you're talking about individuals seeking psychiatric care or receiving services at a rehab hospital, there's probably data to support or dispute that notion, unless those comments were based on data that was provided to the entities or through research. There is an opportunity for the HIEs to help dispel that".

Dr. Siegel advised that Ms. Clarke brought up a good point. Through this proposed Council there will be opportunity for HAP to serve in a liaison forum to educate both the HIOs and the state about HAP members' issues and educate them about issues we're discussing at this meeting today. It will be helpful to share these findings and ensure everyone understands what data is available within the HIE. This can be presented to hospitals not involved in the P3N to counter their assumption that their EHRs alone are enough to collect all the data they need.

Chair Simon advised Dr. Siegel it would be great if she could participate in PA eHealth Partnership Advisory Board meetings on a regular basis and keep in touch with respect to what HAP is doing, so that we stay in coordination. He then asked Dr. Siegel what conclusions HAP drew from the survey with respect to geography: Urban, Rural, Central, North Central, etc. Dr. Siegel said there was one region (Lehigh Valley Region) that not well represented within the HIE and it was a statistically significant finding.

Dr. Siegel advised that, in some ways this is validating the assertions she heard through this group and other groups. She is working directly with Mr. Ciccocioppo to determine where the gaps are and what the concerns are. When she first described this project to him, she remembered his comment that we could give HAP a lot of this information, as we know the regions in Pennsylvania that are least connected.

This validates what Mr. Ciccocioppo suggested but gave us a deeper understanding of why those issues might be coming up. He advised Chair Simon that Dr. Siegel and Mr. Obaid Zaman from HAP have been attending the Advisory Board meetings, as well as the HIETCC monthly meetings. He then thanked Dr. Siegel for her presentation.

PA eHealth Partnership Program Updates and SFY19-20 Accomplishments

Mr. Ciccocioppo advised that during the August 2019 meeting, we introduced the Advisory Board to the current Strategic Plan of the PA eHealth Partnership Program, and we walked through each of the strategies, backgrounds and actions. We also walked through achievements, current activities or actions around the strategies, and at that meeting, the Advisory Board reaffirmed the Strategic Plan and strategies under which PA eHealth continues to operate.

Advisory Board Changes: Mr. Ciccocioppo then noted several Advisory Board changes, as well as staffing changes within PA eHealth, which have occurred since our last meeting in May 2020. Ms. Teri Henning has just joined the Advisory Board, serving the remainder of the term of Ms. Jennifer Haggerty, who accepted a position with the National Home Care Association. Mr. Ciccocioppo welcomed Ms. Henning and she thanked him for the introduction.

PA eHealth Staff Changes: He also noted Mr. Michael Martz, an Ex-Officio member of the Advisory Board, had been nominated to be a HIO representative for appointment by the Legislature. Since Mr. Martz is no longer with Mount Nittany Health Exchange (MNX), he asked to be removed from the Ex-Officio Member list of the Advisory Board. Ms. Megan Ebert, a Human Services Program Specialist at PA eHealth, has moved to the Department of Health (DOH) to support the Women, Infants and Children (WIC) Program. She will be replaced by Ms. Debra Kochel from the DOH, and Ms. Kochel will join our staff in September 2020.

Ms. Stephanie Billman and Ms. Amanda McKenna have been moved, as part of strategic assignments/realignments of Promoting Interoperability Program Staff, to the Bureau of Data Claims Management (BDCM). We're getting close to sunseting the Promoting Operability Program, so moving those two staff members into the same organization (BDCM) will make it easier to focus on paying claims, processing incentive payment claims and performing audits, enabling us to close out the program.

Recent Accomplishments: Mr. Ciccocioppo noted recent PA eHealth accomplishments and what we're focused on since our last meeting on May 8, 2020. We had the official release of PA eHealth state fiscal year 2018-19 Annual Report to the General Assembly, which was a resource included in the meeting packet.

We also awarded nearly \$4.5 million in HIE onboarding grants, which includes 62 Inpatient onboardings and 53 ambulatory onboardings, and we addressed the lack of participation in the Lehigh Valley area through some of these onboarding grants. It should be noted that 52 of the 62 Inpatient facilities being onboarded are nursing homes. We're eager to drive up nursing home participation, especially as it relates to Medicare value-based purchasing and care coordination. For Federal Fiscal Year 2021 we have an Initial Advance Planning Document (HIT IAPD), our formal request for 90/10 funding and HITECH funding for these kinds of projects, which was submitted to CMS earlier this week.

