

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

June 18, 2024
Advisory Board Meeting





Welcome & Call to Order

North Carolina Health Information Exchange Authority

Overview of Topics



- NC HIEA Operations Update
- Legislative Update
- Updated Research Policy
- Update on Medicaid Workstreams
- Upgrade Update and Clinical Viewer Demo
- New 42 CFR Part 2 Rule
- Participation and Data
- Health Data Utility Update
- New Business



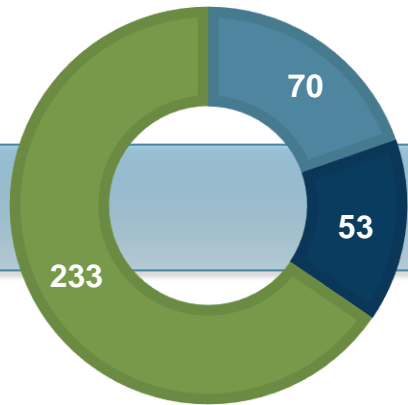
Operations Updates:

1. Metrics
2. Budget & Contracts
3. Staff

Service Enrollment

As of April 30, 2024

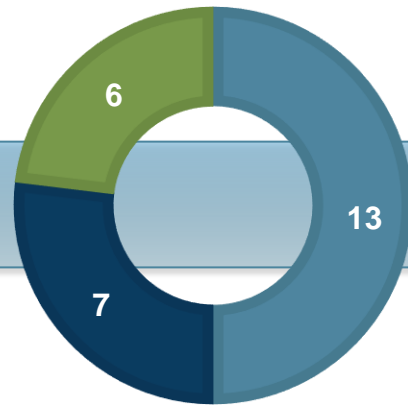
NC*NOTIFY



- 70 Integrations Enrolled
- 53 Integrations in Development
- 223 Integrations Live

223 Integrations Live represents **670 Practices**

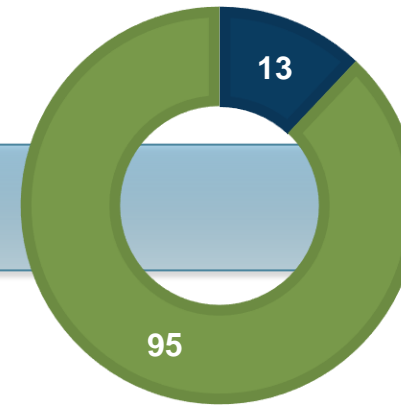
NCIR



- 13 EHRs Enrolled
- 7 EHRs in Development
- 6 EHRs Live

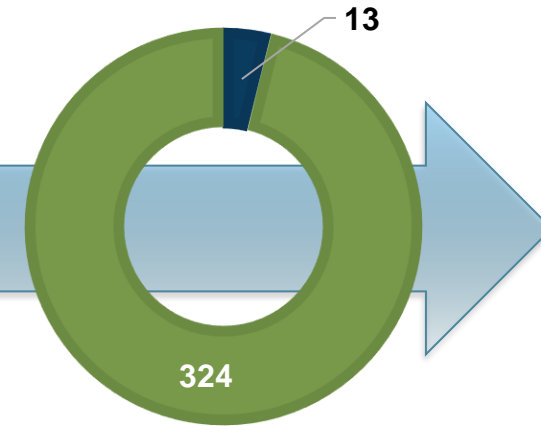
6 EHRs Live representing **1,141 Practices**
7 additional EHRs in Development

ELR



- No Enrollments
- 13 Feeds in Development
- 95 Feeds Live

DSM



- No Enrollments
- 13 Participants in Development
- 324 Domains Live

Budget & Contract Update

- State Fiscal Year Ends June 30
- General Fund appropriation for FY24-25 is:
 - *Base Appropriation:* \$13,384,204
 - *New Appropriation:* +\$2,200,000
 - *Nonrecurring:* +\$3,800,000
 - ***Total =*** **\$19,384,205**
- In April and May, the NC HIEA amended existing MOUs with Medicaid and DPH to receive additional funding in relation to services performed for Medicaid and public health. **Total value of these MOUs for FY24-25 is: ~\$6m**
- SAS contract:
 - Three addenda executed this month
 - Discussing transitioning provider connections from time and materials to deliverables-based
 - Notify+ procurement



