NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

January 15, 2025
Advisory Board Meeting

NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Welcome &
Call to Order

North Carolina Health Information Exchange Authority

Overview of Topics

1. Advisory Board Business
2. NC HIEA Operations Update
3. 2030 Roadmap
4. Health Data Utility Update
5. Legislative Updates and Priorities
6. N.C. Longitudinal Data Service
7. New Business

Advisory Board Business:

1. Electing a Chair
2. New Members
3. 2025 Meeting Dates

Nominations for Chairperson

Nomination

- Motion to open nominations:
  - Made by Executive Director
  - Seconded by a board member
- Nominations:
  - Made by voting members
    - Can nominate self
  - All nominees will have opportunity to speak
  - Executive Director will close nominations

List of Voting Members

Ryan Craig, Representative of a Health System

Brent Lamm, Individual with Technical Expertise in Health Information

Dr. John Meier, Representative of Licensed Physicians

Mike Robinson, Representative of Technical Expertise in Data Analytics (new member, appointed November 15, 2024)

Tanya Thompson, Representative of a Critical Access Hospital

Laura Gruebel, Patient Representative (new member, appointed November 15, 2024)

Ryan Wilkins, Representative of Behavioral Health Providers

Greg Moore, State Health Plan for Teachers and State Employees

Election of Chairperson

Election

- Only voting member can vote
  - (one vote each)
- Voting by Voice
  - Attorney will ask voting members for their vote
  - Attorney will repeat each vote
  - Secretary will document each vote
- Vote until a nominee receives majority of votes
- Executive Director will formally declare result

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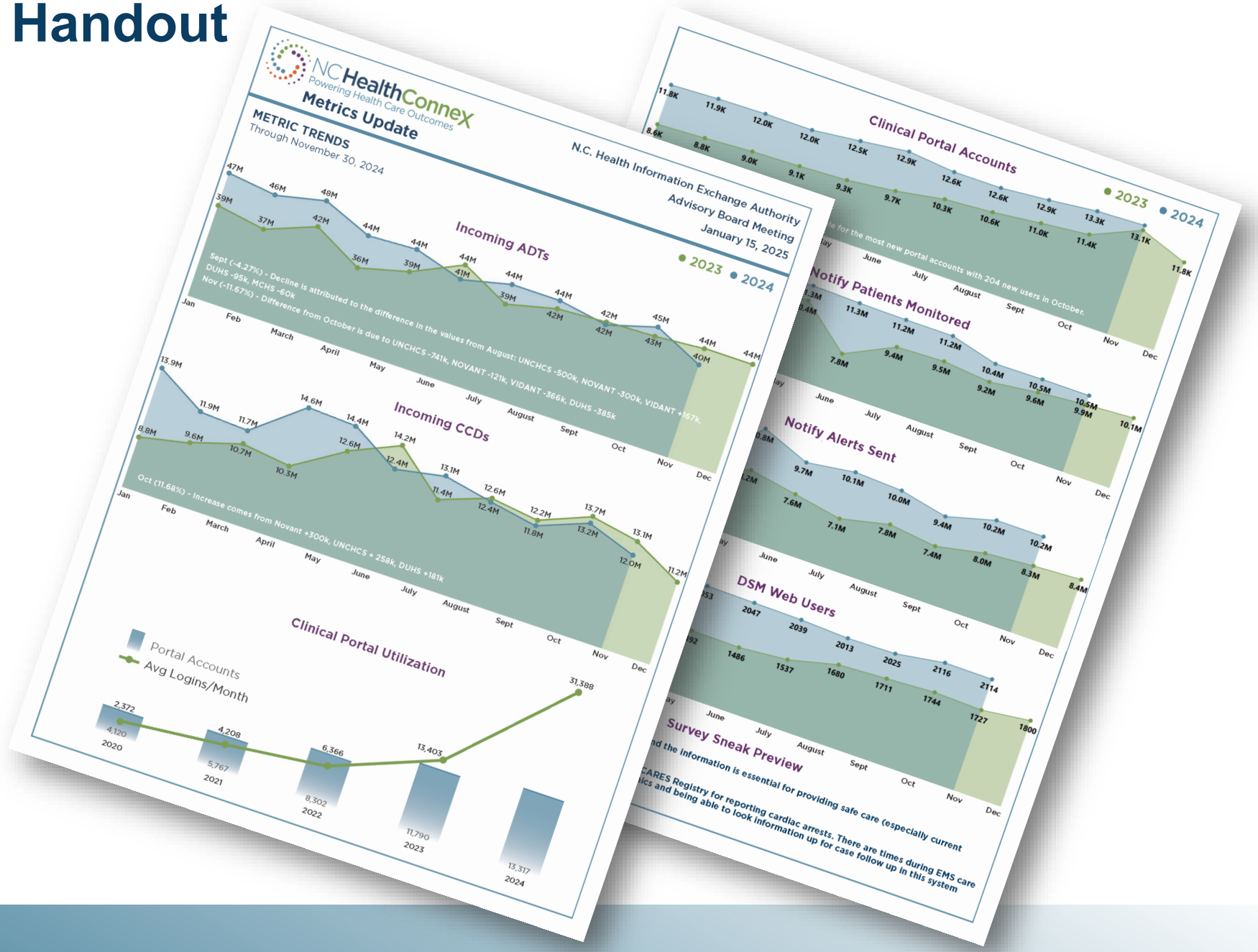
2025 Advisory Board Meeting Dates

- Quarter 1 – Tuesday, March 18th
- Quarter 2 – Tuesday, June 18th
- Quarter 3 – Tuesday, September 30th
- Quarter 4 – Tuesday, December 9th

Operations Updates:

1. Metrics
2. Budget & Contracts
3. Staffing
4. HIEA Priorities

Metrics Handout



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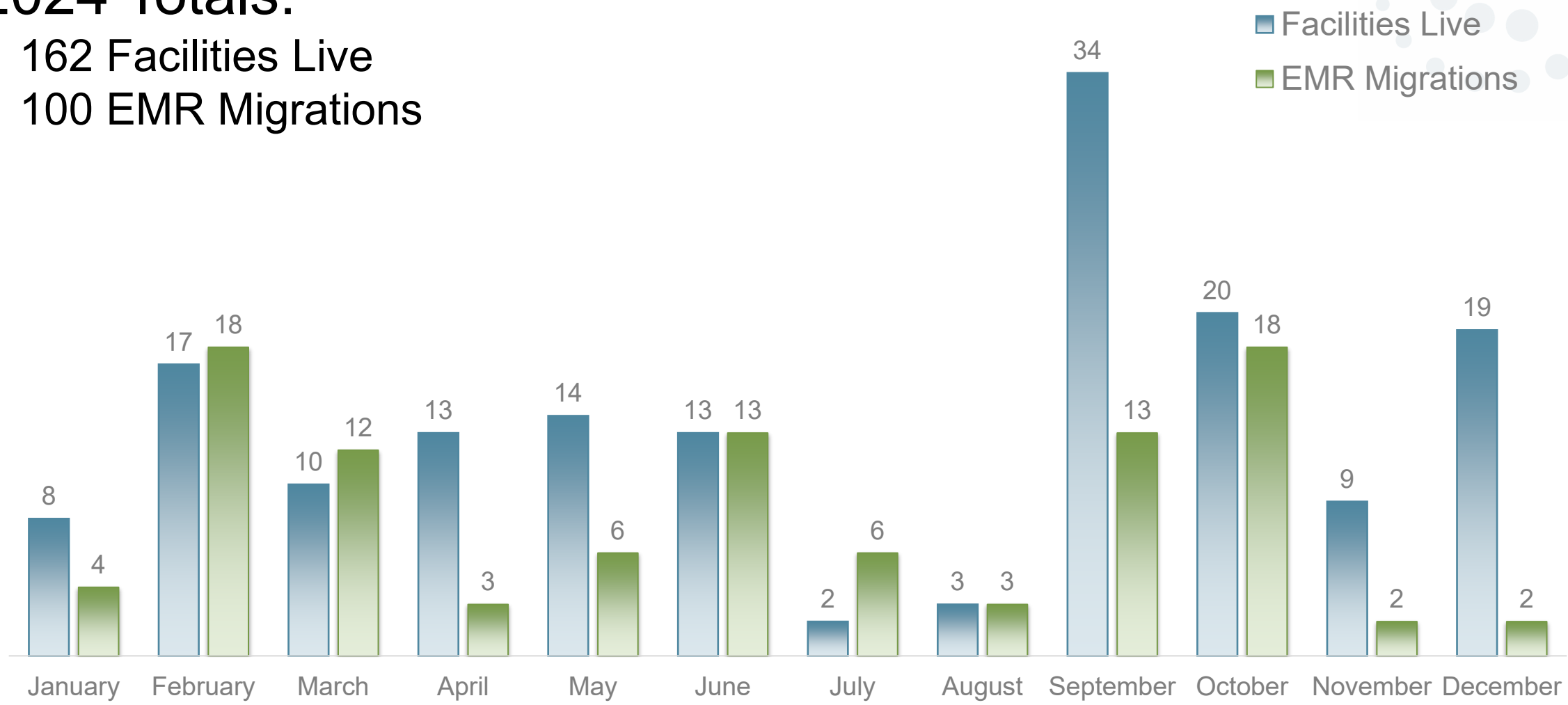
Data Connections in 2024 By Month

2024 Totals:

- 162 Facilities Live
- 100 EMR Migrations



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Researching post Helene medical encounters:[1]

Missing persons

- Of 222 records provided, 33 (15%) could be confirmed to have had medical encounters after 9/26/2024 (post hurricane)
- Missing persons data provided to HIEA was incomplete/nonstandard – 29% of records could not be found in NC HealthConnex at all

Medically fragile children and disabled adults receiving home and community-based services

- Of 270 records provided, 149 (56%) could be confirmed to have had medical encounters after 9/26/2024

Individuals with intellectual or development disabilities who get long term care services in their home or community, rather than in an institutional setting

- DHHS provided HIEA with a series of lists:
  - List 1 – Of 6,599 records provided, 2,927 (44%) confirmed to have had medical encounters after 9/26/2024
  - List 2 - Of 11,295 records provided, 5,902 (52%) confirmed to have had medical encounters after 9/26/2024
  - List 3 – Of 111 records provided, 50 (45%) confirmed to have had medical encounters after 9/26/2024

Individuals that have been unreachable by their Medicaid Managed Care Plan

- Over 9,000 records provided. HIEA setting these up as a panel in NC Notify with daily notifications going to DHHS

1. Findings as of November 8, 2024

Testimonials

Our real-time data gathering from the HIE has allowed us to remodel our system to asynchronous, real-time knowledge-based care, where our providers' workflows are disrupted 24/7, giving them immediate, actionable knowledge to make their care plans living documents as our patients navigate the healthcare ecosystem around us.