We are establishing additional Public Health Gateway (PHG) connections to RXCheck. We established a connection for Central PA Connect (CPCHIE). As of Monday, August 17, 2020, the entire Geisinger Health System will be onboarded, up and running in Production on the new RXCheck PDMP infrastructure through the PHG, and we're looking to add additional providers through other HIOs. We've expanded the P3N ADT statewide Notification Service, which now includes 107 Emergency Departments and 30 Inpatient ADT feeds. We anticipate having more than 100 Inpatient ADT feeds by the end of this year. We're providing the DOH with daily COVID-19 reports, based on surveillance of ADT reports to the P3N ADT Service, and that includes demographic information, such as race and ethnicity, for specific cases.

Medicaid Fee- For-Service (FFS) Case Managers are actively using the P3N portal for developing care plans for new Medicaid enrollees and medically complex enrollees. We're talking with DOH's WIC Program, as well as the Departments of Labor and Industry's Bureau of Disability Determination about

possibly using the P3N portal to make their work less arduous and more efficient. Our P3N RFP draft is currently under internal review. We're also seeking CMS approval to integrate the new P3N into the Medicaid Management Information System (MMIS). Due to efforts in getting more value from the P3N, we exceeded 500,000 documents being retrieved across the P3N in the month of June 2020 alone.

FFY2020 HIT IAPD Projects: Mr. Ciccocioppo noted that the 2020 HIT IAPD Projects are quickly winding down. For HIE Onboarding Grants, there were 4.4 million dollars awarded. This year, we were unable to offer the Payer Onboarding Grants, but we anticipate being able to offer those grants for 2021. For PHG Onboarding Grants, we awarded \$65,000 for onboarding to ELR and the Prescription Drug Monitoring Program (PDMP). We are in the final stages of approving the Image Sharing Agreement for KeyHIE, and this is for the 2nd year of the two-year Radiology Image Sharing Project. We had hoped to have IBM create the Care Plan Document Registry, using 90/10 funding this year. IBM was unable to come to an agreement with their vendor, Care Evolution, and IBM informed us last week that the work will not be completed. This is a service we expect to have in the new infrastructure, but since we are in the waning days of the IBM infrastructure, we're not going to pursue that Registry beyond this Federal Fiscal Year. PHG Utilization, Case Reporting and Immunization Registry Interoperability support, are all areas in which we are contributing 90/10 funding to enhance the ability to operate more effectively through the Public Health Gateway.

For Education and Outreach, we have engaged Quality Insights again to recruit returning Promoting Interoperability participants. Through Quality Insights' efforts this past year, we brought back at least 25 participants. The Allegheny County Health Department project is ramping up to its 2nd year.

FFY2021 HIT IAPD Projects: In reviewing the list of 2021 HIT IAPD projects, we see that most of them are continuing, but the newest one is Patient Matching Improvement Grants. We want to provide grants for the HIOs to do clean-up work on patient demographics and matching, which will have a spillover benefit for the P3N.

Strategic Plan: Our Strategic Plan goes through June 2021, but it's not too soon to be thinking about having strategic planning sessions with stake holders, including the Advisory Board. We ask that Board members keep in the back of their minds the need to revisit our Strategic Plan for the next year. PA eHealth's vision and mission continue to be what we are striving towards as part of DHS, and this has not changed since we were an independent Authority. Whenever we engage all providers in robust Health Information Exchange to improve accuracy in diagnosis of an individuals, alert a patient care team, reduce readmissions and unnecessary admissions, and increase a patient's health and satisfaction overall, we are succeeding.

Ms. Clarke commented that our goals in the Strategic Plan heavily emphasize providers and care teams, and believed there was an opportunity to acknowledge other entities that participate in data sharing. Initially we were focused on providers and care teams, but we may want to add others, such as health plans. Mr. Ciccocioppo responded that we have not ignored that sector or others and as we go into strategic planning, we can give them greater emphasis.

