Pennsylvania eHealth Partnership Advisory Board
Meeting Minutes
December 6, 2018

PA eHealth Partnership Advisory Board Meeting Date and Location
Meeting Date: Thursday, December 6, 2018
Meeting Time: Call to order: 10:00 a.m. Adjournment: 2:03 p.m.
Meeting Location: Health & Welfare Building, Room 129
                                 625 Forster Street, Harrisburg, PA 17120

Roll Call
Advisory Board Members
  David F. Simon (Chair), Consumer Representative
  Alison Beam, Insurance Commissioner Designee
  Sarah Boateng, Secretary of Health Designee
  Martin Ciccocioppo, Secretary of DHS Designee
  Pamela E. Clarke, House Appointed HIO Representative
  Joseph Fisne, Senate Appointed HIO Representative
  Scott Frank, Insurer Representative
  Jennifer B. Haggerty, Home Care or Hospice Representative
  Dr. Brian Hannah, Hospital Representative
  Dr. Timothy Heilmann, Physician or Nurse Representative
  Julie Korick, Underserved Representative
  Minta Livengood, Consumer Representative
  Paul McGuire, Post-Acute Care Facility Representative
  Dr. Michael A. Sheinberg, House Appointed HIO Representative
Department of Human Services
  Elizabeth Bahn, Program and Fiscal Manager, PA eHealth
  Kathleen Beani, Human Services Program Specialist, PA eHealth
  Terri Lynn Brown, Administrative Officer, PA eHealth
  Martin Ciccocioppo, Director, PA eHealth
  Rhonda Dolen, Research & Operations, PA eHealth
  Dana Kaplan, HIT Coordinator, Promoting Interoperability Program
  Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs
Health and Human Services Delivery Center
  Allen Price, Project Manager, Bureau of Information Systems
  Kay Shaffer, Business Relationship Manager, Bureau of Information Systems
Guests in Attendance
  Leslie Amoros, Vice President & Senior Consultant, Imprado
  Nathan Elliott, Director, System Decision Support, Mount Nittany Health Information Exchange (Phone)
  Kyle Fisher, PA Health Law Project
  Tara Gensemer, Practice Support Specialist, Pennsylvania Medical Society
  Alix Goss, Vice President & Senior Consultant, Imprado
  Phyllis Szymanski, Director, ClinicalConnect Health Information Exchange (Phone)
  Pamela Zemaitis, Consultant, HealthTech Solutions

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Call to Order
Chair David Simon called the meeting to order at 10:00 a.m. and welcomed all the participants. He announced that the meeting was being recorded to assist with minutes' preparation. He then asked all the attendees to briefly introduce themselves.

Department of Human Services Priorities
Office of Medical Assistance Programs Deputy Secretary, Sally Kozak, said that she is excited to have eHealth within OMAP and believes that eHealth is integral to the Department of Human Services' (DHS) strategy as we move forward in the PA Medicaid program. DHS is focused on increasing the use of value-based purchasing for Medical Assistance. The DHS value-based purchasing strategy has been in place since 2015. DHS requires MA Managed Care Organizations (MCO) to pay a certain percentage of payments to all providers based on value-based purchasing. There are many mechanisms that can be used. Sally explained the value-based purchasing bundle. Currently, 7.5% of payments must be value-based. By the end of 2019, 15% of payment arrangements to providers must be value-based and by 2020, 30% of payments must be value-based. DHS is quickly moving away from Fee for Service- based payment arrangements. She also said that understanding Social Determinants of Health (SDOH) and responding appropriately to address patient need gaps is a major priority of DHS. DHS is working with MA MCOs to standardize SDOH patient assessments and develop community resources and referral networks to address patient needs.

Sally said we need systems that can take community referral information and interact with medical systems. The eHealth team was integrated into OMAP in 2018 to ensure collaboration across DHS and the successful implementation of the eight imperatives outlined in eHealth's 2018-2020 Strategic Plan. PA eHealth has been very busy helping to advance that strategy. In 2018 MA MCOs must join at least one certified HIO. In 2018 and 2019, MA Patient Centered Medical Homes (PCMH) are required to join an HIO to be eligible to receive value-based payment incentives. DHS encourages all hospital emergency departments (EDs) to participate in the Pennsylvania Patient and Provider Network (P3N) statewide notification service by June 30, 2019 to be eligible for the Hospital Quality Incentive Program. DHS is also working with the Department of Health to expand the number of Public Health Registries connected to the Public Health Gateway (PHG).