– Jerold Greer, Daymark Recovery Services

NCDHHS is committed to improving whole-person health for the people of North Carolina. To do that we need to address the full set of factors that drive health and use data to inform our strategies, initiatives and investments. Value-based care helps move us to paying for health, not just health care, and…the coordinated and connected data in NC HealthConnex are essential to these foundational elements of improving health and well-being.

– Betsey Tilson, State Health Director, NCDHHS

The NC HIEA provides critical health data infrastructure to support more efficient care coordination, whole-person care efforts and data-driven decisions. The NC HIEA improves the health data ecosystem by enabling connections and data sharing between data silos, such as exchanging clinical and public health data to inform care and public health interventions. Ultimately, the NC HIEA's capabilities help promote better outcomes for North Carolina residents, contributing to disease prevention and health promotion at the individual and population levels.

– Hayley Young, Interim Chief Data Officer, NCDHHS

NC HealthConnex is super vital because we're able to see some of the treatment history that gets missed or lost when a family is in crisis...We always really want to know where they've been and the kinds of medications they have tried when we're working towards stabilization.

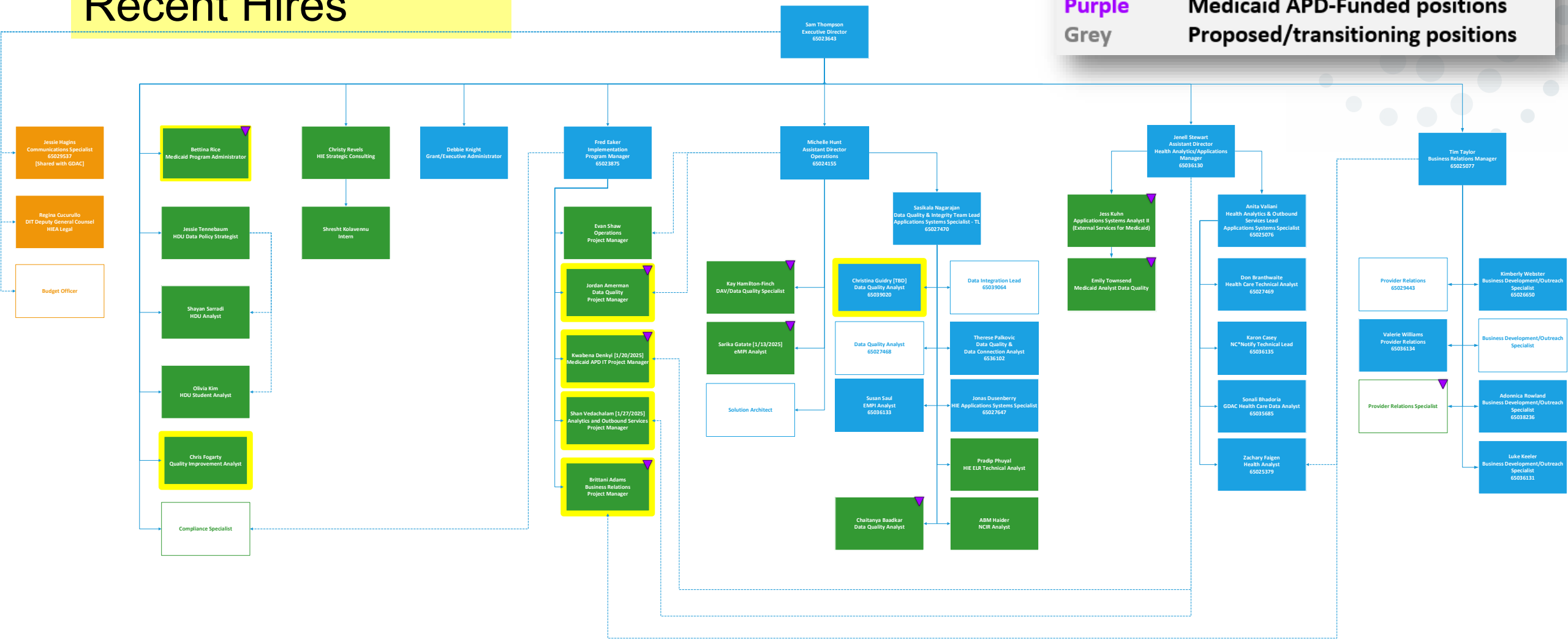
– Ashley Sparks, Alexander Youth Network

Budget & Contract Update

- State Fiscal Year Began July 1
- General Fund appropriation for FY24-25 –
  - *Base Appropriation:* *$13,384,204*
  - *New Appropriation:* *+ $2,200,000*
  - *Nonrecurring:* *+ $3,800,000*
  - ***Total =*** ***$19,384,205***
- Two Advanced Planning Documents Approved by CMS
  - *IAPD-U (HIE Medicaid Services/use cases): $19,004,605 federal match over two-year period (Oct 2024-Sept 2026)*
  - *OAPD (operational funding/everything else): $6,369,279 federal match over two-year period (Oct 2024-Sept 2026)*
- Annual SAS amendment executed in December
- NC*Notify+ Changes for CY 2026

Staff
Recent Hires

Blue	State employees
Green	Contracted employees
Orange	Non-direct reports, state employees
Purple	Medicaid APD-Funded positions
Grey	Proposed/transitioning positions



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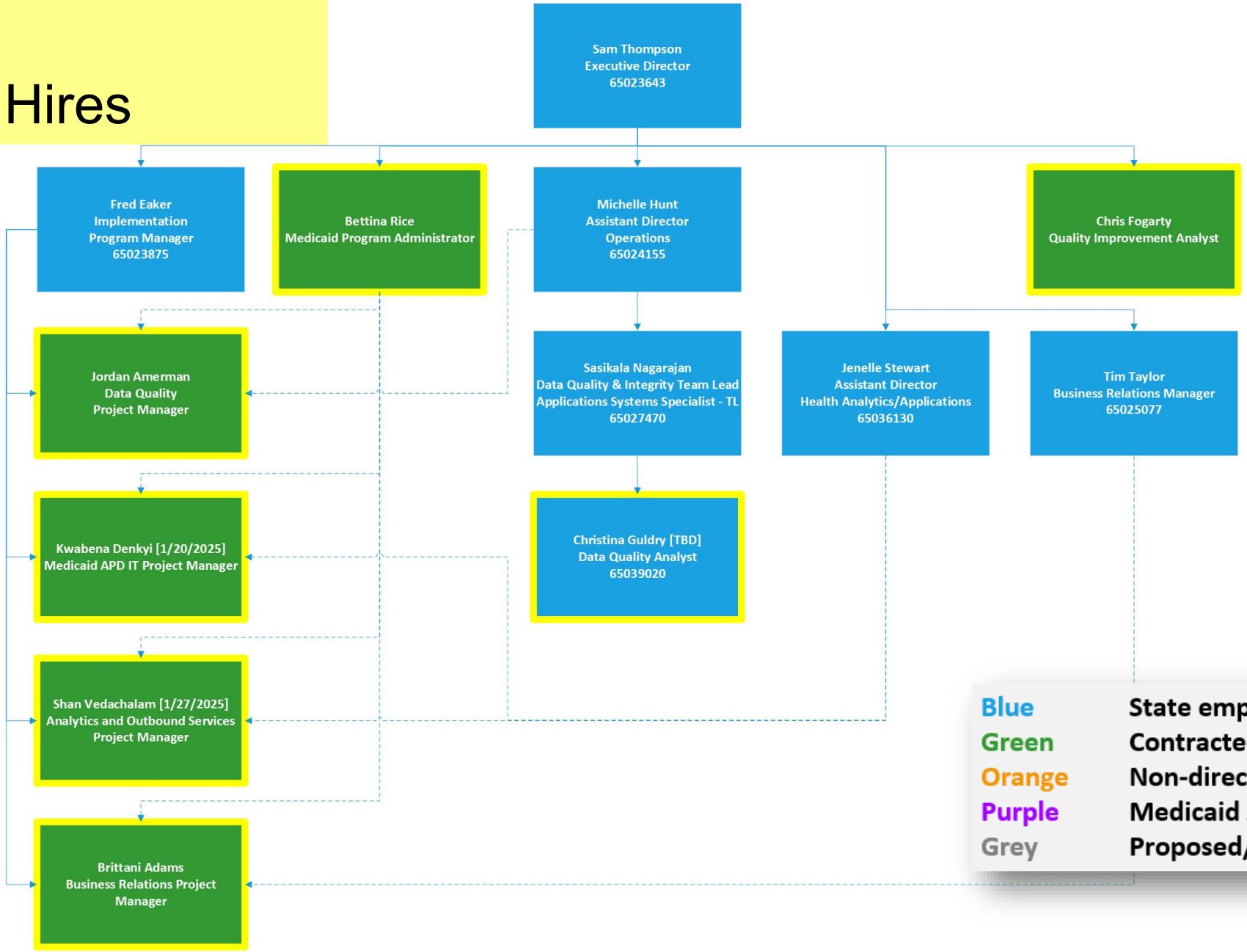
Recent Hires