2019-2020 Accomplishments: Mr. Ciccocioppo reviewed 2019-2020 accomplishments in support of the eight strategies in the Strategic Plan:

1. Improve upon our existing services by leveraging other state services and resources
2. Expand the coverage area of providers exchanging data
3. Increase bi-directional access to public health reporting registries
4. Provide improved analytics to better support performance measurement and quality reporting
5. Enhance the types of patient data exchanged
6. Update the certification program to better serve all current and new participants
7. Offer expanded system access to patients and providers
8. Expand exchange capabilities to include external state and federal partners

CRISP Onboarding to P3N ADT Service: Mr. Ciccocioppo noted that we presented a lot of information, including many accomplishments, but there is still a great deal of work to do. He then asked for questions or comments on our strategies, accomplishments, or current activities. Mr. Joseph Fisne made several comments regarding connecting CRISP to the P3N ADT Service. Mr. Ciccocioppo responded that, during the February 2020 Advisory Board meeting, we informed the Board that the Trust Community discussed potentially sharing information with CRISP. The Board strongly suggested that we invite CRISP to a Trust Community meeting.

We did that earlier this Spring, and CRISP presented a dire need for them to get access to alerts whenever their patients from Maryland, West Virginia, or the District of Columbia (D.C.) come across the Pennsylvania border for care. Right now, they have no insight into that care and want to be able to have alerts for their patients' care team in Maryland. What we determined was, we could connect CRISP to just the P3N ADT Service, and they won't have to be onboarded as a fully Certified HIO. We were able to work through the process from a technology perspective of how we would do that, and we were able to come to an agreement with IBM that some provisions in current IBM contract would pay for that connection, so there would be no cost to the DHS or P3N HIOs to onboard CRISP to the P3N ADT Service.

If a Maryland, West Virginia, or District of Columbia (D.C.) patient is receiving care in Pennsylvania and the P3N gets an alert on that encounter, the P3N would evaluate the state of residence for that patient and if it's one of those states, we would forward the ADT message to CRISP. CRISP would then consult their Master Patient Index, and if they have a clinical history for that patient, they would consume the ADT and alert that patient's care team through their Encounter Notification Service. On the flipside, if CRISP processes ADT messages from Maryland, West Virginia, and District of Columbia (D.C.) for patients who live in Pennsylvania, they would send those ADT messages to the P3N and the P3N would use our statewide ADT Service to deliver those ADT messages to the home HIO of that patient.

The home HIO of that patient would deliver the ADT message to their patient's care team. Currently, our Legal department is working through a contractual agreement with CRISP that would adhere to all Pennsylvania requirements for contracting. Mr. Ciccocioppo asked Mr. Fisne if this answered his questions. Mr. Fisne asked whether CRISP would be required to pay fees to DHS for this connection. Mr. Ciccocioppo responded that CRISP would be responsible for whatever costs they incur to do the P3N ADT Service onboarding but there would be no fees paid by Pennsylvania to CRISP and no fees paid by CRISP to Pennsylvania. There are nearly 250,000 patients from Maryland, West Virginia and DC that seek care in Pennsylvania. And there are similar numbers of Pennsylvania residents seeking care in Maryland, West Virginia and DC. It's a reciprocal arrangement for which we are not incurring additional infrastructure costs or ongoing operating costs.

Mr. Ciccocioppo advised that ADT sharing with CRISP has been the subject of continuing discussion during HIETCC meetings and we reached agreement on the connectivity level, fee issue, and data governance. We are waiting on Legal's review of the proposed data sharing agreement. Mr. Don Reed of HSX raised another concern regarding data use agreements we have in place, and whether our membership understands that our data or their data will go through P3N, then to go Maryland as well. Mr. Ciccocioppo said that issues/questions regarding data governance and security will be discussed at future HIETCC meetings.

No Data Breaches: Ms. Clarke said it was important to note that there have been no data breaches/disclosures during this time frame, as this was an accomplishment for the whole community. It's important to acknowledge that there are privacy and security systems in place that are truly protecting the data. If that is in fact the case, we should acknowledge that as part of our report and accomplishments. Mr. Ciccocioppo advised that there is a specific requirement in our enabling legislation that compels us to report out on data breaches. It is a separate section of the Annual Report, and in each of these Reports, we have been able to state that there have been no data breaches across

the P3N. This is due in large measure to the efforts of the HIO Community and our vendors to provide good stewardship. Ms. Clarke thanked Mr. Ciccocioppo for the explanation.

COVID-19 Public Health Emergency Update

Mr. Ciccocioppo turned the meeting over to Ms. Meghna Patel, Advisory Board member representing the DOH, to follow up on a robust discussion we had with Dr. Waller at our May 2020 meeting. Ms. Patel advised she would be quick in providing updates on COVID-19 and made the following comments: “We put our statewide numbers and totals on our DOH website. In PA, we have tragically observed about 7,400 deaths attributed to COVID-19. Everyone can check out the important matrix, dashboard and tables on the DOH website.

