

# Pennsylvania eHealth Partnership Advisory Board Meeting

February 12, 2021



# Agenda

10 a.m. Welcome and Introductions

10:05 Minutes of November 13, 2020 Meeting

10:10 PA eHealth Partnership Program Updates

10:30 HIE Trust Community Committee Updates

10:45 Department of Aging Priorities and HIE

11:10 Leveraging HIE for Public Health Response to COVID-19

11:25 Using the P3N to Improve Care Inside and Outside of Prison

11:40 Public Health Reporting Initiatives

11:50 Strategic Planning

11:55 Public Comment

12 p.m. Adjournment

2021 Meeting Dates



# Welcome and Introductions

**Paul McGuire**

Chief Operating Officer, Quality Life Services

and

PA eHealth Advisory Board Vice Chair

# PA eHealth Advisory Board

Mr. MARTIN CICCOCIOPPO, Director, PA eHealth Partnership Program  
Pennsylvania Department of Human Services (Secretary of DHS Designee)

Ms. PAMELA E. CLARKE, Senior Director, Quality, Health Promotion Council (House  
Appointed HIO Representative)

Mr. JOSEPH FISNE, Associate Chief Information Officer  
Geisinger Health System (Senate Appointed HIO Representative)

Mr. SCOTT FRANK, Chief Information Officer  
Capital Blue Cross (Insurer Representative)

Dr. BRIAN HANNAH, Vice President, Chief Medical Information Officer  
Mercy Health (Hospital Representative)

Dr. TIMOTHY HEILMANN, Chief Medical Information Officer  
UPMC Susquehanna (Physician or Nurse Representative)

Ms. TERI L. HENNING, Chief Executive Officer  
Pennsylvania Homecare Association (Home Care or Hospice Representative)

# PA eHealth Advisory Board continued

Mr. MICHAEL HUMPFREYS, Chief of Staff  
Pennsylvania Insurance Department (Insurance Commissioner Designee)

Ms. JULIE KORICK, Director of Finance & Business Development  
Pennsylvania Association of Community Health Centers (Underserved Representative)

Ms. MINTA LIVENGOOD, Vice Chair, Consumer Subcommittee of the MAAC  
(Consumer Representative)

Mr. PAUL MCGUIRE (Vice Chair), Chief Operating Officer, Quality Life Services  
(Post-Acute Care Facility Representative)

Ms. MEGHNA PATEL, Deputy Secretary for Health Innovation, PA Department of Health  
(Secretary of Health Designee)

Dr. MICHAEL A. SHEINBERG, Chief Medical Information Officer  
Penn Medicine Lancaster General Health (House Appointed HIO Representative)

Mr. DAVID F. SIMON (Chair), Chief Legal Affairs Officer  
Philadelphia College of Osteopathic Medicine (Consumer Representative)

# Ex Officio Members

Ms. PHYLLIS SZYMANSKI, Director  
ClinicalConnect HIE (Nominated as Senate HIO Appointee)

Mr. DON REED, Chief Operating Officer  
HealthShare Exchange (Nominated as House HIO Appointee)

# Pennsylvania eHealth Program Updates

**Martin Ciccocioppo, MBA MHA**

**Director**

Pennsylvania eHealth Partnership Program

Office of Medical Assistance Programs

Pennsylvania Department of Human Services

# Interagency Health Reform Council (IHRC)

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 means 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 and eliminating health disparities, and promoting the affordability, accessibility, and value of health care.

A core piece of this Whole-Person Health Reform Package is the creation of the Interagency Health Reform Council (“IHRC” or “the Council”), which was created via 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 better outcomes. The Council is chaired by DOH Secretary Nominee Alison Beam and consists of 7 members: Governor’s Secretary of Policy and Planning; Secretary of Human Services; Secretary of Health; Insurance Commissioner; Secretary of Corrections; Secretary of Aging; and Secretary of Drug and Alcohol Programs.



# IHRC Report

The Council's first charge was to develop a report to the Governor by December 31, 2020, which includes proposals for the development and implementation of health care reform and identifies policy and legislative changes needed to effectuate the Council's proposals. The Council compiled this report after reviewing and evaluating contributions from agency leadership and staff across the commonwealth.

The report is arranged by topic areas, with one or more recommendations in each topic area. This report is one of the first steps to embarking on the path of Whole-Person Health Reform. By collectively moving towards care that addresses every aspect of a person, we can give every Pennsylvanian the best opportunity to live a long, happy, and fulfilling life. Pennsylvanians deserve nothing less.

# IHRC Report Topic Areas

- Create Health Value Commission to Institute Health Care Cost Growth Benchmarking
- Address Health Equity
- Integrate Social Services into the Delivery of Health Care
- Drive Quality Improvement
- Align Value-Based Purchasing
- Leverage State Purchasing Power to Achieve Savings
- Streamline Access to Medical Assistance to Reduce Recidivism
- Leverage Data Sharing and Health Information Exchange

## HIE Recommendations:

- Increase Provider Participation Requirements and Incentives
- Integrate Health Information Exchange with MMIS
- Expand the P3N Alerting Service across States

# Growing Participation in HIOs and P3N

- In 2018, DHS required Physical Health MA MCOs to join a P3N HIO
- In 2018, DHS required MA PCMHs to participate in health information exchange.
- By July 1, 2019, DHS incentivized acute emergency departments to participate in the P3N ADT Service to qualify for certain hospital quality improvement incentives.
- In 2020, DHS required Community Health Choices MA MCO to join a P3N HIO.
- In 2020, DHS is requiring all MA PCMHs to join a P3N HIO.
- In 2021, DHS is requiring all Behavioral Health MA MCOs to join a P3N HIO.

# HIE Onboarding Grants

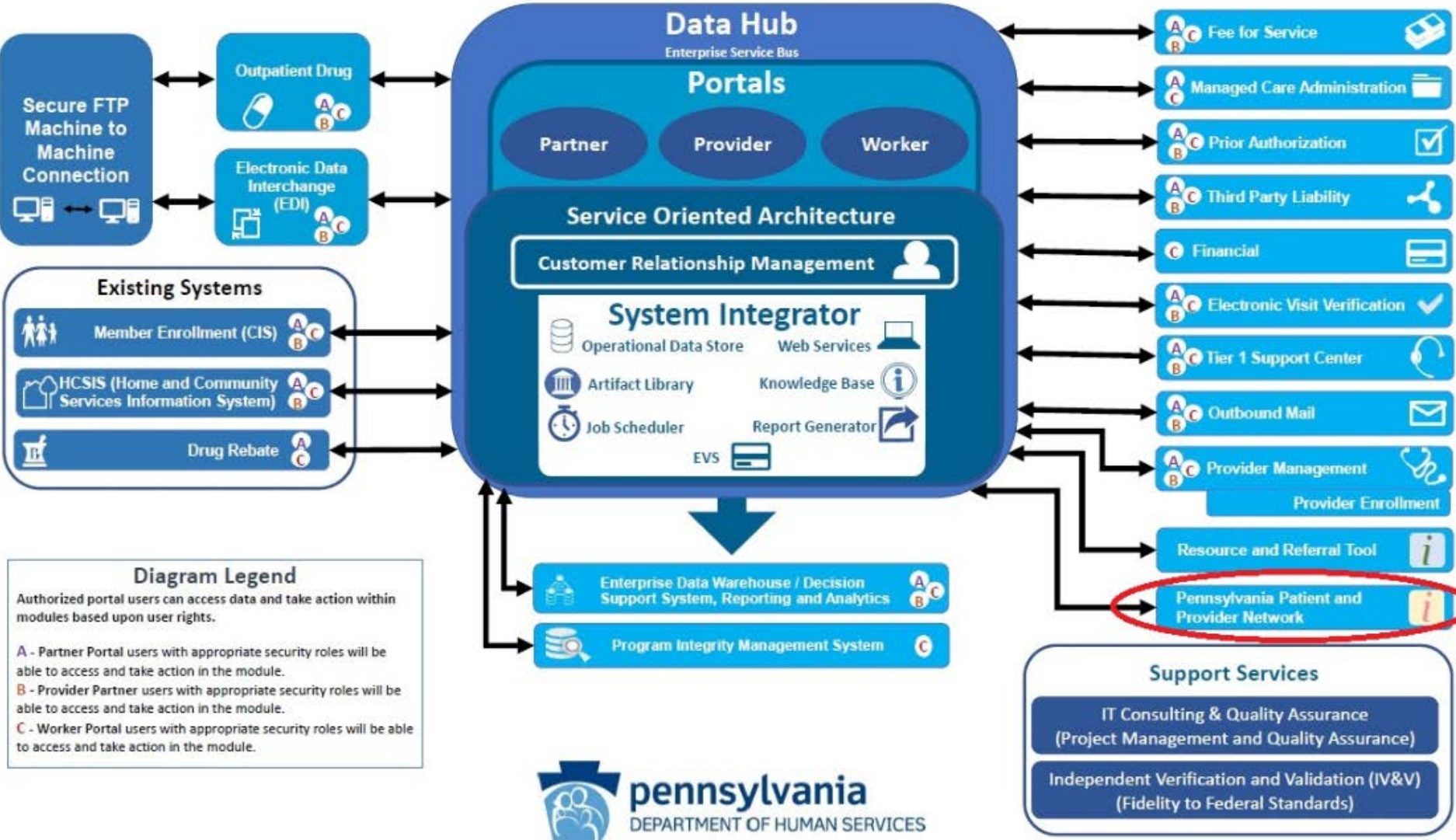
- These grants are made available to P3N Certified Health Information Organizations (HIOs) to support them in their efforts to connect a variety of healthcare providers to HIO's networks and, in turn, to the P3N.
- In FFY2021, DHS awarded up to \$7.7 million in HIE Onboarding grants to onboard more than 220 organizations to P3N HIOs.
- DHS awarded \$60,000 in Public Health Gateway Onboarding grants to two P3N HIOs.
- Payer onboarding grant applications are being evaluated.
- Patient Matching Improvement grant applications are being evaluated.
- FFY2021 is the last year for HITECH-funded grants.