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Staff
Vacant Positions

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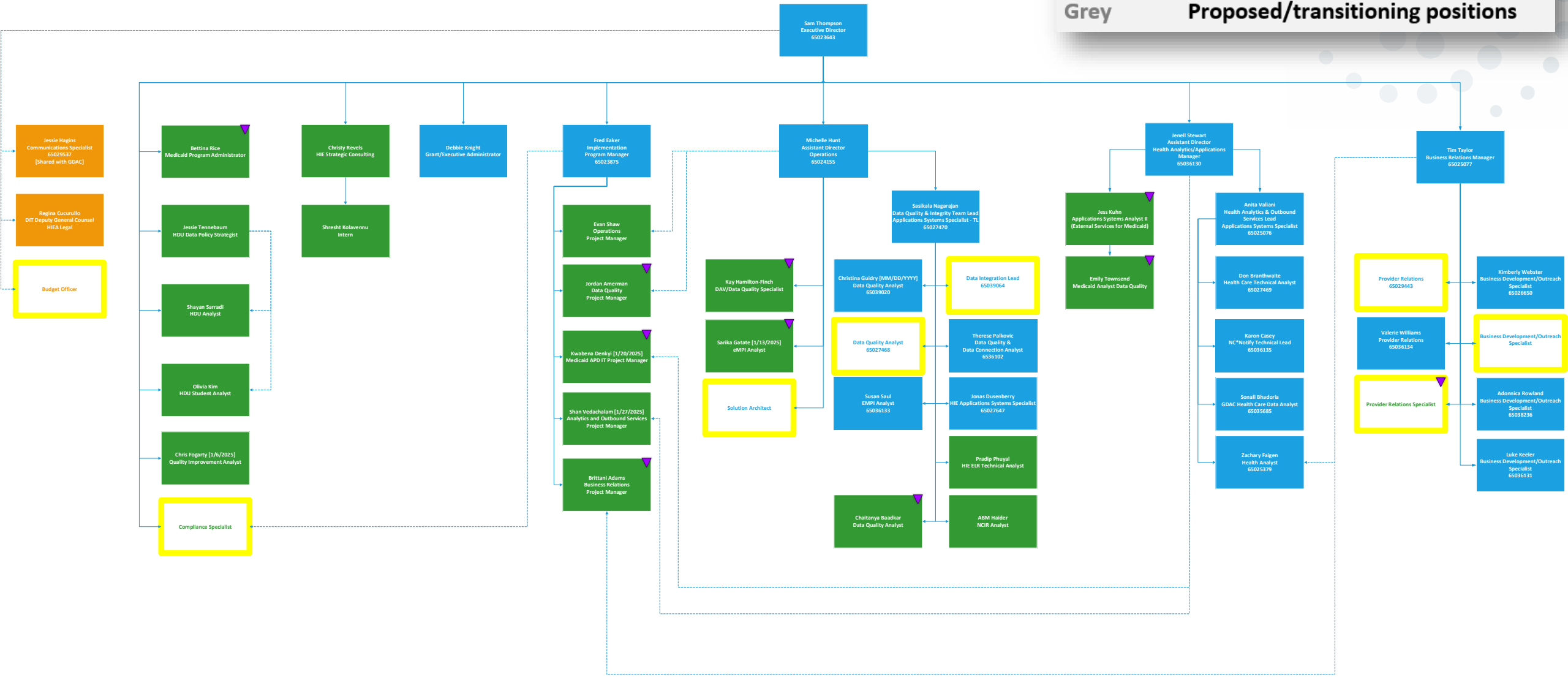

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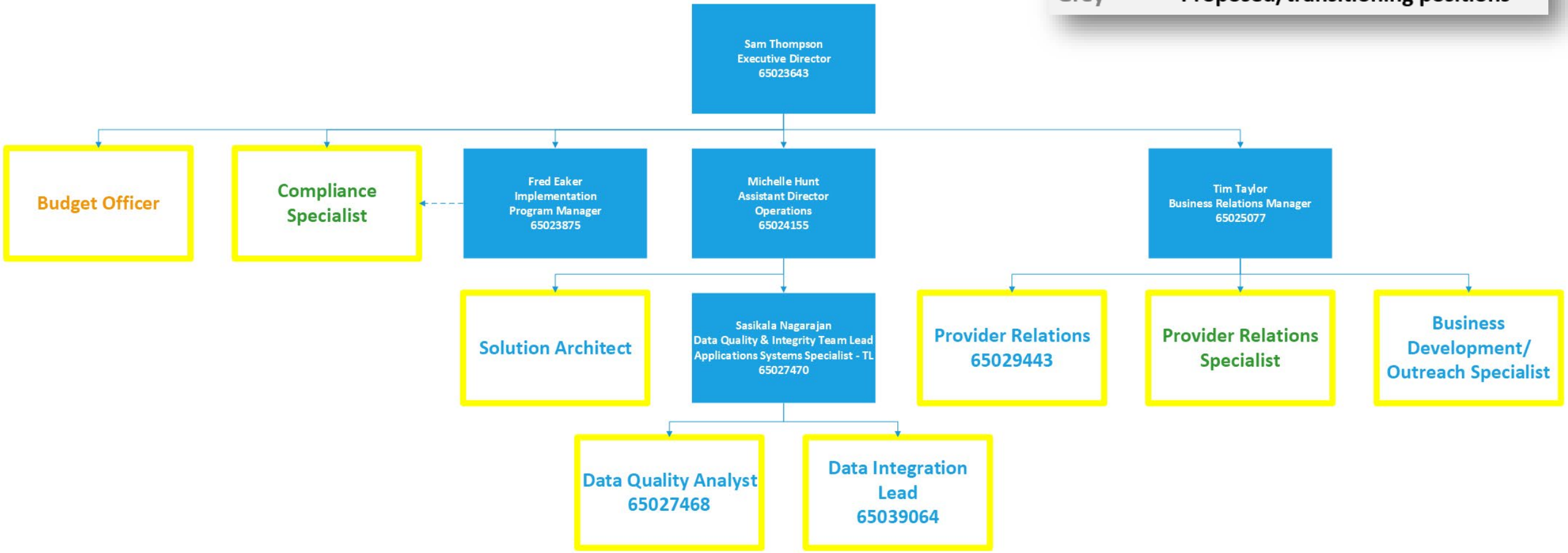
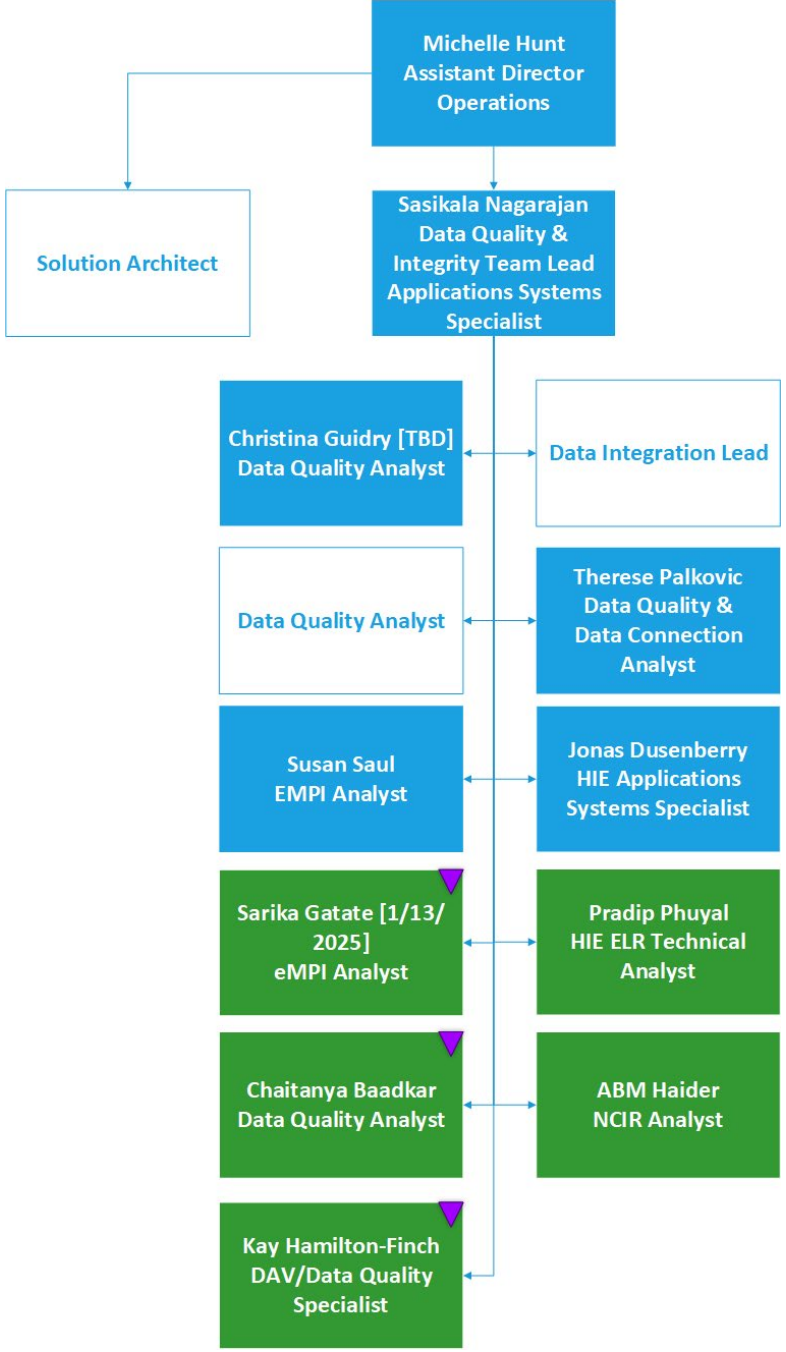