We have successfully flattened the curve, but we need to do a lot in order to stop the spread of COVID-19 in PA. We have targeted mitigation strategies by expanding testing and contact tracing efforts. Data from HIEs and P3N have been very helpful in understanding demographic characteristics. We also use that information for hospitalization usage. That has been very helpful, and I do appreciate and thank you for the level of support that PA eHealth Partnership and our colleagues at the DHS have provided. I can certainly speak more about COVID-19 for there’s a lot going on, particularly from my standpoint at Health Innovation at the DOH. I am heavily focusing my efforts on contact tracing and testing, tools we have implemented and expanded”. She explained that the state is trying new technologies around contact tracing to continue to flatten that curve and stop the transmission of COVID-19 in PA. Mr. Ciccocioppo shared a graphic with the level of support the P3N has provided by collecting information, and our cases are naturally following that same trend as DOH’s confirmed cases.

Mr. Ciccocioppo offered to give Advisory Board members an opportunity to relate their COVID-19 experiences over the last five (5) months. Chair Simon then commented: “On behalf of the Advisory Board, I want to extend our thanks and appreciation to you, Ms. Patel, and to the Secretary for an outstanding job in protecting citizens of the Commonwealth. Thank You, and you’re doing a great job, keep it up. You have tremendous support out in the field for your efforts. With that, if you have any questions, comments, suggestions, recommendations, certainly, the floor is open.”

Ms. Patel thanked Chair Simon, noting that DOH, the Governor’s Office support and other state agencies have put all hands on deck: “Certainly, we have an Emergency Command Center set-up at PEMA and it’s not just one person; everybody’s efforts are involved. I echo what you just said, that Secretary Levine has done a fantastic job staying calm, reminding people of best practices and how to putting our best efforts to stop the spread of COVID-19 so we can all get back to things.”

Dr. Sheinberg of Lancaster General asked about the 5% positivity rate. He heard that providers on the front line are constantly bombarded by patients who, for various reasons, wanted to be tested. “I think we’re doing a pretty good job holding to that 5% but it’s becoming increasingly more difficult because many people are expected to go outside of that, and their indications are moving rapidly. Are you thinking that’s going to move beyond the 5%?” Ms. Patel replied, “Yes, there are two things. There’s a general percentage for overall testing in PA. At the beginning, we started with 2% of Pennsylvania’s population. In the next couple of months, we rapidly overachieved at that target. Now we’re up to 4% of the population.

We’re exceeding that in terms of expanding testing, with the goal that anyone wanting to get tested, should have the access to get tested. All these test centers that we’re opening are collaborative centers, such as Wal-Mart, CVS, and Rite Aid. Our partnerships are helping with testing for Long Term Care Facilities and determining when there’s a surge in cases. We observed here in South West how we can go and target in those outbreak regions and pop up in a wave for expanding testing. There are a lot of Community Health Centers that have chimed in for ensuring they provide access to testing.

They have rapidly achieved that population testing. Positivity rate is calculated in a way that the number of people or the amount of testing we do is so great and so high, that we only see a certain amount of people get considered as positive. Keeping that in mind, you'll notice in certain states that the level of testing the population is so high, they're unable to identify fewer positive cases each day. The ideal goal is to stay within 5%, so that's what we're trying to do in PA. I hope this answers your questions." Dr. Sheinberg thanked Ms. Patel for her detailed explanation.

Mr. Paul McGuire of Quality Life Services echoed the Chairman's words and thanked Ms. Patel for her help and support, and for the Rapid Response Health Collaboration Program that has started providing much-needed support. He then asked, "I heard that if we exceed the 5%, we would need to do weekly testing in the Skilled Nursing Centers. Have you heard that?" Ms. Patel noted, "Within the Long-Term Care Facility, matters do get changed pretty rapidly. I'm not sure that is the latest I've heard. If that's of interest, I can certainly touch base with you offline. There's obviously a standing order that we achieve in getting all Long-Term Care Facilities tested on time, and that was 100% achieved. That also factors into the 5%. I've not seen that as a decision making that we have not done yet." Mr. McGuire told Ms. Patel he heard from the National Association late last night, and she thanked him for that information.

Mr. Ciccocioppo noted that, due to COVID-19's impact on the work environment of OMAP/DHS, we have been teleworking since March 16, 2020. "A few staff members go to the office to process mail on a very limited basis. The impact on productivity and ability to work effectively using technology has been surprisingly positive. After the COVID-19 Public Health Emergency subsides, we will continue teleworking or offer different teleworking options."