# P3N Re-Procurement

- In November 2020, CMS approved the new P3N infrastructure to be a module for Pennsylvania's new Medicaid Management Information System (MMIS2020).
- In January 2021, CMS approved the P3N request for proposal.
- RFP # 09-19 was posted January 27, 2021; responses are due March 31, 2021.
- We want to complete the P3N procurement by the end of CY2021.
- We want to complete transition from the IBM P3N by April 2022.
- The new P3N will incorporate all current federated statewide HIE services and the Public Health Gateway service, which is currently provided by the Commonwealth.
- New P3N will be integrated with the statewide resource and referral tool (Aunt Bertha) through MMIS2020.

# MMIS 2020 Platform Modularity Diagram

Pennsylvania's MMIS 2020 Platform is designed around Pennsylvania's Medical Assistance (MA) business model, integrated around a data hub enabling modularity and incremental implementation.



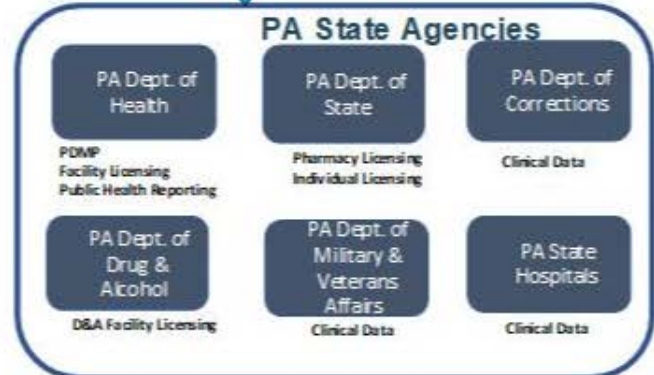
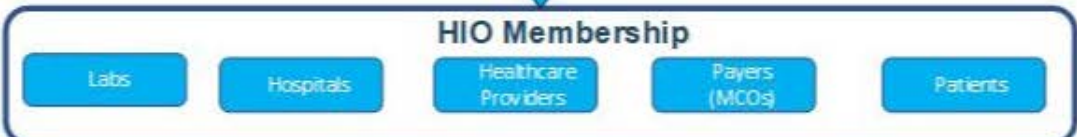
# MMIS2020 Platform HUB



Medicaid Beneficiary Data  
 Medicaid Providers and Enrollment  
 Medicaid Claims Data  
 Medicaid Prior Authorizations  
 Human Services Licensing  
 Social Determinants of Health  
 Eligibility Verification System (EVS) data  
 Care Plans (FFS, OCDEL, Aging, ODP, OLTL)



Clinical Data  
 Consent to Share/Not Share Documents  
 electronic Clinical Quality Measures (eCQMs)  
 PDMP Prescriber Reports  
 Obstetrical Needs Assessment (OBNA) forms  
 Nutritionist Dietary Plans  
 Public Health Reporting (Labs, Cancer, Immunization)  
 Advance Care Planning Documents (POLST, DNR)