Staff
Operations and Data Quality



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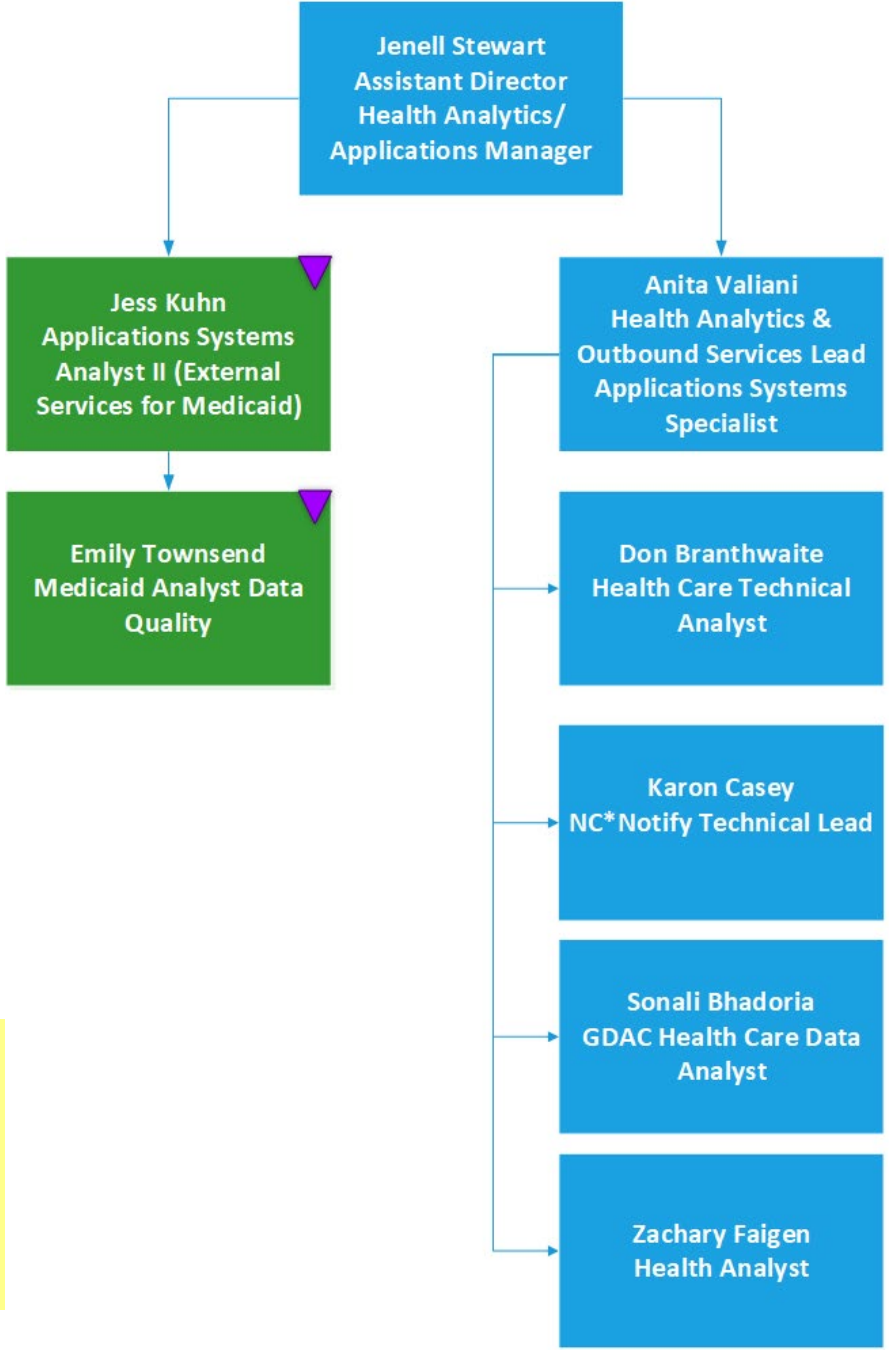

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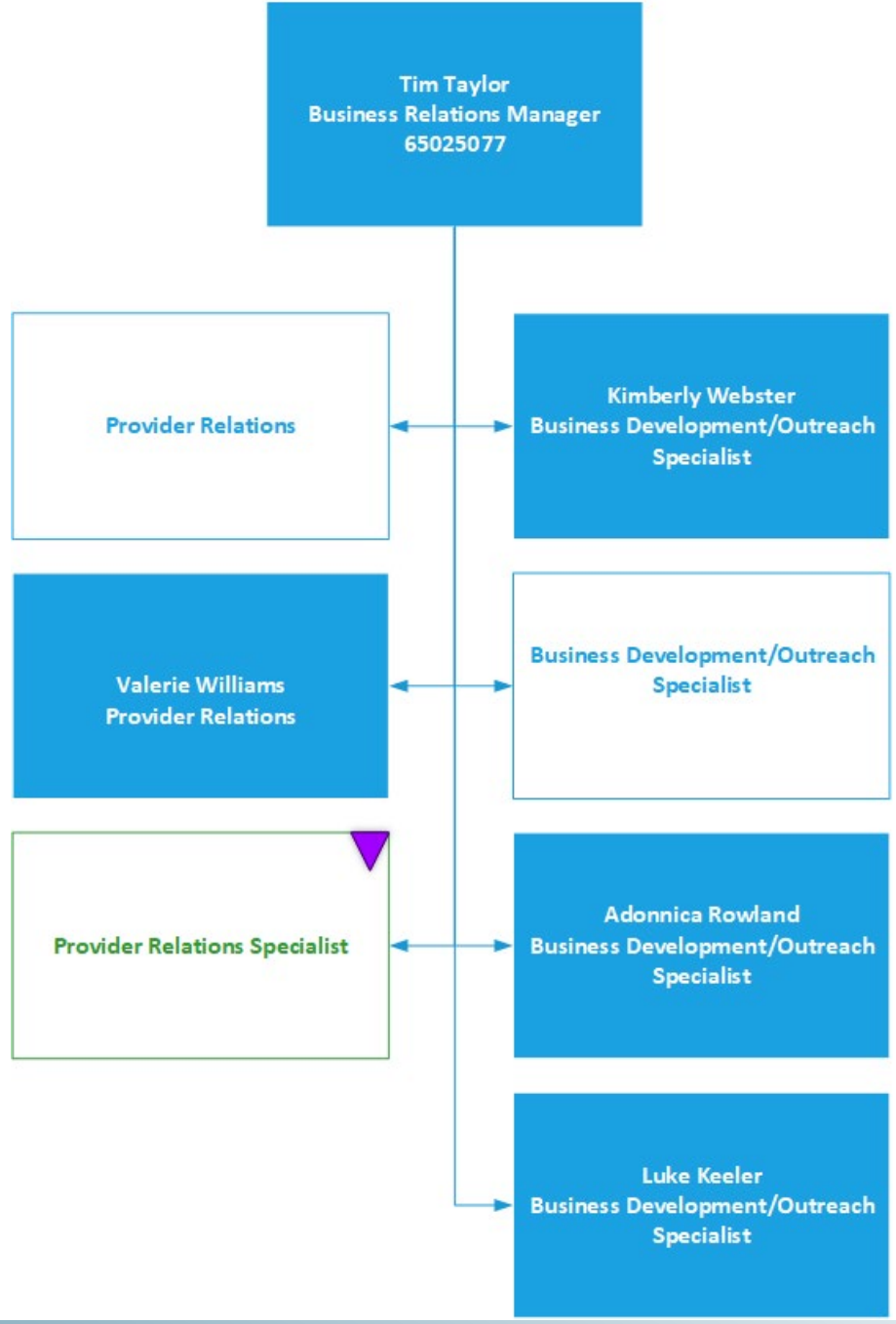
Staff
Analytics and External Services

Staff
Outreach and Provider Relations



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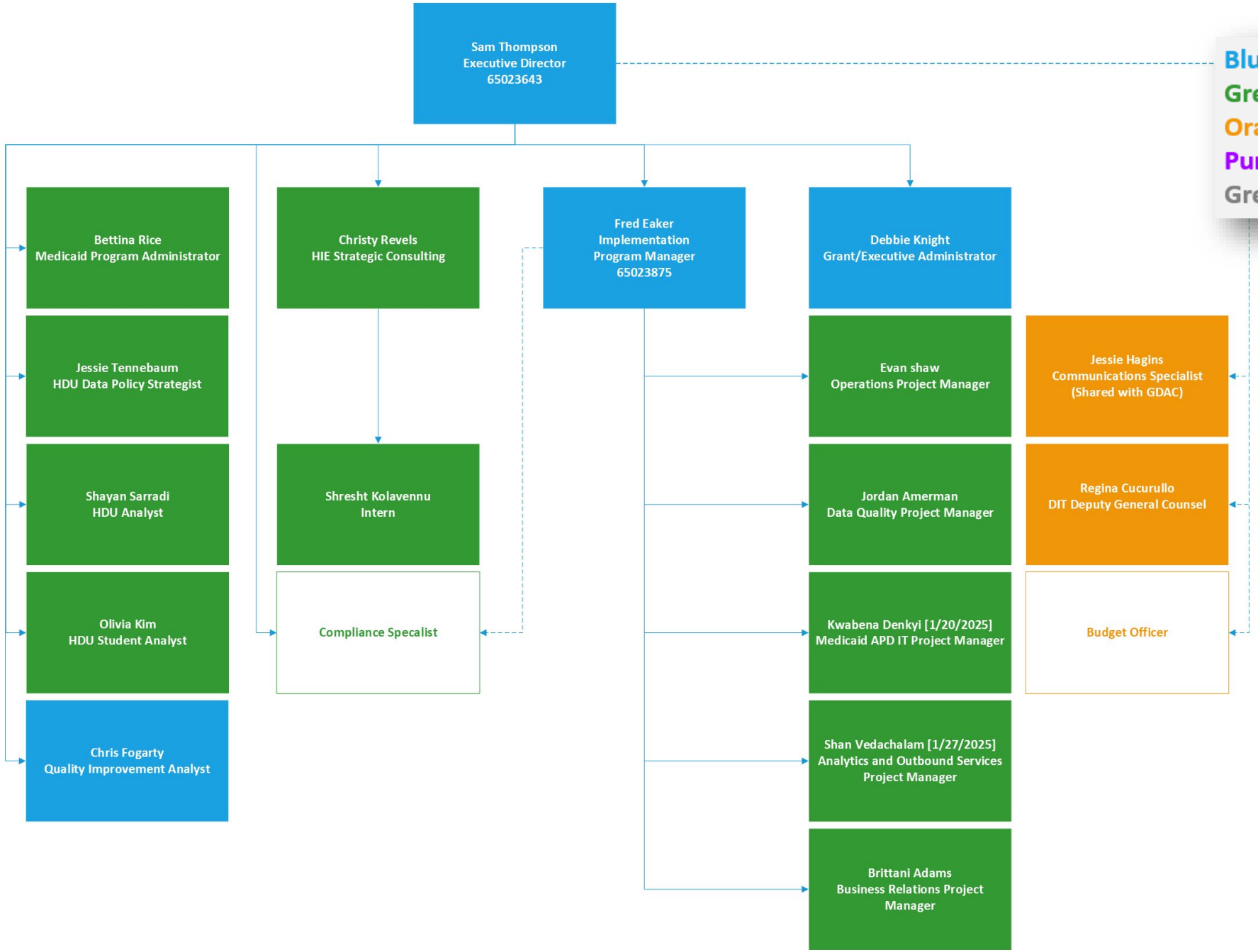