Staffing Update

Blue State employees
Green Contracted employees
Pink Non-direct reports, state employees
Yellow Vacant state positions
Purple Vacant contract positions
Grey Proposed/transitioning positions

Executive Director

Assistant Director Operations

Implementation Program Manager

Assistant Director Health Analytics

Business Relations Manager

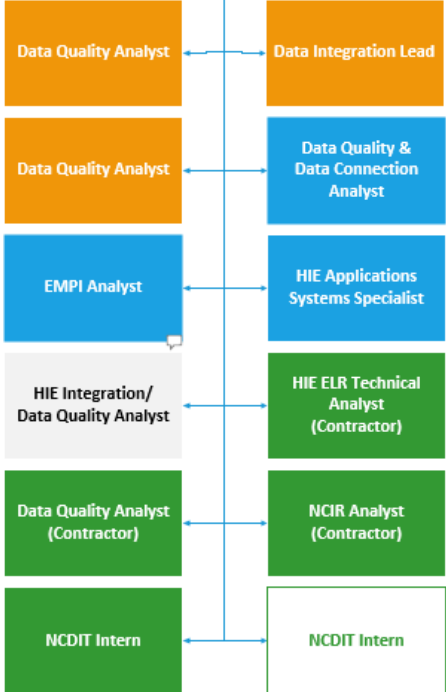
Grant/Executive Administrator

HIE Strategic Consulting

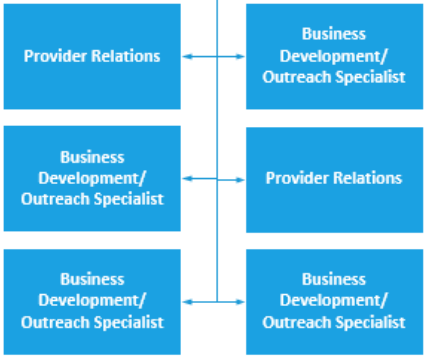
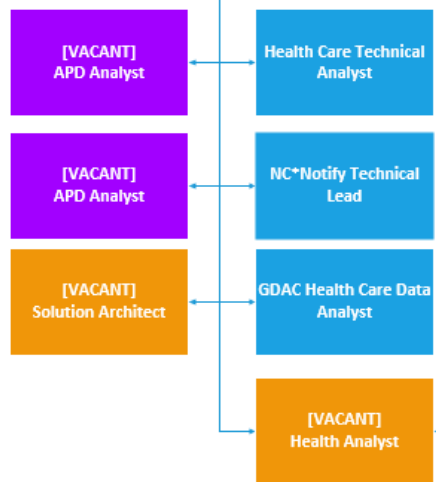
Communications Specialist [Shared with GDAC]

DIT Deputy General Counsel HIEA Legal

Data Quality & Integrity Team Lead



Health Analytics & Outbound Services Lead



- Permanent staff
- Medicaid staff
- Project management
- What next?



Legislative Update



Research Policy Update

Draft Update: SECTION 12: ACCESS TO DATA FOR RESEARCH

- Permitted Research Purposes – set out in N.C. Gen. Stat. 90-414.4(a) and N.C. Gen. Stat. 90-414.2
- Limited Scope – patient/provider organization relationship
- Use Case Workgroup Process – application, evaluation, presentation, review and decision
- Draft to be sent out to the board



Update on Medicaid Workstreams



Upgrade Update and Clinical Viewer Demo

HealthShare Upgrade 2023.1 – Timelines & Tasks

Planning & Upgrade

- Platform/OS Upgrade
 - Mirth RHEL 7.9 → 8.x
 - RHEL SAS 9.4
- Provider Clinical Portal Upgrade
 - UI Requirements
 - UI upgrade to 2023.1 in test environment
 - Testing tools

Sep 2023 to May 2024

Testing & Remediation

- Verification & Validation
- Comparison 2019 vs 2023.1
- Issue remediation
- Penetration Testing
- Communication to participants

Feb 2024 to Aug 2024

Go Live Cut Over

- Go live- checklist
- Go live – Mid Aug 2024
- Smoke Testing
- Series of communication update to participants

NC HealthConnex Upgrade

How this affects connection projects for participants.