Ms. Patel advised, "DOH has the same setup: Employees who can, are teleworking. Certainly, we have a setup at the Command Center at PEMA. The appropriate and required staff are going in person. It is still so important that we all keep that guidance and keep instructions in mind in terms of teleworking. Obviously, the other guidance is about masking and social distancing."

Health Information Exchange Trust Community Committee (HIETCC) Updates

Mr. Ciccocioppo advised that, for today's meeting, Mr. Douglas Carroll, Director of Information Services at Mount Nittany Health (MNX) is serving as HIETCC liaison to the Advisory Board. This is a rotated role among HIETCC members. Ms. Kim Chaundy is HIETCC Chair, and in the meeting packet sent for today, we included the HIETCC meeting agenda for August 5, 2020, as well as approved Minutes from their previous four meetings.

Mr. Carroll noted that, since some of the topics had been covered at today's meeting, he would briefly go down through the list of some frequent discussions we have had during the last 5 HIETCC meetings. We spent a lot of time discussing COVID-19 and various efforts among the HIOs to provide information to both the state and our members. It will continue to consume a portion of our time for the foreseeable future.

Another topic discussed frequently was Interstate data sharing with CRISP. Some comments were made today about CRISP that HIETCC can entertain at our next HIETCC meeting. Mr. Carroll asked that CRISP be added to September's meeting agenda. For PDMP, we have successfully onboarded CPC HIE and Geisinger is soon to be onboarded into RXCheck through the PHG. HIETCC funding for FFY2020 and 2021 projects is a common topic of discussion among the HIE Community. We also discussed Encounter Notification, P3N ADT Services, and Inpatient ADT Expansion.

When the ADT Project began, we focused on Emergency Departments, then began including more Inpatient services. We've had some success and we continue to add more Inpatient data in that feed. For Super Protected Data (SPD) we established a workgroup to work with all the HIEs to better coordinate the filtering of data that should not be shared and ensure that data is properly protected.

We also formed a workgroup to normalize document naming convention. Another work in progress is encouraging the HIOs to provide more discrete documents to the P3N.

Mr. Ciccocioppo mentioned working with Fee for Service Case Managers to give them P3N access. We've also discussed Timeouts and noted that, due to different HIO systems, we will continue to see variability across the Timeout settings. We've also discussed Downtime, noting we closely monitor compliance with Policy 11, which requires timely notification for Planned and Unplanned Downtime.

Mr. Ciccocioppo mentioned earlier that our P3N Certification package was up for Annual Review. At the HIETCC meeting last Wednesday, we wrapped that up, as there were no changes needed for the P3N Certification package. Mr. Ciccocioppo thanked Mr. Carroll for serving as the HIETCC Liaison for this meeting. He then asked if there were any questions, and there were none.

ClinicalConnect HIE Overview

Another rotated feature in our In-person Advisory Board meetings has been an HIO's overview of their services and Health Information Exchange. Ms. Szymanski, Director of ClinicalConnect Health Information Exchange (CC HIE) agreed to give this HIO presentation for today's meeting.

Ms. Phyllis Szymanski thanked Mr. Ciccocioppo for the opportunity to talk about CCHIE, who they are, and the services they provide. CCHIE is often referred to as the Western Pennsylvania HIE. They are a non-Profit 501(c)(3) and were founded in 2011 by regional hospitals who came together and determined the need to have such an organization in place to improve health care provided across the community. That makes CCHIE a bit unique when we talk about how Health Information Exchanges were first formed.

CCHIE has grown to more than 47 hospitals, as well as physician practices, Federally Qualified Health Centers, and other organizations such as Rehab and Post-Acute facilities. Like other HIOs, CCHIE aggregates data and that was their founding model, to develop a Clinical Data Repository, and provide that securely to their member organizations to improve the overall care of patients in the region. CCHIE has grown not only in membership, but in the services they provide. Ms. Szymanski then shared a list of current organizations who are connected to CCHIE. She noted that their members include a Payer Organization, the UPMC health plan and a local ACO (Accountable Are Organization), Bridges Health Partners. CCHIE provides exchange of information to all these organizations, and Ms. Szymanski shared a list of products and services they provide. Historically they were a Clinical Data Repository, but have since expanded, and can provide patient alerts. The other HIOs provide these services, but CCHIE went about things a bit differently. CCHIE provides the ability to exchange data externally with national organizations, provides secure email services, and the ability to provide data to Payers in Health Plans for the purpose of quality reporting.