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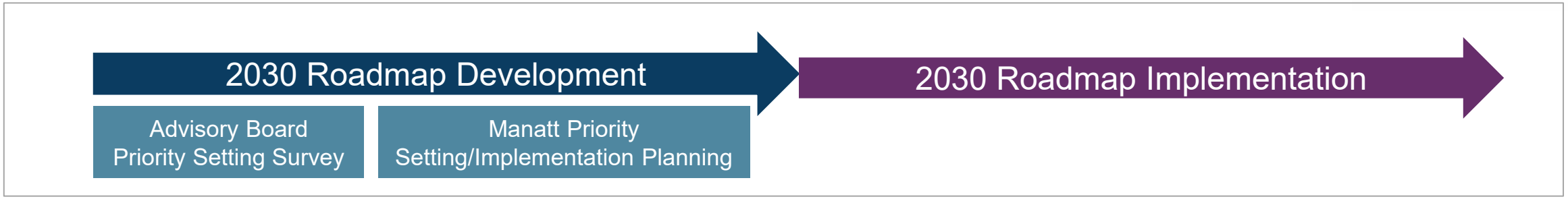
Staff

Strategy, Admin, Project Management

Manatt Partnership

The NC HIEA and its vendor partner SAS have engaged Manatt Health to help identify and execute on its highest strategic priorities. Manatt Health will work to develop an approach for prioritizing and advancing several modernization and reform activities during SFY2025.



Manatt's engagement is segmented into two phases:

Project Activity	2025 January	February	March	April
1) Strategic Priority Setting				
The NC HIEA, with assistance from Manatt, will prioritize potential modernization and reform areas through an external current state assessment, peer state research, and engagement with key stakeholders and experts.				
2) Implementation Plan Development				
Manatt will work closely with the NC HIEA to develop actionable "implementation plans" for up to three Priority Reform Areas.				

Current State Assessment Will Inform Priority-Setting

To support the NC HIEA in prioritizing their prospective modernization and reform activities, Manatt will assess the NC HIEA's current state, the national environment and leadership's views of state and organizational priorities.

To accomplish this on an expedited timeline, Manatt will develop a current state assessment based on:

- **Document Review:** Reviewing strategic plans, annual reports, scopes of work, project plans, operational performance metrics and other relevant documents to understand current NC HIEA landscape.
- **Stakeholder Interviews:** Engaging with key stakeholders and experts to gather diverse insights and perspectives. Interviews are underway.*
- **National Landscape Scan:** Assessment of national and peer-state best practices to understand best practices and lessons learned for similar reform.

Manatt will keep the Advisory Board updated on developments in upcoming meetings.

**Should you have additional input, please contact cccole@manatt.com.*

Roadmap 2030

Roadmap Structure

- Message from the Director
- Introduction to the NC HIEA and NC HealthConnex; purpose of the Roadmap
- Overview of:
  - ✓ NC HealthConnex work to date
  - ✓ Value-based care, health equity, data standards landscape
  - ✓ Emerging health data utility (HDU) model
  - ✓ Sustainability
- Goals, Objectives and Strategies

ROADMAP 2030

Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 1: Complete Integration with State-Funded Providers, Pharmacies and NC Medicaid
Objective 2: Enable State Laboratory Electronic Test Orders and Results
Objective 3: Expand Bidirectional Exchange and Provider Clinical Portal Single Sign-On Capability
Objective 4: Collaborate with Additional State and Nationwide Systems
Objective 5: Incorporate New Data Sources and Types

Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program
Objective 2: Expand FHIR/API Services
Objective 3: Mature the NC HIEA Risk Management Program
Objective 4: Continually Modernize Infrastructure

Support the Value-Based Care and Public Health Priorities of our Agency and Organization Partners

Objective 1: Facilitate Data Sharing for Medicaid Operations and Care Management
Objective 2: Provide Clinical Data for and Assist with Quality Measurement
Objective 3: Leverage NC*Notify for Medicaid, Public Health and Behavioral Health
Objective 4: Inform Care and Transitions for Justice-Involved Populations
Objective 5: Build, Enhance and Support Chronic Disease Surveillance Tools

Cultivate Stability by Expanding HIE Services and Their Utilization

Objective 1: Provide State Health Data Utility Services and Institute Cost Recovery and Sharing
Objective 2: Institute Additional Governance and Oversight
Objective 3: Promote Training and Support NC HealthConnex Adoption and Use
Objective 4: Collaborate with Clinical Research

Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 1: Complete Integration with State-Funded Providers, Pharmacies and NC Medicaid

Strategies: Establish/maintain active data connections for >90% of state-funded health care providers, including pharmacies; Complete integration of NC Medicaid claims/encounter data.

Objective 2: Enable State Laboratory Electronic Test Orders and Results (ETOR)

Strategies: Implement and scale ETOR to all local health departments and other organizations.

Objective 3: Expand Bidirectional Exchange and Single Sign-On (SSO) Capability

Strategies: Build SSO capability with additional EHR vendors and organizations; Optimize existing SSO service and workflow support; Increase bidirectional exchange via FHIR query.

Objective 4: Collaborate with Additional State and Nationwide Systems

Strategies: Participate in TEFCA; Investigate SSO integration with NCDHHS' NCCARE360 and NCTracks.

Objective 5: Incorporate New Data Sources and Types

Strategies: Incorporate additional behavioral health care data; Expand upon Health-Related Social Needs (HRSN) data available; Integrate with EMS more broadly; Make radiological and diagnostic imaging accessible; Enhance NC*Notify with an updated platform and new alert offerings.

Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program

Strategies: Align with USCDI; Support quality measurement/expand NCQA Data Aggregator Validation program; Refine/expand upon operational and data quality metrics and reporting; Enhance/expand participant feedback loop to improve data quality; Refine patient matching, leveraging NC eLink; Institute a formal data governance framework.

Objective 2: Expand Fast Healthcare Interoperability Resources (FHIR)/Application Programming Interface (API) Services

Strategies: Establish governance rules for FHIR and TEFCA access; Enable FHIR retrieval across HIE services; Onboard to a TEFCA QHIN; Address emerging FHIR use cases for state agency partners; Leverage APIs to share data with NCDHHS.

Objective 3: Mature the NC HIEA Risk Management Program

Strategies: Ensure compliance with state manual/NIST; Achieve/maintain HITRUST certification; Incorporate NCID into NC HealthConnex Clinical Portal and self-service capabilities.

Objective 4: Continually Modernize Infrastructure

Strategies: Maximize utilization of InterSystems HealthShare; Optimize participant feedback loop to improve data submissions; Adopt data integration best practices.

Support the Value-Based Care and Public Health Priorities of our Agency and Organization Partners

Objective 1: Facilitate Data Sharing for Medicaid Operations and Care Management

Strategies: Streamline sharing of claims/encounter, care transitions, and patient risk data across provider organizations, health plans, and NC Medicaid for care management; Provide reports/dashboards for NC Medicaid to assist with program management.

Objective 2: Provide Clinical Data for and Assist with Quality Measurement

Strategies: Provide data to NC Medicaid and health plans to support quality measurement and population health programs; Continually onboard connected providers to Data Aggregator Validation program; Calculate/report digital quality measures to providers, plans, NC Medicaid.

Objective 3: Leverage NC*Notify for Medicaid, Public Health and Behavioral Health

Strategies: Expand/enhance alerts to inform Medicaid, Division of Public Health, and Division of Mental Health, Developmental Disabilities and Substance Use Services programs and services; Recruit/onboard additional Medicaid providers to NC*Notify.

Objective 4: Inform Care and Transitions for Justice-Involved Populations

Strategies: Integrate N.C. Department of Adult Correction EHR; Provide NC HealthConnex access to those serving justice-involved populations; Coordinate with NC eLink/CJLEADS to support patient matching and care transitions.

Objective 5: Build, Enhance and Support Chronic Disease Surveillance Tools

Strategies: Maintain/support disease registries; Develop aggregated view of provider organizations in registries; Provide datasets/registries/analytics to support high-priority diseases.

Cultivate Stability by Expanding HIE Services and Their Utilization

Objective 1: Provide State Health Data Utility Services and Institute Cost Recovery and Sharing

Strategies: Establish, with partners, a formalized HDU and provide requested services; Develop service-specific cost recovery models for data requestors who do not submit data; Implement a quality measurement and reporting service; Pursue federal funding opportunities.