- I N P R O G R E S S** • We will work to complete data connections for participants whose project is currently in progress.
- O N B O A R D I N G** • Onboarding activities will be subject to a change freeze. Planned data integrations that were not completed by Friday, June 14, 2024, were temporarily put on hold until later in the year.
- N O T S T A R T E D** • If a connection project has not yet started, the participant will remain in our onboarding queue until after the upgrade is complete.
- A L R E A D Y L I V E** • A participant organization already live and submitting data to NC HealthConnex will need to take no action.



NC HealthConnex Upgrade Benefits

- Modernize the NC HealthConnex infrastructure to current health information exchange standards.
- RHEL Upgrade
 - Performance: V6 → V7 (30% ↑) | V7 → V8 (35% ↑)
 - Security: enhanced firewall and encryption
 - Overall: Better dependency and patch management
- HealthShare Upgrade
 - Better performance (25-30%)
 - Additional features
 - Enhanced developer and administration tools
 - Easier upgrade path
- Clinical Portal Upgrade:
 - Improved Clinical Summary section for a better viewing experience
 - Ability to do a text search within individual chartbook pages
 - Additional clinical sections within the patient record



Clinical Portal Upgrade - Login



SYSTEM MAINTENANCE THIS WEEKEND: From Saturday April 20 2024 at 7:00 a.m. ET. to Sunday April 21 2024 at 5:00 p.m. ET.

Log In

Domain
%H5_Default

Username
user@user.com

Password
Password

Log In

Help Desk contact information:
Support Line: 919-531-2700
hiesupport@sas.com
[Provider Help](#)

Announcements

USER EXPRESSLY CONSENTS TO MONITORING

This system is provided by the State of North Carolina and is for authorized users ONLY. Unauthorized access may result in disciplinary action, civil and criminal penalties. Users have no expectation of privacy.

PAA (Participant Account Administrator)

You must attest to facility user activity for the Q1-2024 quarter. Login with your PAA account and review user activity on your PAA home page. When ready, click the "Attest to Audit" button to complete the audit.

Other Updates

Printing functionality has changed with recent upgrades to the clinical portal. Please see page 45 in the User Guide for more details!

Additional unparsed clinical documents (C/CDA) may be available and are noted by a "No" in the "Document Parsed" column on the Summary and Documents tab.

NC HIEA PERSONAL ENVIRONMENT

The North Carolina Health Information Exchange Authority (NC HIEA) operates North Carolina's statewide health information exchange, [NC HealthConnex](#). This secure, standardized electronic system promotes the access, exchange, and analysis of health information.

Login Agreement

Please note that every time you login, you are agreeing to the terms signed by your organization that provided you with a unique User ID, including (but not limited to) the following:

- I will not share my User ID or password with anyone
- I will only access patient information for treatment, payment, or health care operation purposes as defined by HIPAA and as permitted by the NC HIEA Participation Agreement
- I understand that all access of patient information is monitored and recorded
- I will safeguard patient information from inappropriate disclosure
- I will immediately report any suspected breach of patient information to my supervisor, if applicable
- I will immediately report any suspected breach of patient information to both entities below:

NC HIEA Legal NC HIEA Help Desk
HIEALegal@nc.gov HIESupport@sas.com

Questions? Contact us: <http://hiea.nc.gov/contact>



Clinical Portal Upgrade – Patient Search

Patient Search

MRN

Assigned By

Last Name

First Name

Middle Name

Date of Birth

Social Security Number

Patient Search Results

No Results

Minimum Patient Search Requirements:

- Enter both an MRN Identifier and select an Assigned By (Assigning Authority / Facility Name) value

OR

- Enter Last Name and either First Name, DOB, or SSN (Last Name and First Name must be a minimum of two characters)

Clinical Portal Upgrade – Search Results

Patient Search

MRN

Assigned By

Last Name

First Name

Middle Name

Date of Birth

Social Security Number

Patient Search Results

! Declare Patient Relationship for records with this warning.