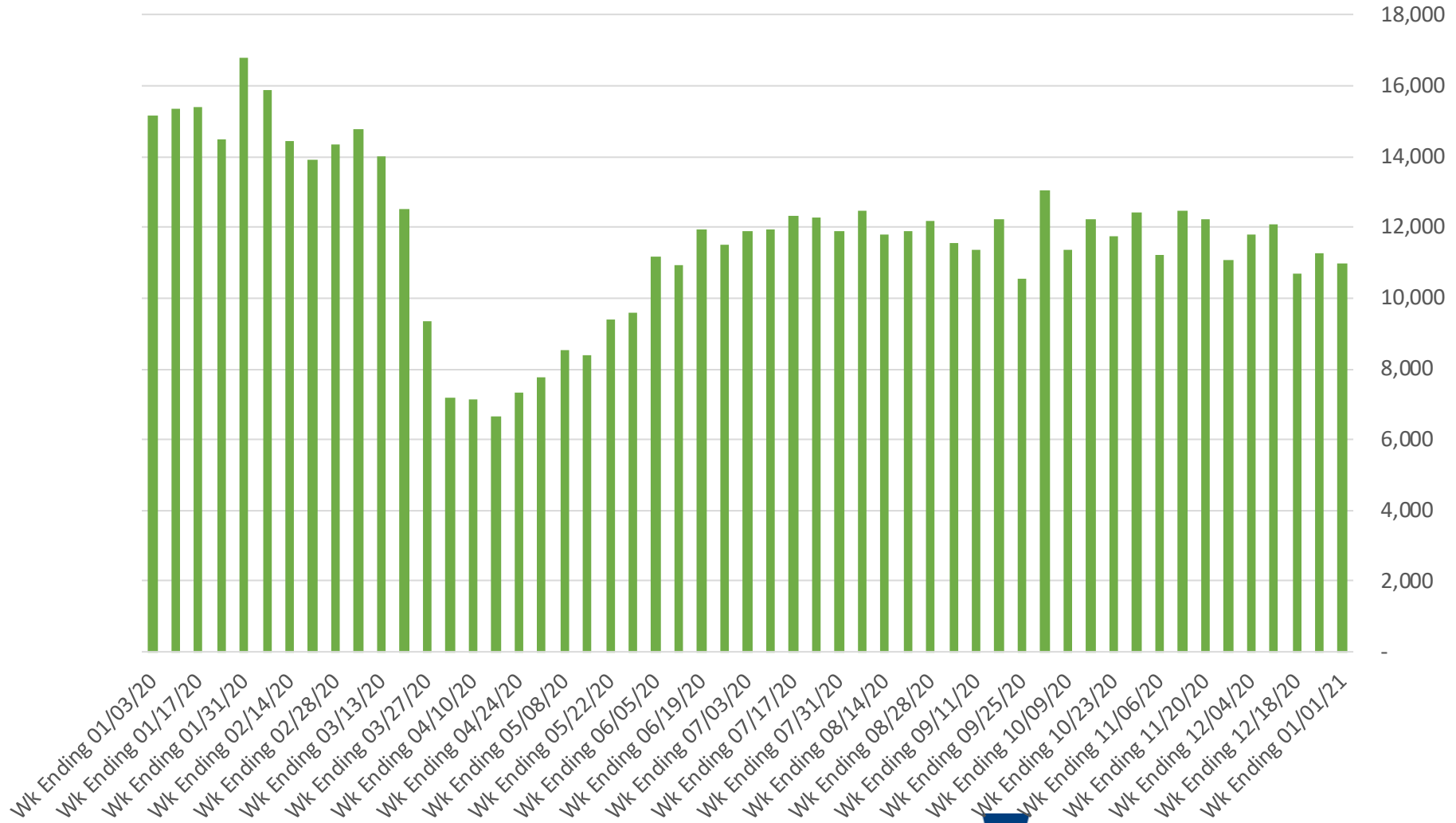
# P3N ADT Service

- The P3N ADT Service has now delivered more than 24 million outbound ADT messages to HIOs.
- There are currently 106 facilities sending Emergency Department (ED) ADTs to the P3N, and 5 facilities are in the Pipeline to begin sending ED ADTs in February.
- There are currently 48 facilities sending Inpatient ADTs, and 6 facilities are in the Pipeline to begin sending Inpatient ADTs in February.
- We anticipate having more than 110 ED and IP ADT feeds by 2Q2021.
- P3N ADT Service will hopefully begin sharing ADTs with neighboring states (Delaware, Maryland, and West Virginia) later this year.
- P3N ADT Service will begin adding ambulatory ADT feeds later this year.
- COVID surveillance of P3N ADTs continues.



# ADT Service Weekly Unique Persons Sent

Unique Persons Associated with ADT Messages Sent From P3N to HIOs



# P3N Interstate ADT Exchange

## PA Certified HIOs

ADTs Forwarded Based on Demographic Match  
Other State ADTs

- HSX**  
HealthShare Exchange
- CCHIE**  
ClinicalConnect Health Information Exchange
- KeyHIE**  
Keystone Health Information Exchange
- MNX**  
Mount Nittany Exchange
- CPCHIE**  
Central PA Connect Information Exchange

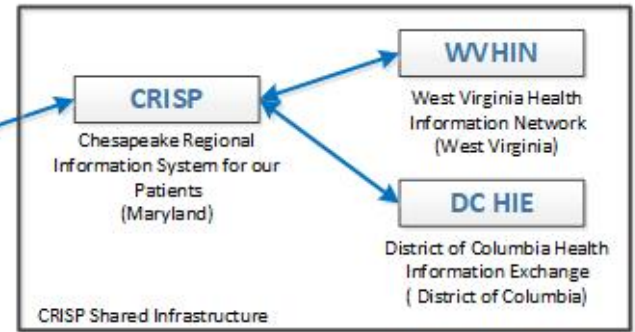
ADTs Forwarded Based on Demographic Match  
HIO ADTs

HIO ADTs  
ED and Inpatient ADTs

1. P3N ENS Service receives Other States ADT on a Patient with a PA address from CRISP ADT or DHIN ADT Service
2. Other States Patient Already Registered in P3N MPI?
  - Yes – Update Other States Patient Demographics in P3N MPI
  - No – Add Other States Patient to P3N MPI
3. P3N ENS Service Determines If Other States Patient Matches HIO Patient?
  - Yes – P3N ENS Service Forwards ADT to HIOs with Matched Patient
  - No – P3N ENS Service Holds ADT for 2 Weeks for Potential Future Match, After 2 Weeks, ADT is deleted from the P3N

ADTs Forwarded Based on State (PA)  
Other State ADTs

## Other States (MD, DE, WV, DC)



Connectivity with Other States requires Agreements, individually, with each State

**DHIN**  
Delaware Health Information Network (Delaware)



1. ADT Received from HIO by the P3N ENS Service
2. HIO Patient Already Registered in P3N MPI?
  - Yes – Update HIO Patient Demographics in P3N MPI
  - No – Add HIO Patient to P3N MPI
3. P3N ENS Service Determines If HIO Patient Matches HIO or Other States Patient?
  - Yes – P3N ENS Service Forwards ADT to HIOs with Matched Patient and/or Other States
  - No – P3N ENS Service Holds ADT for 2 Weeks for Potential Future Match, After 2 Weeks, ADT is deleted from the P3N

HIO ADTs  
ADTs Forwarded Based on State (MD, WV, DC, DE)

1. CRISP ADT and/or DHIN Service receives ADT on a Patient with the Other State address from P3N ENS Service
2. P3N Patient Already Registered in CRISP MPI and/or DHIN MPI?
  - Yes – Update P3N Patient Demographics in CRISP and/or DHIN MPI
  - No – Add P3N Patient to CRISP and/or DHIN MPI
3. CRISP ADT and/or DHIN MPI Service Determines If HIO Patient Matches Other States Patient?
  - Yes – Other States ENS Service forwards the ADT to the Patients Care Team and Retains the ADT in the Other States Clinical Document Repository
  - No – Other State ENS Service will not further use or disclose and will delete the ADT Message

# DOH - Women, Infants and Children (WIC)

- WIC provides nutrition services, breastfeeding support, health care and social service referrals and healthy foods for women and children.
- WIC has approximately 200 clinics in PA.
- WIC is considering telehealth options to minimize the need of quarterly in person health checkups.
- WIC nutritionists from clinics in each of the 67 counties want access to the P3N to obtain data that was collected at the child's pediatrician office.
- WIC is looking for access to be granted to approximately 50 individuals (25 WIC nutritionist and 25 back up supervisors).
- WIC would publish care plans to P3N from PENN system when a care plan registry is available.

# HIE Trust Community Committee

**Phyllis Szymanski**

Director

ClinicalConnect Health Information Exchange

# HIE Trust Community Committee

## **Chairperson:**

- Keith Cromwell, Program Manager, Central Pennsylvania Connect HIE

## **HIE Trust Community Committee Meeting Summaries:**

- HIETCC Meeting Agenda, February 3, 2021
- HIETCC Meeting Minutes, January 6, 2021
- HIETCC Meeting Minutes, December 9, 2020
- HIETCC Meeting Minutes, November 17, 2020
- HIETCC Meeting Minutes, October 14, 2020

## **Next HIE Trust Community Committee Meeting:**

- March 3, 2021

# HIE Trust Community Committee

## Topics covered/discussions w/continued focus on:

- Interstate Expansion of the P3N ADT Service
- FFY2021 Grant Programs
- Electronic Case Reporting – Registry Development and Role of HIOs
- COVID-19 – Coronavirus Related Activity
- PDMP – Onboarding to RxCheck PDMP through Public Health Gateway
- Leveraging HIOs for Care Coordination and Quality Reporting
- Expanding role of HIOs in Public Health Reporting (i.e., PA-SIIS)
- Discrete Documents
  - Sharing Discrete Clinical Documents Across P3N
  - Transparency of HIO Member Submissions to Clinical Data Repository
  - Normalization of Document Naming Conventions
- Encounter Notification – P3N ADT Service Inpatient Expansion