Objective 2: Institute Additional Governance and Oversight

Strategies: Build upon Clinical Data User Group to implement feedback/improve NC HealthConnex; Establish more mature data governance, architectural review and change management processes.

Objective 3: Promote Training and Support NC HealthConnex Adoption and Use

Strategies: Partner with AHEC for training, workflow support, and increased awareness of NC HealthConnex tools; Provide direct training to non-Medicaid providers; Administer a provider support program for early adopters of new initiatives; Develop/implement enhanced communications strategy.

Objective 4: Collaborate with Clinical Research

Strategies: Create policies/procedures/methods for how HIE data can be used for research; Collaborate with NCLDS to support research use cases; Partner with a research institution to evaluate the health and economic impacts of NC HealthConnex.

Health Data Utility

Reminder- what is a Health Data Utility?

- “HIE - plus”
    - Designated authority
    - Cross-sector cooperative governance
    - Advanced technical & analytic capabilities
- Support multistakeholder, cross-sector needs for use cases *beyond clinical care delivery*
    - Quality improvement
    - Public health
    - Community & population health

CIVITAS
Networks for Health

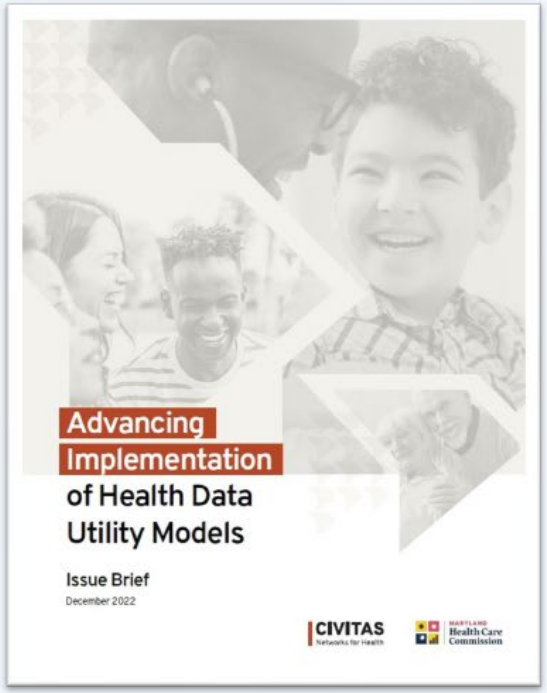
Health Data Utility Framework — A Guide to Implementation, Civitas Networks for Health, March 2023 - https://www.civitasforhealth.org/wp-content/uploads/2023/03/Civitas-HDU-Framework-Final-2023-03-26.pdf

HIE+ landscape in NC

- Today
  - Advanced HIE, already functioning as HDU in some ways
- What's needed
  - Designated authority as HDU
  - Expand scope/sources of data
  - Shared governance framework
  - Technical support for new use cases

Civitas & Maryland Resources

HDU Issue Brief and Framework



Implementation Guide

HDU Adoption Phases

States, HIEs and community organizations are at different readiness levels to implement an HDU. The following are progressive phases of HDU adoption and questions to guide states, regions, HIEs and community organizations. These phases are described linearly; however, HDUs grow incrementally with ongoing planning and continuous improvement.

We are here

Assessment
Conduct an environmental scan that analyzes current conditions for achieving and maintaining HDU status and policy levers and opportunities to support planning and implementation; identify strengths and weaknesses of the current environment and needs to support ongoing innovation. Periodic assessments should be conducted at some frequency after the initial assessment.

Planning
Organize activities by convening key stakeholders, establishing an oversight committee and developing pragmatic action plans with specific and measurable goals and objectives. Timelines should consider potential risks and how to mitigate risks.

Implementation
Coordinate and combine resources with stakeholders to maximize efficiency, turn data exchange and analysis plans into action and conduct ongoing assessments of progress, performance and quality.

Sustainability
Secure diverse and comprehensive funding and incorporate continuous quality improvement strategies that consist of system-wide reviews, ongoing training, expanded data sources and technical assistance that increase participants' effective use of the data and extend technical capabilities to broader stakeholder groups. Sustainability planning is ongoing and should be considered concurrently during each phase.

Success only at the speed of…

COMMUNITY READINESS & STEWARDSHIP

TRUST

FUNDING STREAMS

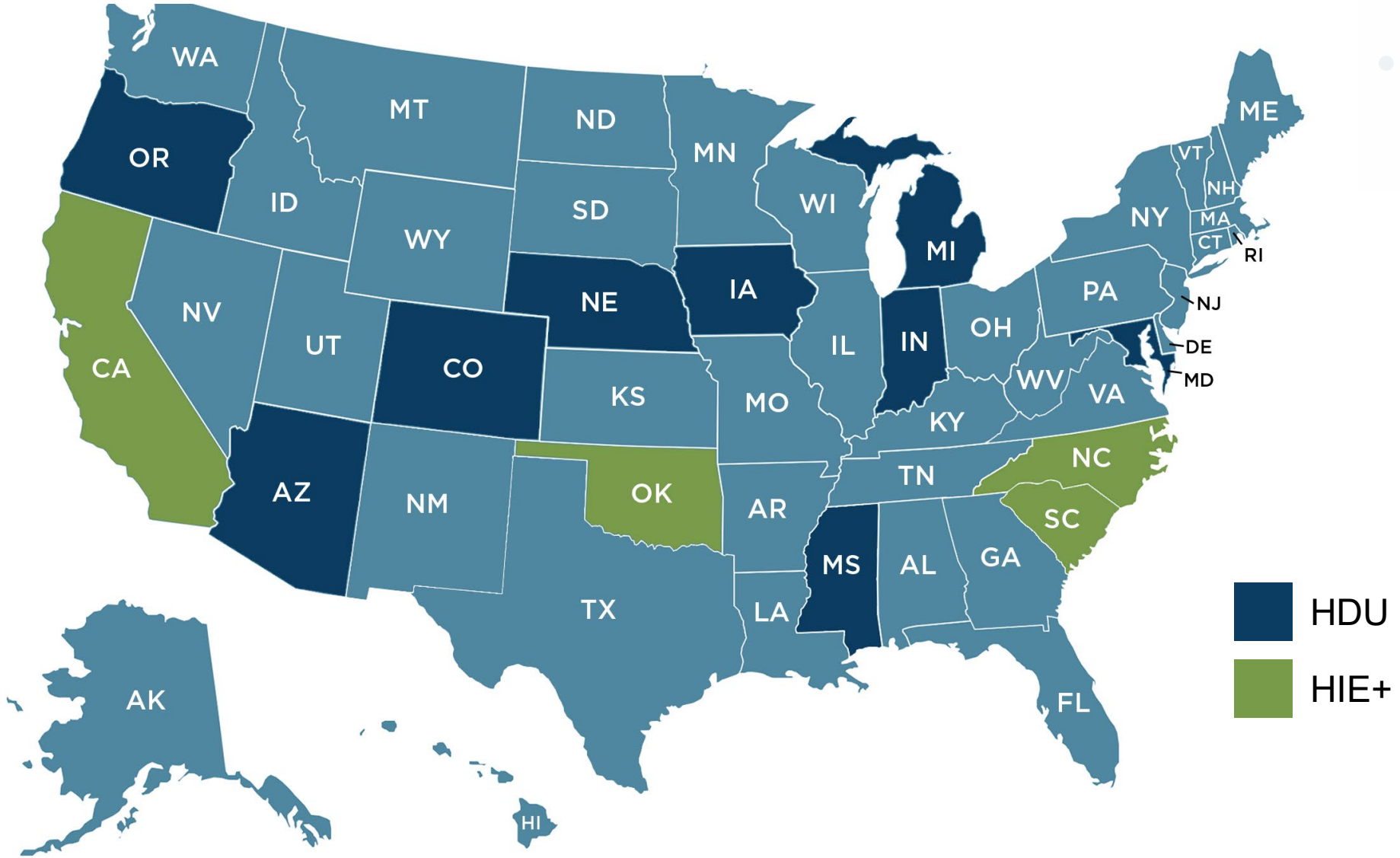
POLITICAL WILL

Adapted from Civitas & Maryland Health Commission

Progress to Date

- NC HIEA senior data strategist met with NCDHHS leadership to describe the HDU vision and seek partnership
    - Most recently with incoming NCDHHS Secretary Devdutta Sangvai
- Analysts performed state scan for HDU legal and functional best practices
- Drafted assessment document covering the current state of health data exchange in NC, the need for a state HDU and what will be required for successful HDU deployment
- Drafted answers to key questions from Implementation Guide and noted areas for further investigation
- Identified key stakeholder organizations beyond NC HealthConnex and NCDHHS
- Met with legal counsel from GDAC/NC HIEA and NCDHHS to identify regulatory issues and plan legal recommendations

State scan for existing HDU capabilities, legislation



Some Highlights from State Scan

Maryland

- One of the first HDUs- partnered with Civitas to develop implementation guide
- Funding is ~1/3 each participant fees (not small clinics), state funding, federal funding
- Transparency of data use policies on website

Michigan

- “Use Case Factory®” – submit use cases for review; template provided

California Data Exchange *Framework* (not centralized repository)

- Mandates participation from a wide range of stakeholders, including hospitals, physician organizations, skilled nursing facilities, health plans, clinical laboratories and acute psychiatric hospitals
- Encourages inclusion of county health, public benefit and social services as part of the Data Exchange Framework.
- Single data sharing agreement

Key Stakeholders

Government

- NCDIT
  - NC HIEA
  - Government Data Analytics Center (GDAC)
  - N.C. Longitudinal Data Service (NCLDS)
- NCDHHS
  - Secretary's Office
  - Division of Public Health (DPH)
  - Division of Health Benefits, aka Medicaid (DHB)
  - Division of Child and Family Wellbeing (DCFW)
  - Division of Social Services (DSS)
  - Division of Mental Health, Developmental Disorders, and Substance Use Services (DMHDDSUS)
- N.C. Department of Adult Corrections (DAC)
- N.C. Department of Public Instruction (DPI)
- N.C. General Assembly

Non-Government

- Providers
- Payers
- Patients
- CBO/HSOs
- NC HIEA Advisory Board
- Universities/Colleges

- Foundation for Health Leadership & Innovation (FHLI- Healthy Opportunities partner) / Unite Us
- SAS
- EHR Vendors

Preliminary Stakeholder-Supplied Use Cases

1. Primary care providers want to know which patients who screen positive for food scarcity are and are not enrolled in the Supplemental Nutrition Assistance Program (SNAP).
    A. Help facilitate enrollment
    B. Evaluate whether food support translates into better medications adherence and health outcomes.
2. Pediatric autism providers want to know what services a child has received across different systems (school, healthcare, etc.)
3. TBD…

Legislation

- NCSL 2015-241 created the NC HIEA
- Consulting with NCDIT legislative liaison and legal counsel from DHHS, HIEA and GDAC on how to approach expansion - amendment to existing status, new HDU law or some variation.