MPI	Name	Gender	DOB	Address	
> 100059408	Vader, Darth	M	01/01/1999	122 Darth Vader Avenue, STATESVILLE NC 28625	!
> 100470093	VADER, DARTH	M	10/12/1948	95 Bantha Ave, DEATHSTAR NC 27403	!
> 100822523	VADER, DARTH	Female	09/16/1952	TK429 Place; Death Star, HOOKERTON North Carolina 28538	!

Items per page: 20 Items 1 - 3 of 3 << < > >>

Clinical Portal Upgrade – Break the Seal

Patient Search



Patient Search

MRN

Assigned By

Last Name

First Name

Middle Name

Date of Birth

Social Security Number

Clear

Search

Patient Search Results

! There may still be restricted data that you are not permitted to view.

Override Applied



MPI	Name	Gender	DOB	Address
> 100059408	Vader, Darth	M	01/01/1999	122 Darth Vader Avenue, STATESVILLE NC 28625
> 100470093	VADER, DARTH	M	10/12/1948	95 Bantha Ave, DEATHSTAR NC 27403
> 100822523	VADER, DARTH	Female	09/16/1952	TK429 Place; Death Star, HOOKERTON North Carolina 28538










Items per page: 20

Items 1 - 3 of 3



Clinical Portal Upgrade – Top Navigation = Left Navigation



-  PAA Tools
-  Patient Search
-  Messages
-  Subscriptions
-  NC*Notify
 -  View Notifications
 -  Upload Panel
-  CSRS Report
-  Set Default Application

Clinical Portal Upgrade – Chartbook Navigation



Chartbook <<
Clinical Summary
Conditions
Allergies
Medications
Documents
Immunizations
Vital Signs
Lab Results
Diagnostic Studies
Procedures
Histories
Encounters
Appointments
Care Team
Cohorts
Demographics
Insurance
CSRS Report

Clinical Portal Upgrade – Clinical Summary

Back to: Chart >

Chartbook <<

- Clinical Summary
- Conditions
- Allergies
- Medications
- Documents
- Immunizations
- Vital Signs
- Lab Results
- Diagnostic Studies
- Procedures
- Histories
- Encounters
- Appointments
- Care Team
- Cohorts
- Demographics
- Insurance
- CSRS Report

Allergies Sorted by Last Updated, Status

Details	Category	Allergen	Reaction
	Allergy to substance	ketorolac	
	Drug allergy	acetaminophen	Anaphylactic Shock
	Propensity to adverse reactions	tramadol	
	Drug allergy	acetaminophen	Anaphylactic Shock
	drug allergy	peanut allergenic extract	

Documents Sorted by Activity Date, Activity Time

Details	Doc Type	Document	Document Parsed
	Consolidated CDA R2.1 Structured Body Document	2	Yes
	Consolidated CDA R2.1 Structured Body Document	1	Yes
	Consolidated CDA R2.1 Structured Body Document	1	Yes
	Consolidated CDA R2.1 Structured Body Document	Continuity of Care Document [C-CDA R2.1] [Encounter date: 02/18/2022 04:45 PM]	Yes
	Consolidated CDA R2.1 Structured Body Document	Continuity of Care Document [C-CDA R2.1] [Encounter date: 01/25/2022 03:13 PM]	Yes

Page 1 [Next >](#)

Warning: Downloading documents may present security and privacy risks. Downloaded documents should be removed from the local device after use.