**Robert Torres**

**Secretary**

Pennsylvania Department of Aging



# HealthShare Exchange: Supporting COVID-19 Response in the Delaware Valley

Bill Marella, MBA, MMI  
Director, Data Analytics and Quality

February 12, 2021







# HSX HealthShare Exchange

HSX HealthShare Exchange

**Created To:**  
Ensure Health Data Gets to  
Where People Need it Most



Dedicated to Health Record  
Interoperability Since 2012



**Backed By:**  
Every Major Health Care  
Institution in the Region

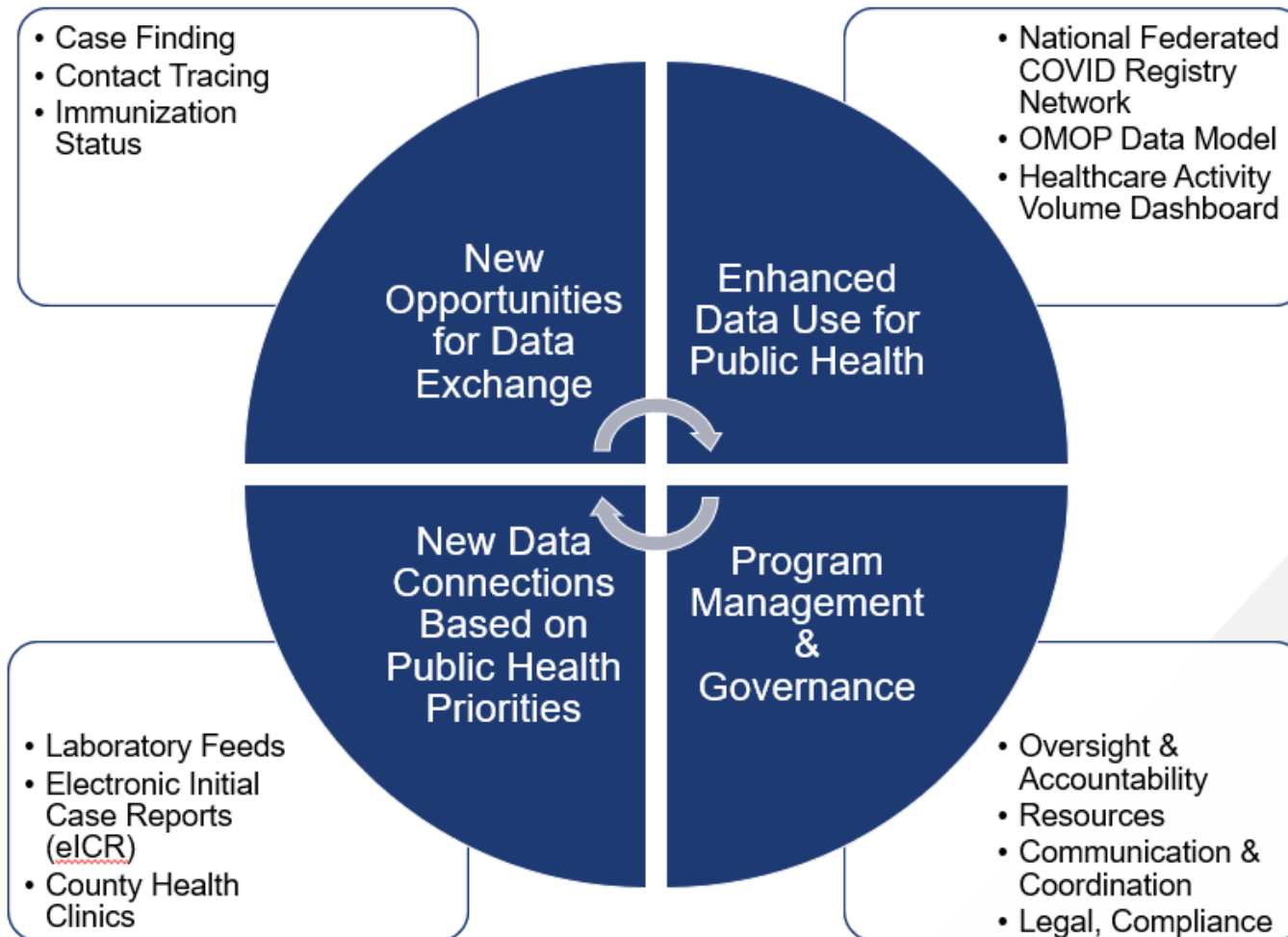


**Trusted By:**  
450 Companies, Government,  
and National Organizations



Confidential

# STAR HIE Program: Leveraging Health IT Strategies for Delaware Valley Public Health Agencies



# New Data Connections



## ELR



Electronic Lab Results

## eCR



Electronic Case Reports

## C-CDAs



Consolidated Clinical Document Architecture

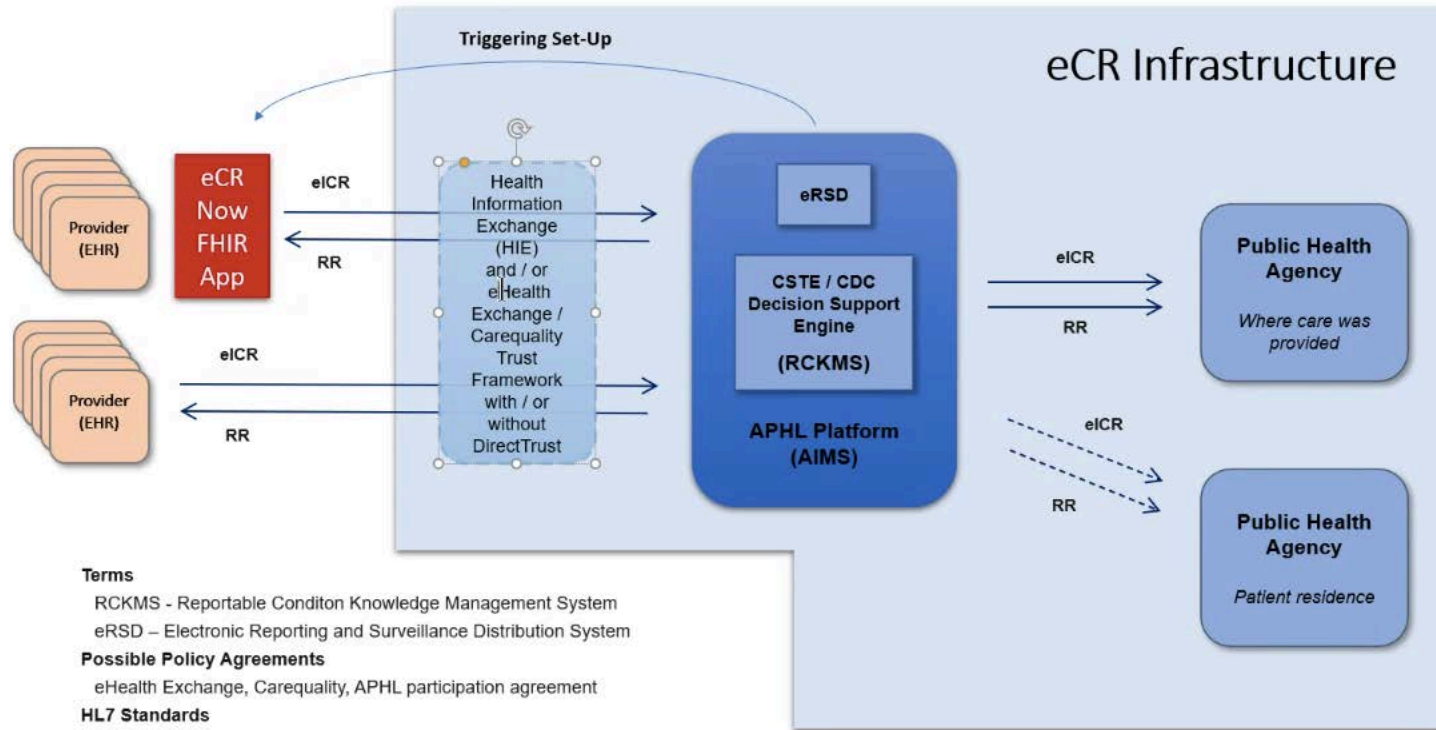
## Others

- County Health Clinics
- State Public Health Labs
- POC Test Results

## New Data Connections

Category	Organizations	Organizations
Electronic Lab Results (ELR)	Prospect/Crozer (participating) Trinity/St Mary's (participating) Abington/Aria (participating) Main Line Health (participating)	Tower Health/St. Chris (agreed) Holy Redeemer Einstein Medical Center Penn Medicine
Electronic Case Reports (eCR)	Temple (testing) Main Line Health (agreed) Jefferson Health (pending) Penn Medicine (pending)	CHOP Tower Health/St. Chris Einstein Medical Center
C-CDAs	ManorCare (live) Holy Redeemer (in QA) Tower Health (in QA) Penn Medicine (testing)	Prospect/Crozer (testing) Jefferson Northeast (Feb) ACTS Retirement Communities
Others	Immunization Info Sys (IISs) County Health Clinics POC Tests	State Public Health Labs Nursing Homes Prime Hospitals