Sally said the eHealth Partnership Program has been instrumental in helping DHS achieve its goals of delivering integrated whole-person care and bending the health care cost curve. She thanked the Advisory Board members and staff for the progress we've made. She said we look forward to doing our part to make health information exchange (HIE) in general, and the P3N and PHG, key elements in improving the health, health care and well-being of all Pennsylvanians.

Following her remarks, Sally responded to a series of questions regarding PCMH, MA MCO, long-term care, and hospital participation in HIE. She said that it is important for all providers and payers to come on board to effectively improve care coordination and address crises such as the opioid epidemic. She said we need to make sure we try to encourage all the ancillary providers and get them on board. Value based payments are not just for hospitals and primary care providers. They include specialists, diagnostic imaging services, and FQHCs. All of this requires the exchange of information.

Review of Act 76 of 2016 PA eHealth Partnership Advisory Board Provisions
Kathleen Beani reviewed the major provisions of Act 76 of 2016, which on July 8, 2016 created the Pennsylvania eHealth Partnership Program and repealed Act 121 of 2012. Kathleen spoke to the board about its Powers and Duties, Advisory Board representation, Board Member terms and meetings, along with what constitutes a quorum and the role of the Chairperson. She also discussed the P3N Opt-Out Form and process.

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Administrative Procedures
Terri Lynn Brown reviewed a series of housekeeping issues including the location of restrooms and fire drill procedures. She also provided a hand out to board members while explaining the process of submitting receipts, mileage, etc. to be reimbursed for payment.

State Ethics Act Discussion
Elizabeth Bahn provided information regarding the State Ethics Act and the Act's applicability to volunteer members of the Pennsylvania eHealth Partnership Advisory Board. A question arose as to whether advisory board members had to complete a financial disclosure form. Martin Ciccocioppo said that not all "advisory boards" fall under the "advisory board exception" to the definition of a "public official." Chair David Simon said that we should seek an "Advisory Opinion" from the State Ethics Commission to determine whether the PA eHealth Advisory Board is subject to the State Ethics Act and its annual financial disclosure requirement. Another question arose regarding whether the Sunshine Act requirement for open meetings created concerns about confidentiality. Chair David Simon said that it was not likely that this Advisory Board would include sensitive information in its discussions, but he said that we could have an Executive Session, if needed.

How Health Information Exchange Works in Pennsylvania
Allen Price provided some insights regarding the services provided by the PA eHealth Partnership Program. He said HIE is a secured exchange of health information in Pennsylvania. Exchange occurs at three different levels: locally, regionally, and statewide. The P3N comes into play with connections to share health information across multiple HIOs. There are four (4) certified HIOs: ClinicalConnect Health Information Exchange, HealthShare Exchange of Southeastern Pennsylvania, Keystone Health Information Exchange and Mount Nittany Exchange, and we are onboarding a new HIO, Lancaster General Health (LGH). Lancaster General Health wants to get on boarded by the end of January 2019.

Allen said IBM Watson Health is our provider for the P3N HIE infrastructure. In April 2018, DHS exercised three (3) option years on the original five-year (5) contract for the P3N. Our P3N contract now goes through April 30, 2021. We will need to begin the procurement process to identify an IBM successor during calendar-year 2019; we will need to issue a request for proposals (RFP) by December 31, 2019.

Allen reviewed all the services provided by PA eHealth and current activities to expand participation in HIE, including adding registries to the PHG and onboarding more providers to the statewide ENS. Allen was asked if all HIOs are on the P3N and fully sharing data. He said that not all the HIOs were at the exact same stage in their technical capabilities or the robustness of their clinical data repositories; it's a journey. When asked whether PA eHealth has a current list of members who are connected, Allen said that Rhonda Dolen keeps a current list of HIO members based on updates provided by the HIOs.