Diagnostic Studies

Details	Description	Status	Study	Result Date
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Medications Sorted by Start Date

Details	Medication	Status	Start Date
	ibuprofen 600 MG Oral Tablet	In Progress	01/23/2022
	ondansetron 4 MG Disintegrating Oral Tablet [Zofran]	In Progress	01/23/2022
	amlodipine 10 MG Oral Tablet	In Progress	01/27/2021
	hydrochlorothiazide 12.5 MG / lisinopril 20 MG Oral Tablet	In Progress	01/27/2021
	atorvastatin 80 MG Oral Tablet [Lipitor]	In Progress	08/24/2020

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Lab Results

Details	Order	Results	Result Date
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Diagnoses Sorted by Last Updated, Last Update Time

Details	Diagnosis	ICD Code	Diagnosis Date	Last Updated
	Abscess of liver	K75.0		09/16/2021 14:32
	Abdominal rigidity, unspecified site	R19.30		09/16/2021 14:32

Clinical Portal Upgrade – Individual Chartbook Search

Immunizations

Immunizations Sorted by Administration Date, Immunization

Details	Immunization	Dose	Source	Administration Date	Administration Date 2	Administration Date 3
⋮	Influenza >= 6 months IM			08/17/2020 00:00		
⋮	Influenza, seasonal, injectable			02/04/2019 00:00		
⋮	Influenza, seasonal, injectable			02/04/2019 12:01		
⋮	influenza virus vaccine, inactivated			11/03/2018 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			09/25/2018 00:00		
⋮	Influenza >= 6 months IM			09/06/2018 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			10/10/2017 00:00		
⋮	Influenza >= 6 months IM			09/20/2017 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			10/18/2016 00:00		
⋮	Influenza >= 6 months IM			09/26/2016 00:00		
⋮	Influenza Virus Vaccine, unspecified formulation			09/22/2015 00:00		
⋮	Influenza, High Dose (IV4) 65 yrs & older			09/15/2015 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			09/25/2013 00:00		
⋮	INFLUENZA TIV (TRI) PF (IM)			12/16/2012 00:00		
⋮	Influenza >= 6 months IM			10/18/2010 00:00		
⋮	Influenza >= 6 months IM			11/07/2003 00:00		

Clinical Portal Upgrade - Grouping

Immunizations

Immunizations						
<input type="text" value="Search"/> ↗ 🛒 Grouped, Sorted						
Details	Immunization	Dose	Source	Administration Date	Administration Date 2	Administration Date 3
>	COVID-19 (Moderna) mRNA-1273 vaccine					
>	Hepatitis B Pediatric					
>	INFLUENZA TIV (TRI) PF (IM)					
>	Influenza >= 6 months IM					
▼	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable					
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			09/25/2018 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			10/10/2017 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			10/18/2016 00:00		
⋮	Influenza Vaccine Quad (IV4 PF) 6mo+ injectable			09/25/2013 00:00		
>	Influenza Virus Vaccine, unspecified formulation					
>	Influenza, High Dose (IV4) 65 yrs & older					
>	Influenza, seasonal, injectable					
>	Moderna SARS-CoV-2 Vaccine					
>	PNEUMOCOCCAL POLYSACCHARIDE 23					
>	Pneumococcal Conjugate 13-Valent					
>	SHINGRIX-ZOSTER VACCINE (HZV), RECOMBINANT,SUB-UNIT,ADJUVANTED IM					



New 42 CFR Part 2 Rule

Confidentiality of SUD Patient Records: 42 U.S.C. § 290dd-2 & Part 2 Rules

What records?

- Applies to “[r]ecords of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.” 42 U.S.C. § 290dd-2.

What restrictions apply?

- Records are confidential and can only be disclosed and used pursuant to 42 U.S.C. § 290dd-2 and related federal regulations

Why specific restrictions for SUD patient records?

- Prevent harm and stigma

Coronavirus Aid, Relief, and Economic Security (CARES) ACT

-Enacted in 2020

-Section 3221 of CARES Act

- made changes to 42 U.S.C. § 290dd-2
- Required US DHHS to “make such revisions to [Part 2] regulations as may be necessary for implementing and enforcing the amendments made by this section.”

Aligning with HIPAA Standards

Definitions

- 42 U.S.C. § 290dd-2(k)
- 42 CFR § 2.11

Penalties

- 42 U.S.C. § 290dd-2(f)
- 42 CFR § 2.3

Breaches

- 42 U.S.C. § 290dd-2(j)
- 42 CFR § 2.16(b)

Patient Consent

Amended consent requirements in 42 U.S.C. § 290dd-2:

(b) Permitted disclosure.