# Electronic Case Reports (eCR)



**Terms**

- RCKMS - Reportable Condition Knowledge Management System
- eRSD – Electronic Reporting and Surveillance Distribution System

**Possible Policy Agreements**

- eHealth Exchange, Carequality, APHL participation agreement

**HL7 Standards**

- eICR - Electronic Initial Case Report CDA v1.1
- RR - Reportability Response CDA v1.0

## Immunization Priorities

- Push vaccination status into provider EHRs
- Priority rosters for public health agencies
- Monitor vaccine-related adverse events
- Data for vaccine effectiveness
- Racial disparities in vaccine administration



# Immunization Data in HSX

Immunizations
Close

**Allergies (2)** | **Immunizations (3)**

Vaccine	Administered	Dose	
No data av...			11
Tdap	02/06/2020	0.5 mL	5
Influenza, ...	11/14/2019	0.5 mL	4

Delete
Share
Send to Me

Administered	Dose
02/06/2020	0.5 mL
02/06/2020	0.5 mL
02/06/2020	0.5 mL
02/06/2020	0.5 mL
02/06/2020	0.5 mL

Tdap
11/13/2018
0.5 mL

**Immunization**

<b>Vaccine</b>	Tdap
<b>Description</b>	tetanus/diphth/pertuss (Tdap) adult/adol
<b>Status</b>	completed
<b>Vaccination Code</b>	115
<b>Code System</b>	2.16.840.1.113883.12.292
<b>Alternate Code</b>	Adacel (Tdap)
<b>Administered</b>	Feb 6, 2020 10:16:00 AM
<b>Dose</b>	0.5 mL
<b>Route</b>	Intramuscular
<b>Lot Number</b>	C5660AA
<b>Manufacturer</b>	sanofi pasteur

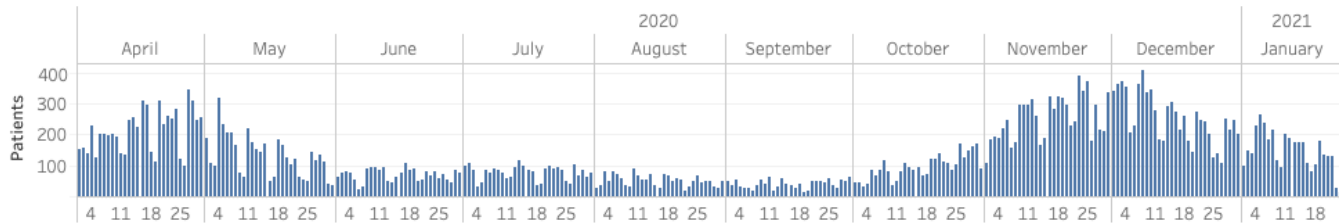
**Source Information**

<b>Source</b>	Einstein Non Hospital Facilities
<b>Received On</b>	May 12, 2020 3:53:26 AM

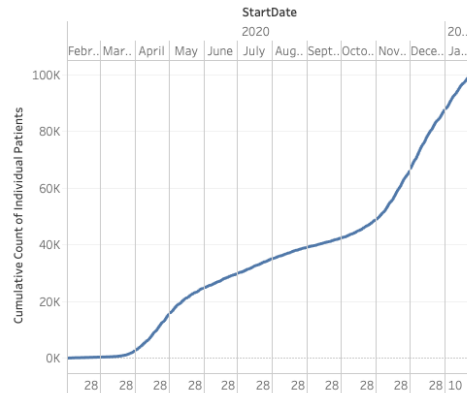
# Surveillance Reports



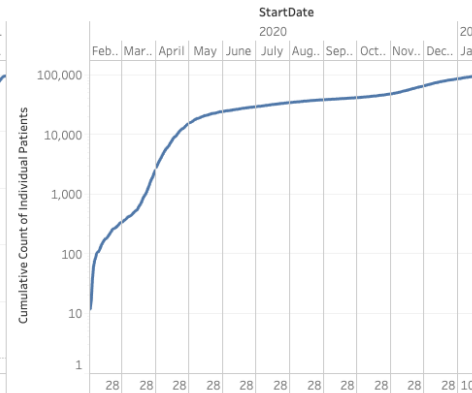
### Unique Cases by Day of First Diagnosis