Allen stated that the P3N Master Patient Index (MPI) has 15 million patient records today. He said our goal is to match Patient IDs across HIOs with no duplication. The P3N MPI allows a provider in one HIO to query the P3N for clinical information about their patient from providers connected to other HIOs who have treated the same patient. Ideally, each time a provider treats a patient, the provider submits a care summary to their HIO that is then available for discovery by other providers treating the same patient, either regionally within the HIO, or statewide through the P3N. Allen explained exactly how the process works, displaying information for a test patient, not a real patient (slide 25). Records go across state and regional areas. Providers can pull records on patient encounters on separate systems, separate EHRs. Allen stated that our goal is to make it easier for providers to share health information. He then showed a variety of providers that can access the P3N (slide 26).

Martin Ciccocioppo explained PA eHealth has grant programs that are designed to take away barriers for providers to join certified HIOs and participate in the P3N. He then reviewed PA eHealth efforts to connect to the National eHealth Exchange. Pam Clarke said that the HIO onboarding grant program has been very effective in attracting

new members that would like to share the data and be able to access information about their patients. Pam Clarke said HSX is trying to encourage all hospitals to connect to HIOs and participate in the P3N.

A question was raised regarding several large health systems that are not members of any certified HIOs. Pam Clarke said that St. Luke's had participated in the P3N but closed eVantage Health, their community HIO, after implementing their EPIC EHR in 2017. St. Luke's and other systems like Lehigh Valley Health Network do limited data sharing through EPIC. After Pam's reply, a very active discussion ensued about building trust with the Community to share data. Allen explained the process of statewide Health Information Exchange (slide 27). He said the P3N Encounter Notification Services came out earlier this year. Allen said the Statewide Encounter Notification Service enables HIOs to send messages on patient encounters to members. There are three HIOs that currently participate: Mt. Nittany Exchange (MNX), Keystone Health Information Exchange (KeyHIE) and HealthShare Exchange (HSX).

The P3N is the hub that connects all the HIOs and their member organizations (MO). Allen discussed electronic clinical quality measure (eCQM) reporting by showing a pictorial of how it works. Martin Ciccocioppo explained that the PHG infrastructure is separate from the P3N infrastructure and that providers must go through a HIO to use the PHG. Allen spoke about the PHG (slide 29). LGH to come on board earlier next year. MOs can submit information to public health registries and query to the PHG for registry information. The Prescription Drug Monitoring Program (PDMP) will be added to the PHG in 2019.

Allen reiterated that the P3N core services all support sharing data and reporting feeds. To be effective, the P3N MPI must be kept clean. PA eHealth and IBM Watson Health are continuously reviewing data feeds from HIOs to help ensure complete patient demographic information is being submitted to the P3N, and updated, for effective patient matching.

The P3N Provider Directory includes provider records from various sources, such as the Department of State, Department of Health, and Drug and Alcohol Program license provider information. IBM Watson Health is working to create a single, consolidated, authoritative provider record for the P3N Provider Directory. We are working to make it easier for HIOs to contribute to, and use, the P3N Provider Directory. We are also going to make a "white pages" version of the P3N Provider Directory public facing.

As required by Act 76, the P3N has a patient Opt-Out Registry, which is maintained by Rhonda Dolen. Currently, less than 200 patients have opted-out of statewide information exchange. HIOs can do this electronically but haven't done it yet. (PHG) is a single point of connection, up to four registries.

Allen then reviewed the various components of the PA eHealth P3N Certification Package and its processes (slide 31).

Promoting Interoperability Program
Dana Kaplan explained that the Pennsylvania Medicaid Promoting Interoperability Program (PIP), formerly known as the MA HIT Incentive Program, has paid more than $465 million to eligible hospital and eligible providers since 2011, and that the Program is currently processing nearly 500 provider applications (slides 33 and 34). Dana went on to explain Promoting Interoperability Program, the Opportunity, Eligibility, and Technical Assistance. Dana proceeded to provide CMS Updates (slide 35).