Ms. Szymanski shared more details of their Data Repository and different data elements that can be accessed at the point of care. CCHIE's models require that the clinician has a treatment relationship with the patient and they only do deep integration into the provider's EHR. Once they are in an EMR and within the patient's chart, only at that point are they able to process the data in the Data Clinical Repository. Ms. Szymanski then shared a rendering of what CCHIE refers to as their external exchange, which includes the ability to access information across the state through the Data Repository, and nationally through the P3N.

CCHIE provides the ability to view CCDs and discrete documents. At the national level, CCHIE is connected to several organizations: Allegheny Health Network, Connemaugh, DaVita, West Virginia and the VA are big users of information exchange. CCHIE's future initiative involves connecting to Carequality and Commonwell, to further extend their data exchange. CCHIE makes it easy for providers to see external documents within their own EHR. Some of the templates do allow for a table of contents

you can access quickly. This is what their data represents at the point of care for a provider when they access information.

Then she briefly touched on CCHIE's Alerting Services, in which they provide real time Event Notifications. Today they are offering the ability to do this through email and secure email in the form of a PDF or a CCD. They are focusing on that because it's easy to implement quickly due to the COVID crisis, and CCHIE has offered Real-time Event Notifications, at no cost through the end of 2020, to healthcare providers.

The Use Cases that CCHIE supports are those that monitor certain patient populations, in order to improve patient outcomes. This complies with the latest CMS Interoperability Inpatient access rule. Required conditions of participation are met by hospitals when they can notify downstream providers that a patient presented at a hospital or ED. The ADT information that we're receiving from the P3N, especially via KeyHIE HIO, is quite substantial, which is due in part to Allegheny Health Network data. One of P3N's great benefits is the ability to access data and provide it to our users.

Ms. Szymanski then noted CCHIE's Trusted Source Reporting for Quality Measures. They're essentially entering this new service area, aggregating from several different sources. It is much like the Clinical Data Repository but CCHIE will be able to provide that same information to Payers and providers for purposes of reporting and/or other Quality Measure initiatives within their organizations. This will make CCHIE a very strong HIE, as they purchased a solution considered certified by several large organizations, such as the NCQA, and will work with other Payers in PA to implement.

Mr. Ciccocioppo thanked Ms. Szymanski for her presentation and asked for any questions or observations from the Advisory Board. There were none.

New Business

Mr. Ciccocioppo advised there were a few administrative items to review before closing out today's meeting.

Vice-Chair Nominations: Our Chair is appointed by the Secretary of the Department of Human Services. Our Vice-Chair is elected by the Advisory Board Members. At our November 13, 2020 Advisory Board Meeting, we will be electing a Vice-Chair for calendar year 2021. Our current Vice-Chair, Mr. Paul McGuire, is the incumbent, who could choose to stand for election in November. There's also an opportunity for nominations of additional members of the Advisory Board to serve as Vice-Chair for that election. We can entertain nominations now, or anytime up until the election at our November 13 meeting. Chair Simon nominated Mr. McGuire to serve another term as Vice-Chair, and Mr. McGuire accepted the nomination. Mr. Ciccocioppo asked if there were other nominations, as we will hold an election during our November 13 meeting.

Upcoming Meetings: We seek a return to normality, but due to extension of the stay-at-home order, we will continue Teleworking, so this is not the optimal time to gather in person. Therefore, the November 13, 2020 meeting will use today's Skype format, but we remain optimistic about having in-person or hybrid meetings once we enter 2021. We have reserved a conference room in the Health & Welfare Building for in-person meetings set for February 12, May 7, August 6, and November 5 in 2021. You should all have received an Outlook invite to those meetings, each of which offers a Skype option. If we need to change those to 100% virtual meetings, we will do that in advance of the meeting and will likely shorten that meeting's duration.

Public Comment

There were no requests for public comment.

Adjournment

As there were no comments offered, Mr. Ciccocioppo turned the meeting back over to Chair Simon, who commented: "I hope everyone continues to stay safe, and thanks for participating today. Given the limitations of SKYPE, I think it was a robust meeting. It was jampacked with information and an overall good meeting. I want to thank you, Mr. Ciccocioppo for your hard work, and the staff for getting it together under these trying circumstances." Chair Simon thanked attendees for their participation and adjourned the meeting at 12:00 p.m.

Approved: November 13, 2020