### Cumulative COVID-19 Cases by Day of Initial Diagnosis



### Cumulative COVID-19 Cases by Day of Initial Diagnosis (LOG Scale)



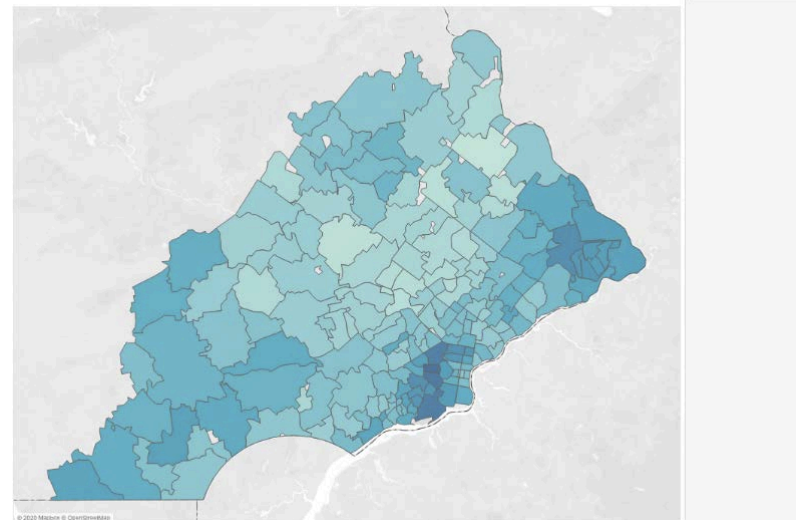


## Surveillance Reports

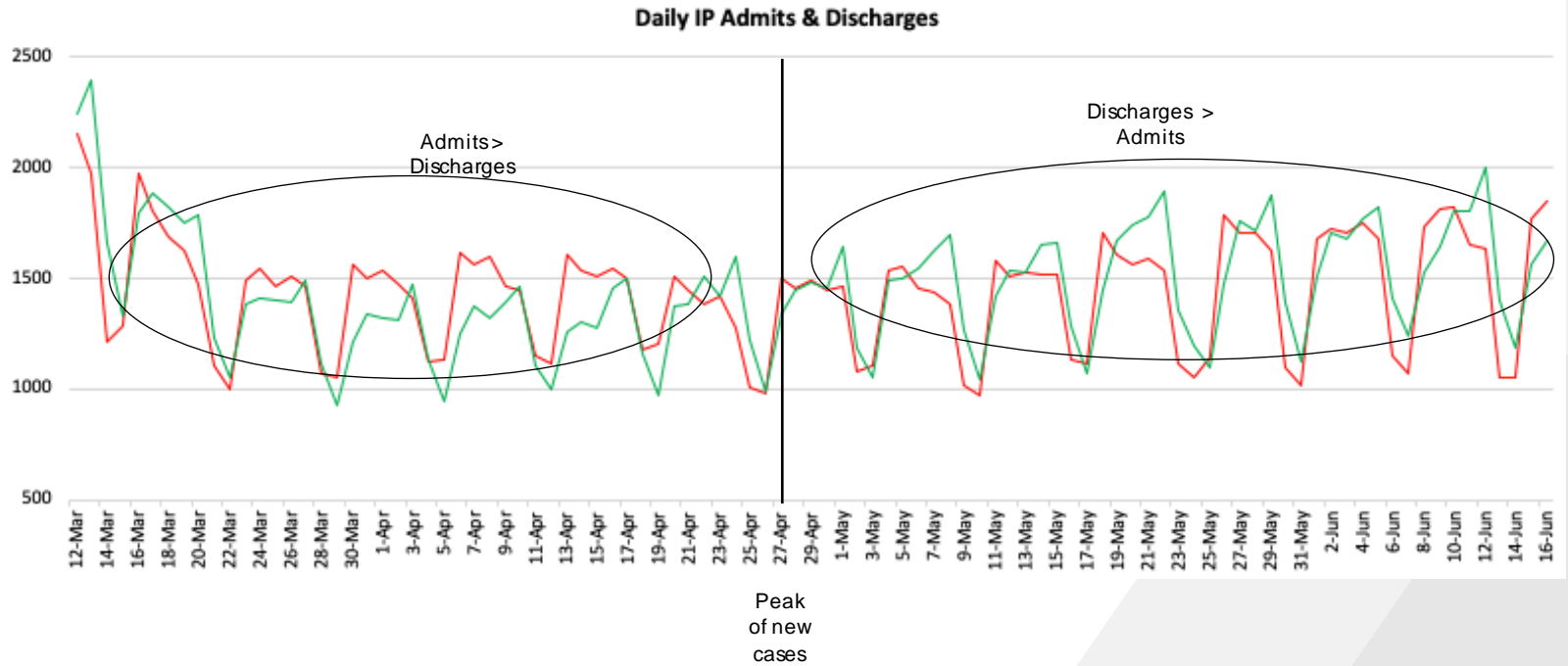
Based on 11,785 patients with COVID diagnoses, compared to patients with 0-2 risk factors, patients with 3+ risks:

- 2x risk of hospitalization (60 v 30%)
- 4x risk of mortality (11.9 v 2.7%)
- Higher mean LOS if hospitalized (5.2d v 4.8)
- All ( $p < 0.05$ )

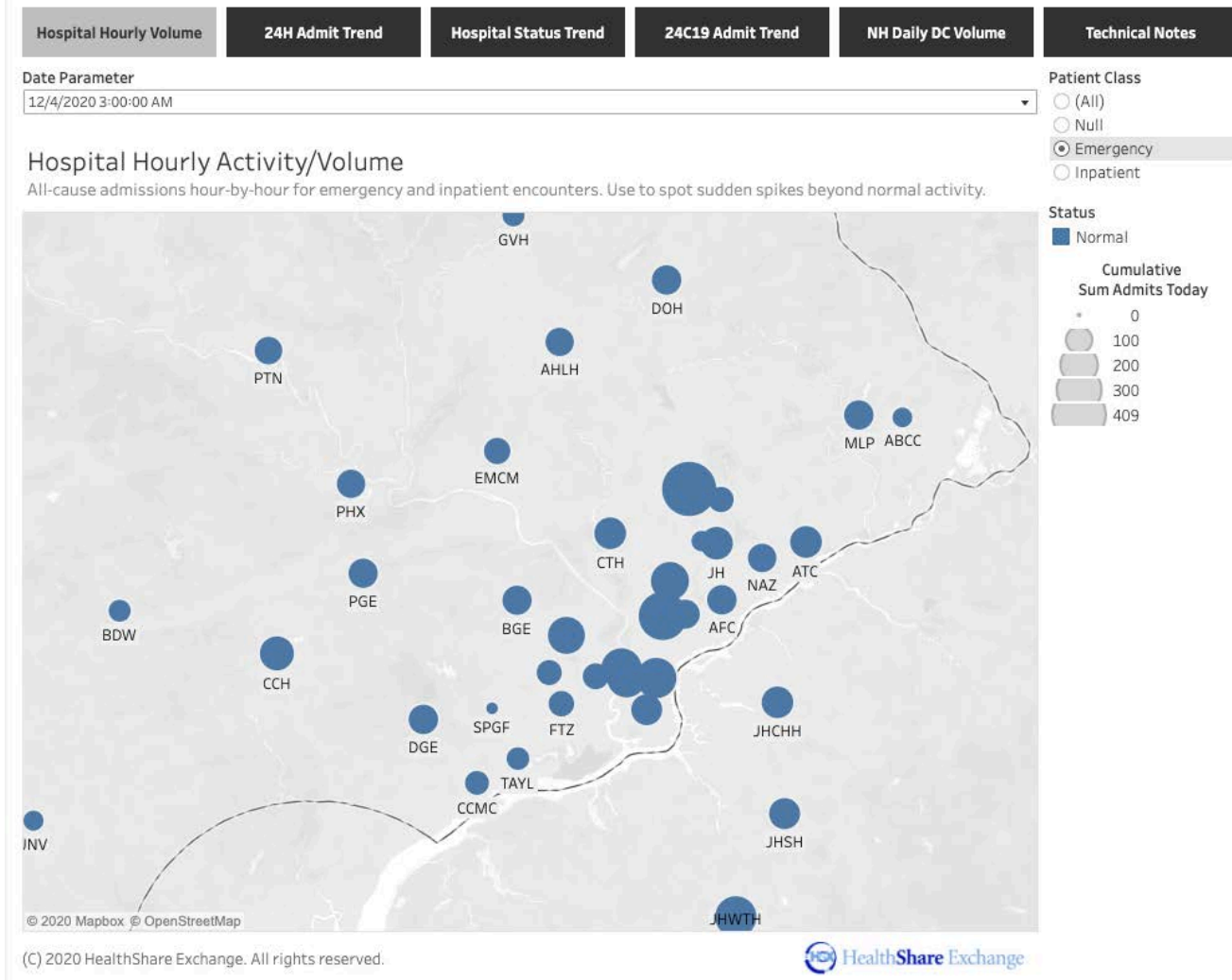
COVID-19 Severity Risk, **Three or More** Risk Factors, Prevalence per 1,000 Adults  
*Factors increasing risk of poor prognosis if infected*