PA eHealth Initiatives
Martin Ciccocioppo spoke about the PA eHealth Strategic Plan objectives (slide 37). He gave a real-life example, in which he scheduled a recent doctor's appointment online, before the office was open, calling in to make appointments. His prescription was electronically sent to the pharmacy. This is the process now, this was not the process a few years ago. PA eHealth is helping to move health care forward through the effective use of health information technology. The PA eHealth Strategic Plan grew out of many meetings in 2017 with stakeholders both

with and outside of state government. Martin said we have been operating from our current strategic plan the last 13 months. DHS is working on a department-wide plan for the next four years that intends to leverage HIE. Martin spoke about the PA eHealth initiative to connect HIEs outside of Pennsylvania and federal agencies through the Sequoia Project's National eHealth Exchange (slide 38). He noted that our application is temporarily held up in DHS's Legal Department. He said we are using the PHG to streamline public health reporting through one connection to an HIO, instead of point-to-point connections between each provider and multiple public health registries.

Martin said DHS issued a Request For Application (RFA #19-18); applications are due on December 18, 2018 at 2:00 p.m. This is for the P3N HIO Onboarding Grant Program, in which DHS will award up to $8 million in grants for HIOs to increase MO connections to HIOs and the P3N. He said the Department of Corrections (DOC) and the Department of Military and Veterans' Affairs (DMVA) may connect to the P3N. DMVA runs six nursing homes across the state and is not connected electronically with the VA. Martin spoke about FFY 2019 Projects (slide 39). He said DHS uses an Implementation Advanced Planning Document (IAPD) each year to seek federal approval to use dollars under HITECH Act (90 percent federal/10 percent state) to help advance meaningful use and HIE in Pennsylvania. Some current IAPD-funded projects include: Creating an Advance Provider Directory and Radiology Image Sharing across an HIE. The HIE and PHG onboarding grants are IAPD-funded and are designed to get more providers to connect to HIOs and to use the PHG. Martin also spoke about the Advance Care Planning Documents Registry (slide 40) and our efforts to work with IBM Watson Health to create and implement the registry by September 30, 2019.

Martin said that we have IAPD funding to connect the Department of Corrections' (DOC) newly upgraded EHR to the P3N; discussion with DOC's staff and vendor are ongoing. He said we are using IAPD funding to provide additional staffing and technology resources to the State Immunization Information System. Martin went on to explain the process of PHG onboarding grants. He spoke about Education and Outreach (slide 42) – PA eHealth doesn't have the capacity to help MA providers who have fallen away from PIP, but Quality Insights will assist them in re-entering the PIP and help them understand their options for engaging in HIE in PA. The Allegheny County Health Department project is a unique collaborative between the county's two largest health systems that will leverage all their Allegheny County residents' EHR information in an open-source population analytics and visualization tool to study the health and disease process, particularly for the Medicaid population in the county. Referrals provide all patient information.

Future Advisory Board Issues
Martin Ciccocioppo referred the Advisory Board members to the listing of future Advisory Board issues (slide 44) and asked for additional issues. Members suggested adding super-protected health data handling and payer use of the P3N. Chair David Simon suggested that the HIO Fee Schedule update, re-procurement of the P3N infrastructure and connecting to the National eHealth Exchange should be priority issues for the Advisory Board.

Introduction to Pennsylvania's Health Information Organizations
Chair David Simon described the next part of the meeting as HIO 'speed dating'. Each of the HIOs reviewed slides that describe their HIO membership, history, governance, services, and connection to the P3N and PHG. The following is a brief synopsis of their presentations and interaction with the Advisory Board.

ClinicalConnect HIE (CCHIE) – Phyllis Szymanski, Director, said in response to a question about super-protected data, that CCHIE can't technically support the exchange of super-protected data. She said that CCHIE currently has clinical information about 26% of the Pennsylvania population today. CCHIE is considered a hybrid HIE, where information is stored within and outside of the Clinical Data Repository. Using UPMC as an example, CCHIE's largest member's data is not stored in CCHIE's repository but accessed from a federated query. This data is provided in a view to the clinician. Phyllis explained how a clinician can access CCHIE. Pam Clarke asked Phyllis a question: With UPMC being accessed from a federated query, when HSX queries P3N, do they receive information back from UPMC? Phyllis responded that the information is provided back to HSX from the P3N. It is seamless. This would

not be true for Allegheny Health Network, which only has a National eHealth Exchange connection to CCHIE. David Simon posed a question to Phyllis regarding governance of CCHIE: Is CCHIE solely owned by UPMC? Phyllis replied that UPMC never owned CCHIE and was not one of their founding members. CCHIE is a 501(c)(3) non-profit organization and members pay annual subscription fees for the cost of operating the exchange.