(1) Consent. The following shall apply with respect to the contents of any record referred to in subsection (a):
[. . .]

(B) Once prior written consent of the patient has been obtained, such contents may be used or disclosed by a covered entity, business associate, or a program subject to this section for purposes of treatment, payment, and health care operations as permitted by the HIPAA regulations. Any information so disclosed may then be redisclosed in accordance with the HIPAA regulations. Section 13405(c) of the Health Information Technology and Clinical Health Act (42 U.S.C. 17935(c)) shall apply to all disclosures pursuant to subsection (b)(1) of this section.

(C) It shall be permissible for a patient's prior written consent to be given once for all such future uses or disclosures for purposes of treatment, payment, and health care operations, until such time as the patient revokes such consent in writing . . .

42 CFR § 2.31 Consent Requirements

Subsection (a) excerpts:

. . . For a single consent for all future uses and disclosures for treatment, payment, and health care operations, the recipient may be described as “my treating providers, health plans, third party payers, and people helping to operate this program” or a similar statement . . .

. . . If the recipient is a covered entity or business associate to whom a record (or information contained in a record) is disclosed for purposes of treatment, payment, or health care operations, a written consent must include the statement that the patient's record (or information contained in the record) may be redisclosed in accordance with the permissions contained in the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient . . .

Subsection (d) excerpt:

Patient consent for use and disclosure of records (or testimony relating information contained in a record) in a civil, criminal, administrative, or legislative investigation or proceeding cannot be combined with a consent to use and disclose a record for any other purpose.

42 CFR § 2.32 Notice and copy of Consent to Accompany Disclosure

- Requirements that must accompany disclosures

Patient Consent (continued)

42 CFR § 2.12 Applicability

Subsection (d) excerpt:

A part 2 program, covered entity, or business associate that receives records based on a single consent for all treatment, payment, and health care operations is not required to segregate or segment such records.

42 CFR § 2.33 Uses and Disclosures Permitted with Written Consent

Subsection (a) excerpt:

(2) When the consent provided is a single consent for all future uses and disclosures for treatment, payment, and health care operations, a part 2 program, covered entity, or business associate may use and disclose those records for treatment, payment, and health care operations as permitted by the HIPAA regulations, until such time as the patient revokes such consent in writing.

Subsection (b) excerpt:

If a patient consents to a use or disclosure of their records consistent with § 2.31 [Consent Requirements], the recipient may further disclose such records as provided in subpart E [Court Orders Authorizing Use and Disclosure] of this part, and as follows:

(1) When disclosed for treatment, payment, and health care operations activities to a covered entity or business associate, such recipient may further disclose those records in accordance with the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient.

Public Health Disclosures Without Consent

42 U.S.C. § 290dd-2(b) Permitted disclosure:

(2) Method for disclosure. Whether or not the patient, with respect to whom any given record referred to in subsection (a) is maintained, gives written consent, the content of such record may be disclosed as follows:

[. . .]

(D) To a public health authority, so long as such content meets the standards established in section 154.514(b) of title 45, Code of Federal Regulations (or successor regulations) for creating de-identified information.

42 CFR § 2.54 Disclosures for public health:

A part 2 program may disclose records for public health purposes without patient consent so long as:

- (a)** The disclosure is made to a public health authority as defined in this part; and
- (b)** The content of the information from the record disclosed has been de-identified in accordance with the requirements of 45 CFR 164.514(b) such that there is no reasonable basis to believe that the information can be used to identify a patient.

Where We Are Headed on Part 2 Data

Major Changes in the New Part 2 Rule - Patient Consent

- Allows a single consent for all future uses and disclosures for treatment, payment, and health care operations.
- HIPAA covered entities and business associates that receive records under this consent can redisclose the records in accordance with the HIPAA regulations.