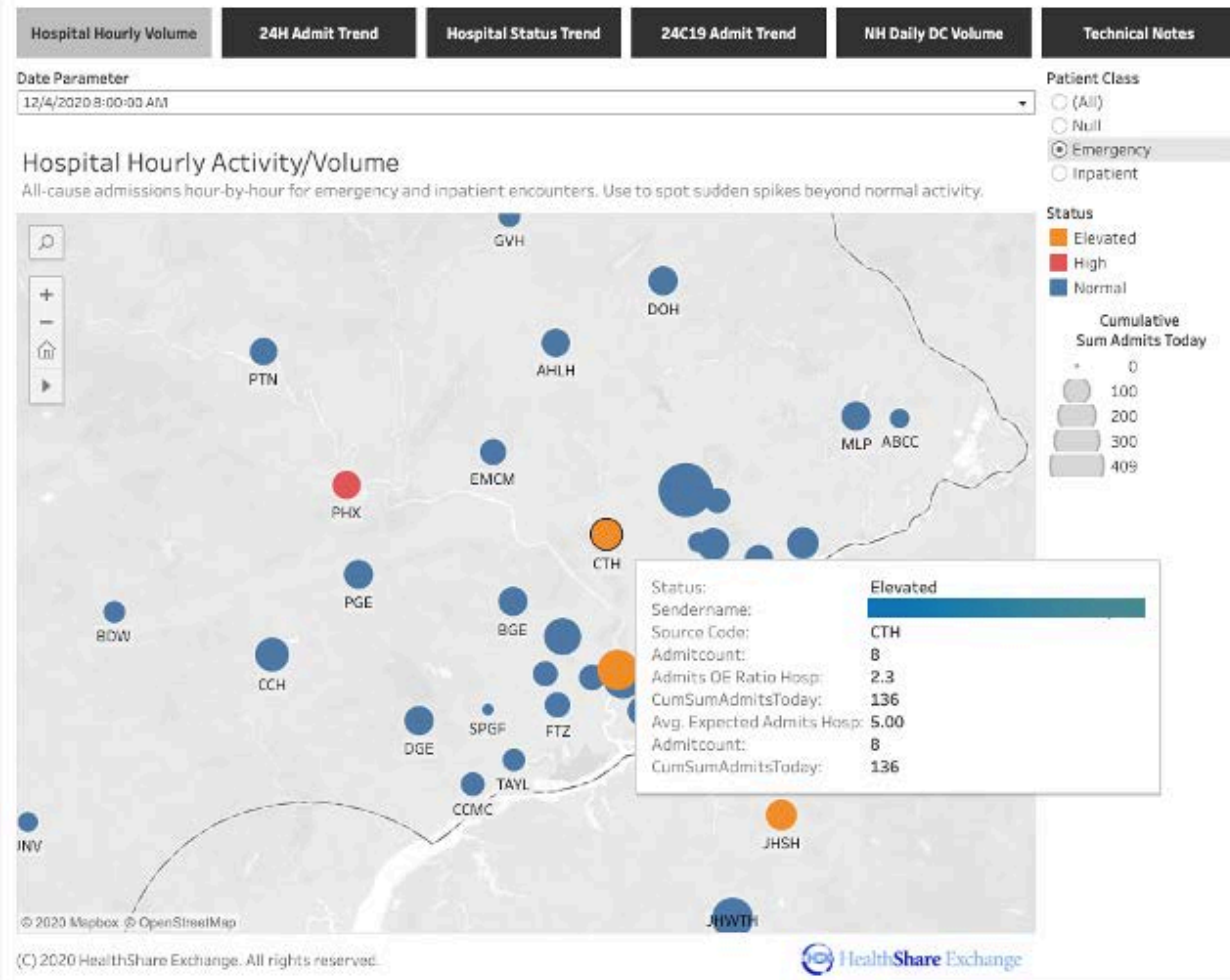
# Surveillance Reports



# Provider Activity Dashboard



# Provider Activity Dashboard

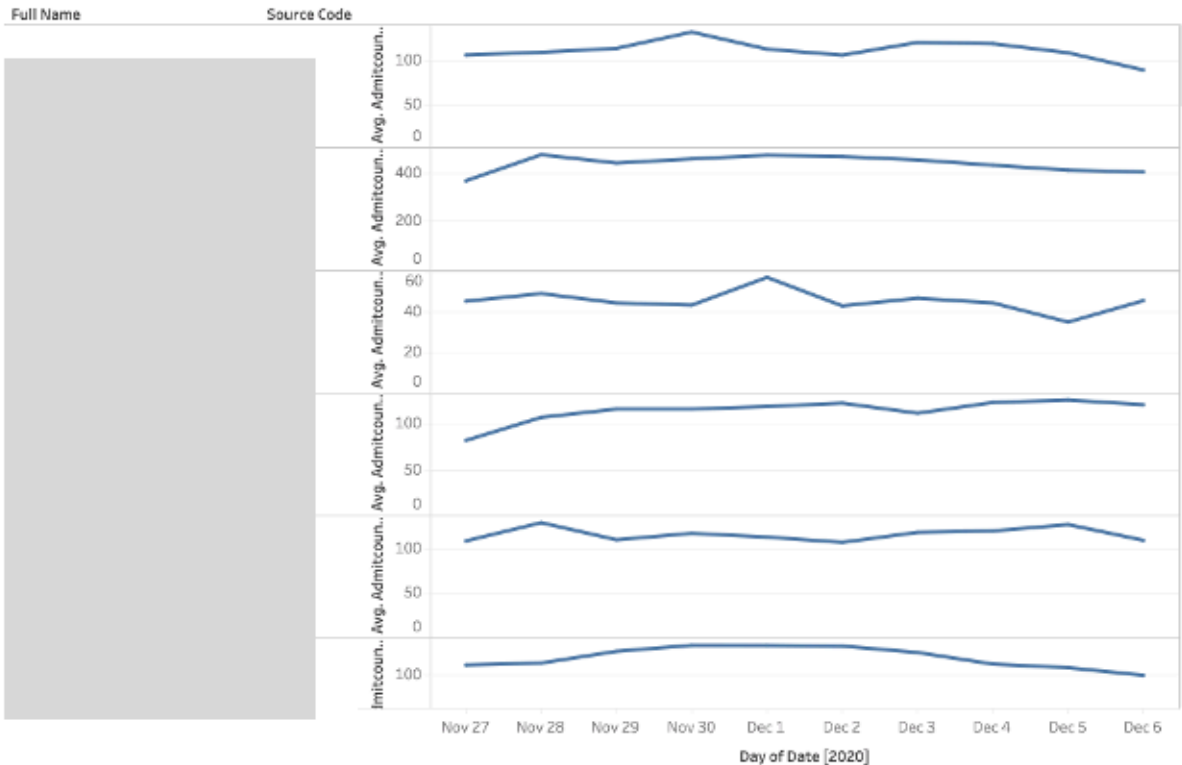


# Provider Activity Dashboard

- Hospital Hourly Volume
- 24H Admit Trend**
- Hospital Status Trend
- 24C19 Admit Trend
- NH Daily DC Volume
- Technical Notes

## Hospital 24-Hour Admission Trends

Trend in all-cause admissions using a 24-hour lookback over past 10 days. Use to spot more gradual changes.



## Challenges

- Properly coded data, reliance on vendors
- Delays in coded diagnoses
- Expanding public health access under HIPAA
- Tracking nursing home and other congregate living residents (USCDI)
- Non-traditional sites for testing, vaccination
- Priority for integration with IISs
- Persisting data from eCR

## Contact Us



**William M. Marella, MBA, MMI**  
Director, Data Quality and Analytics  
[Bill.marella@healthshareexchange.org](mailto:Bill.marella@healthshareexchange.org)  
610-745-7605

**Thank You!**

**Christopher Oppman**

**Deputy Secretary**

Pennsylvania Department of Corrections

and

**Jodie White**

**Corrections Health Care Administrator**

Pennsylvania Department of Corrections



# DOC Overview and COVID

- ❑ Departmental Overview
  - 24 State Correctional Institutions
  - DOC locations are typically referred to as Prisons
  - County correction institutions are referred to as “jails”
  
- ❑ COVID
  - Challenges
  - Mitigation Strategies
  - Vaccination Plan
  - Vaccination Status

# DOC and P3N

- ❑ Provision of Healthcare in DOC Prisons
- ❑ Getting to a Memorandum of Understanding with DHS
- ❑ DOC Interaction with P3N
  - Electronic Health Record integration
  - Receive information on intake
  - Receive information post-hospitalization
  - Send information (with consent) to P3N upon release
  - Future expansion plans – share information regarding care provided offsite, by participating community providers