Article 29B.

Statewide Health Information Exchange Act.

§ 90-414.1. Title.

This act shall be known and may be cited as the "Statewide Health Information Exchange Act." (2015-241, s. 12A.5(d).) § 90-414.2. Purpose. This Article is intended to improve the quality of health care delivery within this State by facilitating and regulating the use of a voluntary, statewide health information exchange network for the secure electronic transmission of individually identifiable health information among health care providers, health plans, and health care clearinghouses in a manner that is consistent with the Health Insurance Portability and Accountability Act, Privacy Rule and Security Rule, 45 C.F.R. §§ 160, 164. (2015-241, s. 12A.5(d).)

§ 90-414.3. Definitions.

The following definitions apply in this Article:

(1) Business associate. – As defined in 45 C.F.R. § 160.103.

(2) Business associate contract. – The documentation required by 45 C.F.R. § 164.502(e)(2) that meets the applicable requirements of 45 C.F.R. § 164.504(e).

(3) Covered entity. – Any entity described in 45 C.F.R. § 160.103 or any other facility or practitioner licensed by the State to provide health care services.

(4) Department. – North Carolina Department of Health and Human Services

Challenges

Need for additional knowledge of on-the-ground workflow for providers and case workers

Significant staff turnover at key non-government stakeholder organizations

Uncertainty regarding whether the new federal administration will change the risk and feasibility of partnership with payers

Standard transition period for state government leadership under a new administration

Next Steps

1. Finalize legislative recommendation/request and work with NCDIT leadership on prioritization
2. Connect with stakeholders beyond NCDHHS and North Carolina government
3. Engage stakeholders on the ground
    a. Qualitative interviews
    b. Assess data needs
    c. Identify technical and financial barriers
4. Finalize initial use cases
5. With partners, develop governance structure and standard operating procedures

Legislative Update and Priorities

Legislative Update

NC General Assembly 2025 Session Begins: **January 29**

Crossover Deadline: **May 8**

Revenue Estimates: **Mid-April – Early May**

Hurricane Helene Relief Bill: **Expected in February**

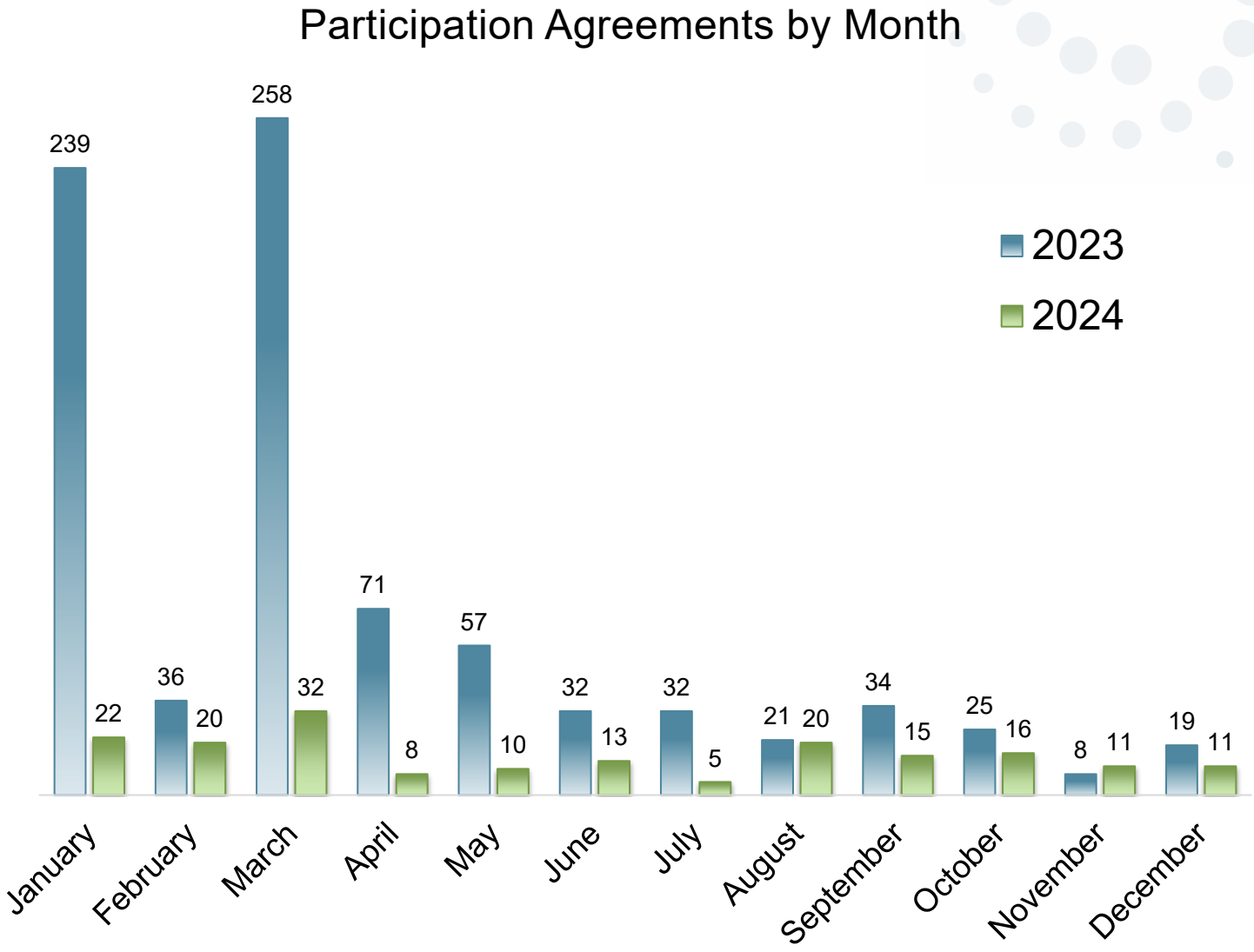
Pending: Bill Filing Deadlines, House Committee Formations

NCGA Leadership:
House Speaker: Rep. Destin Hall (Caldwell)
Senate President Pro Tempore: Sen. Phil Berger (Rockingham)

Senate Committees:
Health Committee Chairs: Senators Jim Burgin, Amy S. Galey, Benton G. Sawrey
IT Appropriation Committee Chairs: Senators Ted Alexander, Carl Ford, Bobby Hanig

Revised Compliance Framework for HIE Act

- Provides a framework to ensure continued momentum for completing data connections to NC HealthConnex for certain health care entities
- Creates a formal process to except or exempt smaller health care entities that do not submit many claims to state-funded health care programs
- Allows NCDIT/NC HIEA to charge noncompliant entities a modest assessment instead of affecting non-compliant entities through medical claims for state-funded services (like the present mandate)



Health Data Utility

- Request that the General Assembly designate NC HealthConnex a Health Data Utility (HDU)
- Designation would be requested based on existing HDU functionality of NC HealthConnex
- Comprehensive stakeholder engagement and identification of new HDU use cases would follow.

Disaster Response

- Remove obstacles to share missing and vulnerable persons data with NC HIEA and GDAC

NCGS § 166A-19.11. Powers of the Secretary of Public Safety.

The Secretary shall be responsible to the Governor for State emergency management activities. The Secretary shall have the following powers and duties as delegated by the Governor:

(1) To activate the State and local plans applicable to the areas in question and to authorize and direct the deployment and use of any personnel and forces to which the plan or plans apply, and the use or distribution of any supplies, equipment, materials, and facilities available pursuant to this Article or any other provision of law.

(2) To adopt the rules to implement those provisions of this Article that deal with matters other than those that are exclusively local.

(3) To develop a system to produce a preliminary damage assessment from which the Secretary will recommend the appropriate level of disaster declaration to the Governor. The system shall, at a minimum, consider whether the damage involved and its effects are of such a severity and magnitude as to be beyond the response capabilities of the local government or political subdivision.