Next Steps in Planning:

- **Allowing Part 2 providers to submit panels for notifications and engage in bidirectional exchange**
 - Part 2 data captured for this purpose would be completely and permanently internal.
- **Ingesting/storing/exchanging Part 2 clinical data**
 - We are starting to explore:
 - Solutions for capturing consent
 - Models for ingestion/storage/exchange
 - Major cost considerations

DISCLAIMER

Please read the following information. It will be updated on an ongoing basis. By using this application, you consent and agree to abide by all applicable federal and state law and the NC Health Information Exchange Authority (NC HIEA) Participation Agreement.

Confidentiality Notice for Alcohol and Drug Abuse Information

Confidentiality of Alcohol and Drug Abuse Patient Records Regulations: (42 C.F.R. Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

Confidentiality Notice for Psychotherapy Information

Confidentiality of psychotherapy notes: (45 C.F.R. 164.501). This information has been disclosed to you from records whose confidentiality is protected by the HIPAA Privacy and Security Rule. You are prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by the HIPAA Privacy & Security Rule. A general authorization for the release of medical or other information is not sufficient for this purpose.

Physician Responsibility

Disagree Agree



Participation and Data Connections

Participant Engagement Overview



- High Touch Approach
- Accessible
 - HIEA Main Inbox
 - HIEA Main Telephone Line
 - Direct Access to Team Members
- Direct Access
 - 1-on-1

Education & Training

- Teletown Halls (100 Registrations on average)
- Office Hours (150+ Registrations on average)
- 1-on-1 Trainings
 - NC HealthConnex Overview
 - NC HealthConnex Clinical Portal Demonstrations
 - NC*Notify Demonstrations
- Virtual Training Modules
- Lunch & Learn Sessions
- Groups
 - Clinical Data User Group
 - Behavioral Health and Intellectual Developmental Disabilities (BH/IDD) Work Group



Proactive & Reactive Outreach

- **New Engagement Efforts**
 - Proactive: 200+ engagements (Started: September 2023)
 - Reactive: Anticipating 50+ engagements (Starting: June 2024)
- Goals:
 1. Build and maintain relationships
 2. Provide stellar support and timely responses

Proactive Scenarios

- Participants with newly executed PA's (not yet connected)
- Participants recently connected (30 – 45 days)
- Heavy utilizers

Reactive Scenarios

- Electronic medical record migrations
- Quarterly audit follow up
- Low utilizers