Keystone Health Information Exchange (KeyHIE) – Joe Fisne, Associate Chief Information Officer, said that KeyHIE has existed since 2005. KeyHIE pioneered the integration of post-acute care providers into HIE by developing a transform tool which helps providers take their clinical information and convert it into HIE-standard continuity of care documents (CCDs). KeyHIE has a provider portal that allows providers to access the KeyHIE clinical data repository (CDR) and can be used as a backup if the provider's EHR system goes down. The KeyHIE Information Delivery System (IDS) is tailored to member needs. Joe said they are currently reaching out to Long Term Care Facilities, EMS, and Home Health using the transform tool. KeyHIE provides workflow customization and has nurses on staff. KeyHIE's IDS subscription types will support opt out/opt in. They can stay within their system. David Simon asked what KeyHIE's technology platform is. Joe said ORION is their HIE vendor, but KeyHIE's IDS was developed by KeyHIE.

HealthShare Exchange (HSX) – Pam Clarke, Senior Director, Member Services, Privacy and Policy, said HSX is a 501(c) (3) member–owned organization. In addition to the Commonwealth of PA, HSX also works with the states of Delaware and New Jersey. HSX has a 17-member board and 200 active volunteers on various committees. Pam discussed the network's growing value (slide 61), as well as current membership (slide 62). She noted that HSX has many accountable care organizations (ACO) and payer members as well as 60 Long Term Care facilities, and that HSX has added 43 new members expanding to Home Health. Pam then discussed HSX 3.0, a Collaboration Platform (slide 63), as well as Service, Security and Implementation Assets (slide 64). HSX Clinical Data Repository – moving into intelligent routing with certain types of encounters. She said HSX is HITRUST certified. They will go live with the Sequoia (National Exchange) project in New Jersey. Pam then discussed Enabling Exchange within a Layered Ecosystem – Contract Innovation Platform to connect other innovative technology, which is in the piloting phase (slide 65). She then explained how HSX serves as Data Aggregator for Greater Philadelphia CPC (slide 67). In closing, Pam discussed Health Plan Improvement Data Gathering Made Easier – and its challenges (slide 68).

Lancaster General Health – Dr. Michael Sheinberg, CMIO, Central Penn Medicine/Lancaster General Health, said that LGH is a moderate size health system in Lancaster County (slide 71) with ambulatory locations that spill over into other adjacent counties (slide 72). Dr. Sheinberg then offered Lancaster General Health Overview of shared records (slide 73), as well as the Lancaster General Health Interoperability Experience – explaining how LGH got to where they are now (slide 74). He then discussed how Central PA Connect/LGH Health Information Exchange uses in EPIC (slide 75). Dr. Sheinberg then outlined their HIO Strategy – The governance surrounding Penn Medicine Corporate's approval of LG Health HIE (slide 76). He also noted that LGH joined the HIE movement to offset costs and increase value for the patients, and through the PA eHealth HIO Project, they are hoping to learn from everyone else (slide 77). He also acknowledged that they still have challenges. When he was asked whether Central Penn Medicine/LGH relates to the National Health Exchange, Dr. Sheinberg replied that they are connected with the Veterans Administration (VA) through the National eHealth Exchange.

Mount Nittany Health (MNX) – Nathan Elliott, Director, System Decision Support, gave a background on MNX and how they have used onboarding grants to get up and running (slide 78). He emphasized that MNX is committed to getting members connected to the P3N, not trying to compete. He then discussed access to the MNX Provider Portal (slide 79), as well as Limited Alerts for certain patient activity (slide 80). In closing, Nathan spoke about Safety Net filters for Super-Protected Data collecting, and how MNX supports patient consent and opt out (slide 81).

Public Comment
There were no public comments.

Action Items
Chair David Simon suggested that we work together as a community to attract the remaining EPIC-based health systems that have not joined an HIO, to connect to an HIO or become an HIO like LGH. He will also work with PA eHealth to schedule quarterly Advisory Board meetings for 2019.

Adjournment
The meeting was adjourned at 2:03 p.m. by David Simon, Chair.

Approved: February 22, 2019