(3a) To notify the Director of the Budget, the Office of the Governor, the chairs of the House of Representatives and Senate Appropriations Committees, the chairs of the House of Representatives and Senate Appropriations Committees on Justice and Public Safety, the Fiscal Research Division, and any other State entities deemed necessary of the potential for using Community Development Block Grant-Disaster Recovery (CDBG-DR) funds to cover the nonfederal share of matching requirements for eligible programs

…on for the State of North

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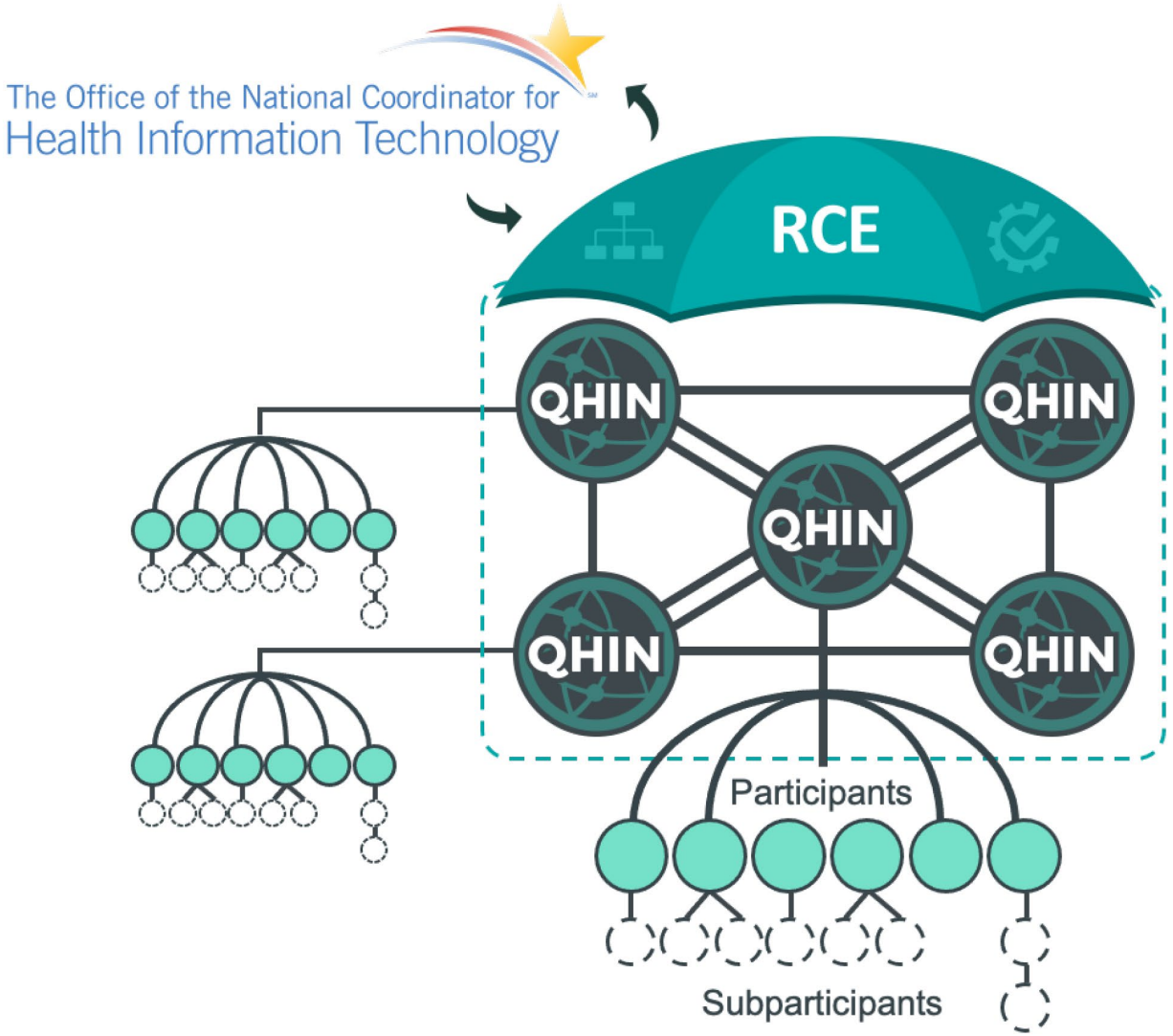
…e appropriate member of
the Secretary's department.

(5) To access, obtain, and share any information from or with any state government, local government or private entity, except as prohibited by federal law, that is necessary to carry out the purpose of this Act. All information that is confidential under state or federal law shall remain confidential and not be a public record pursuant to Chapter 132 of the General Statutes.

(5) To access, obtain, and share any information from or with any state government, local government or private entity, except as prohibited by federal law, that is necessary to carry out the purpose of this Act. All information that is confidential under state or federal law shall remain confidential and not be a public record pursuant to Chapter 132 of the General Statutes.

Patient Access Enablement

- Current legislation bars patient access to NC HealthConnex
- Intention would be to insert language that allows HIEA to facilitate patient access under TEFCA
- Only on behalf of participants that have opted to use NC HealthConnex as their onramp to TEFCA



New Board Seats

- An individual from the NCDHHS's Division of Health Benefits (NC Medicaid)
- An individual from an NC Medicaid Prepaid Health Plan

N.C. Longitudinal Data Service

Prospects for an HIEA/North Carolina Longitudinal Data Service (NCLDS) Partnership

Trip Stallings, Executive Director, NCLDS

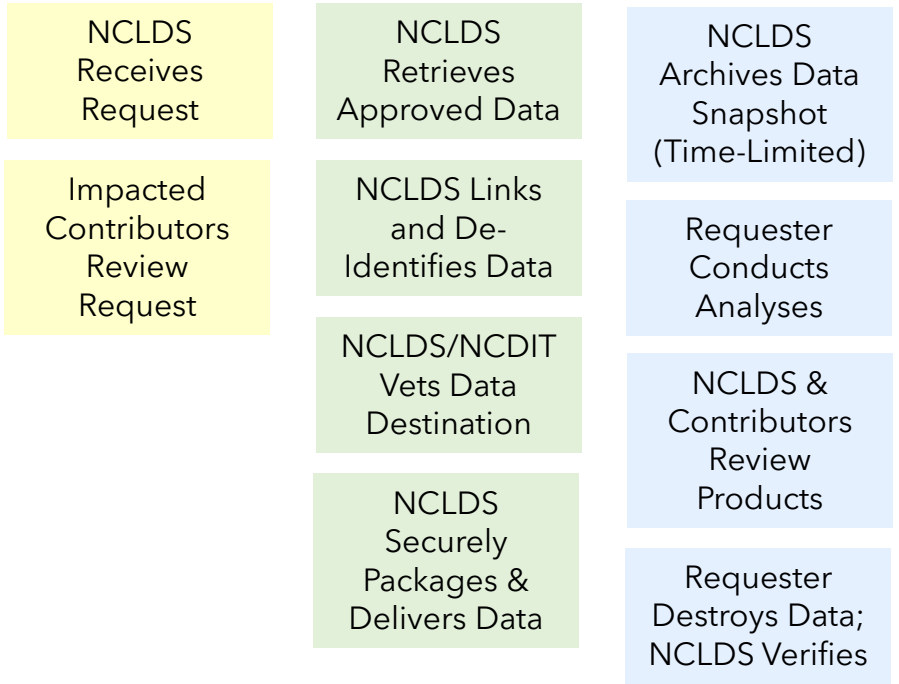
January 15, 2025

I. What is the NC Longitudinal Data Service and What Does it Do?

NCLDS is a ***connector***—NCLDS links people and data

NCLDS is <u>not</u> a Self-Contained Warehouse

- It is a process for **retrieving**, **linking**, **de-identifying**, and **packaging** data across agencies/organizations for research, evaluation, decision-making, & reporting purposes
- It provides **secure delivery** of those data to Partners, other State Entities, & vetted Researchers and Practitioners
- It is a **common space** for coordinating <u>cross-sector</u>, longitudinal learning goals for NC



II. What Data are available via the NC Longitudinal Data Service?

Current Data Partners

- **Early Childhood Integrated Data System** (ECIDS; **DHHS**) – early childhood data from 10 programs

- **NC SchoolWorks** (NCSW; **NCDPI**) – primarily K12 data

- **Common Follow-up System** (CFS; **Commerce**) – primarily wage / employment data

Other Data Sources

- UNC Warehouse
- NCCCS Warehouse
- NSC Warehouse

Data Sources on the Near Horizon

- NC Independent Colleges & Universities (NCICU) LDS
- Licenses / Credentials Warehouse

Potential Sources on the Far Horizon

- Additional social services, workforce training, and/or criminal justice data

III. What is the Role of NCLDS's Cross-Sector Learning Goals?

Initial Overall Focus/Theme: Successful Transitions

Early Childhood → K12 (Elem/Middle) Outcomes

How are the early experiences of young children related to later outcomes?

K12 (Middle/High) → Postsec/Workforce Outcomes

How are the experiences of K-12 students related to college and career readiness?

Postsec → Postsec / Postsec → Workforce Outcomes

How are the experiences of students enrolled in postsecondary education and training related to retention, completion, and workforce (career) readiness?

I. Transition Coverage: Patterns & Geography
(Descriptive)

II. Transition Factors: Differences in Outcomes
(Correlational)

III. Transition Success: Impact
(Quasi-Exp & Causal)

IV. Transition Supports: Paths Forward
(Policy)

IV. In What forms are Data Available via NCLDS Data?

- **On-Request (Custom) Datasets**: Longitudinal, record-level, linkable, Contributor-vetted, made-to-order datasets access-restricted
- **Research-Ready Datasets**: Pre-prepared, Contributor-pre-vetted, record-level, de-identified, linkable datasets access-restricted
- **Practitioner Portals**: Cross-sector, longitudinal, manipulable data products tailor-made by NCLDS for Data Contributor-identified Practitioner audiences access-restricted
- **Aggregated Datasets**: De-identified, appropriately-suppressed, and Contributor-vetted data at a unit of analysis higher than individual-level (e.g., school-level, county-level, etc.) public

V. What NCLDS Can–and Should–Become

"States have really good records on attendance because money flows based on average daily attendance, and they have to take counts. They know ***who*** are chronic absentees, *but they don't know* ***why***. It could be **food insecurity**, **health**, **migration status**, could be a dozen things or more. But if we use these longitudinal data systems as a backbone and then plug in information from **criminal justice**, **health**, **Social Security**, we would have a much better sense of what's going on with any student in a given school."

– Mark Schneider, Director, Institute of Education Sciences, responding to the question, "What needs to be modified in [rapidly aging state longitudinal data] systems?"

define and measure it?

Questions

New Business