# Public Health Reporting Initiatives

**Dana Kaplan**

Public Health Gateway Coordinator

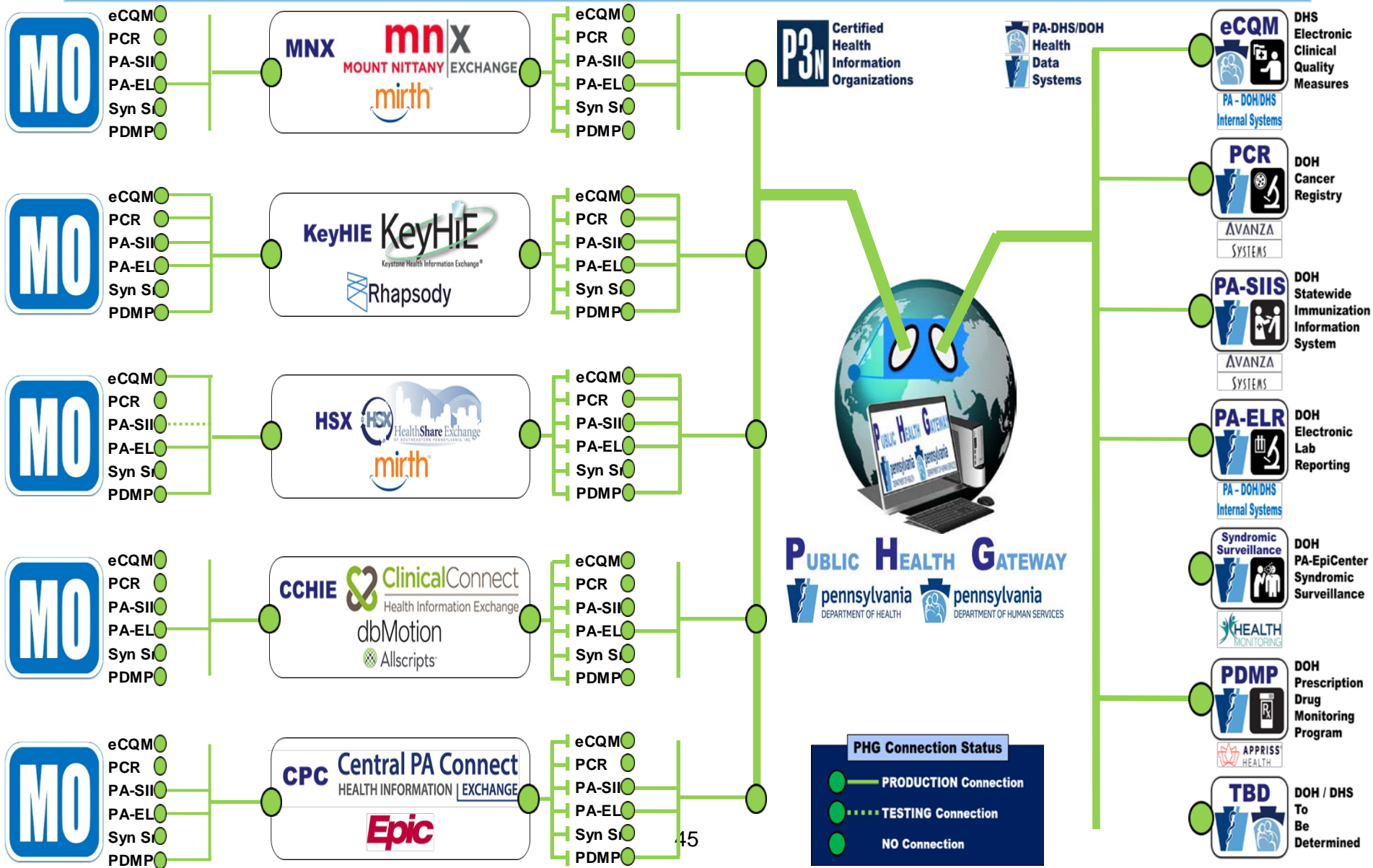
Pennsylvania Department of Health

# 2020 PHG Message Volume

## Public Health Gateway 2020 Message Totals by Participating HIO

HIO	ELR Messages	ELR Errors	PDMP Messages	PDMP Errors	SIIS Messages	SIIS Errors	PCR Messages	PCR Errors	Total Messages
CCHIE	17,954	45	-	-	-	-	-	-	17,999
CPCHIE	130,472	371	2,167,479	49	896,833	5,371	-	-	3,200,575
HSX	336,791	1,186	-	4	-	-	-	-	337,981
KeyHIE	360,330	2,459	970,344	23	2,111,906	8,832	1,129	242	3,455,265
MNX	9,758	130	-	-	-	-	-	-	9,888
<b>Total Messages</b>	<b>855,305</b>	<b>4,191</b>	<b>3,137,823</b>	<b>76</b>	<b>3,008,739</b>	<b>14,203</b>	<b>1,129</b>	<b>242</b>	<b>7,021,708</b>

# PHG Connections (October 2020)



# Strategic Planning

**Paul McGuire**

Chief Operating Officer, Quality Life Services

and

PA eHealth Advisory Board Vice Chair

# PA eHealth Vision and Mission

**VISION:** Electronic health information exchange enables initiatives striving to improve patient experience, population health and healthcare cost.

**MISSION:** To establish a 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.

## **OBJECTIVES:**

- Engage all providers in robust health information exchange.
- Increase the speed and accuracy of diagnosis for individuals and populations.
- Alert providers/care teams to an admission of patient.
- Reduce readmissions and redundant tests by sharing patient information and care plans with other providers and payers who care for the same patients.
- Increase patient satisfaction by reducing their time spent in the healthcare system and eliminating frustrating duplication.

# PA eHealth Strategic Plan (1/2018 - 6/2021)

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



# DHS Strategic Plan (2.2 Coordinated Care)

Strategic Objective	Key Milestones	Anticipated Timing	Lead DHS Offices
<b>b.</b> Lead VBP coordination across payers to align provider incentives and reduce burden	Support DOH Rural Health Model	Ongoing	Secretary's Office, OMAP
	Develop DHS stakeholder advisory group, leveraging existing Medical Assistance Advisory Subcommittees, to advise the Department on implementation of aligned VBP	Q1 2020	Secretary's Office, OMAP, OMHSAS, OLTL
	Roll out perinatal bundled payment	2021	OMAP
	Work towards multi-payer alignment across state government to help providers focus population health efforts		Secretary's Office, OMAP, OMHSAS, OLTL
<b>c.</b> Align and advance VBP initiatives within Physical, Behavioral, and Community HealthChoices	Align and advance pay for performance and efficiency adjustments across HealthChoices programs, to the extent feasible	2021 and annually thereafter	OMAP, OMHSAS, OLTL
	Require CHC-MCOs to join a P3N certified health information organization (HIO)	2021	OLTL
	Require BH-MCOs to join a P3N certified HIO		OMHSAS

# DHS Strategic Plan (2.2 Coordinated Care)

Strategic Objective	Key Milestones	Anticipated Timing	Lead DHS Offices
d. Give providers clear data to support practice improvement and success in VBP arrangements	Expand the P3N's electronic encounter notification service to include inpatient and ambulatory encounters	Q1 2020	OMAP
	Enable care plan sharing among providers and payers across the P3N	Q2 2020	
	Develop standard expectations for type, frequency, and method of data sharing by MA MCOs (and other payers, if willing) with providers	Q3 2020	OMAP, OMHSAS, OLTL
	Provide MA claims to P3N Certified HIOs on a timely recurring basis (excluding super-protected and payment data)	Q4 2020	OMAP
	Increase percentage of hospitals participating in the P3N's electronic encounter notification service by 15% annually	Annually	
	Increase percentage of long-term care providers connected to P3N by 15 percent annually		OMAP, OLTL

# 2021 Advisory Board Meeting Dates

Friday, February 12, 2021 – Skype Meeting from 10 a.m. - 12 noon

Friday, May 7, 2021 – Skype Meeting from 10 a.m. - 12 noon

Friday, August 6, 2021 – H&W Building, Room 327 from 10 a.m. - 2 p.m.

Friday, November 5, 2021 – H&W Building, Room 327 from 10 a.m. - 2 p.m.

# Public Comment

- Name of submitter for written comment submission acknowledged by chair
- Verbal comment (3 minutes per commenter)

## For further information:

<http://dhs.pa.gov/ehealth>

## PA eHealth Partnership Advisory Board:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/eHealth-Advisory-Board.aspx>

## P3N HIO Certification Package:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/HIO-Connection.aspx>

## P3N Certified Health Information Organizations (HIO) Information:

<https://www.dhs.pa.gov/providers/Providers/Documents/Choose%20your%20HIO.pdf>