Specialty Outreach

- Unengaged Outreach 2023

5000+ Letters Sent

- Safety Net Providers 2024
 - Patient Education Mass Mailing 2024

10000+ Brochures Sent

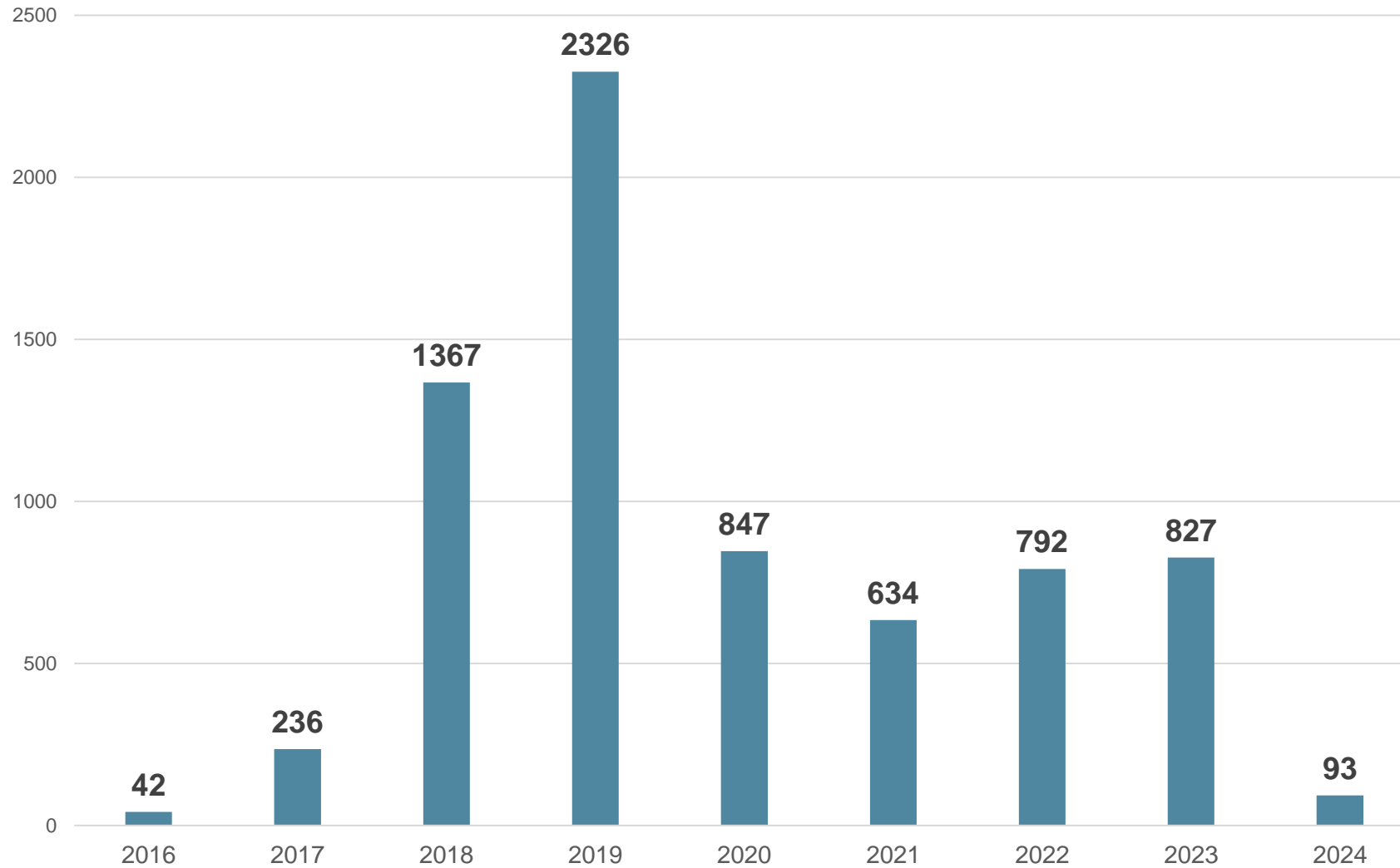


Data Collection: Feedback Is A Gift

- Participant Surveys
 - Nearly 80% satisfied with time
- Proactive & Reactive Outreach
- AHEC Coaches & Monthly Leadership Calls
- Taking Every Opportunity



Participation Agreements



Numbers Shown Above Were Pulled: June 7, 2024



Health Data Utility

What is a Health Data Utility?

- Health Data Utilities (HDUs) are models with cooperative leadership, designated authority, and advanced technical capabilities to combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and community and public health purposes.
- HDUs support multistakeholder, cross-sector needs by serving as a data resource for use cases beyond clinical care delivery through multi-directional exchange.



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>

Characteristics of a HDU



Neutrality and flexibility in meeting stakeholders' goals



Designated authority



Sustainable financing



Connected region or state geography



Multi-stakeholder, cross-sector participation



Modular infrastructure and advanced technical services



Public-private partnerships



Inclusive governance strategy



Leverage state and local authority

What Differentiates a HDU from a HIE?

- Scope of Technical Capabilities and Infrastructure
- Relationship with State(s) and Authority Policy Levers
- Governance
- Stakeholder Engagement and Community Partnerships
- Financing
- Privacy and Security
- Accountability and Measurement



Phases of Adoption

1. **Assessment** – current conditions; policy levers; available supports for planning and implementation
2. **Planning** – convene a committee; develop and action plan with goals and objectives
3. **Implementation** – coordinate resources to maximize efficiency; implement plans for linkage, exchange and analysis; assess progress
4. **Sustainability** – secure diverse funding; implement continuous quality improvement

Planning Workgroup

1. Convene key governmental stakeholders
 - As a group, identify critical additional representation, e.g., human service organizations, academics, providers, payers
2. Review findings from assessment/environmental scan (HDU Adoption Phase 1)
3. Develop action plan with goals and objectives. Plan could be inclusive of:
 - A rough sketch of initial technical requirements
 - A funding strategy
 - A request to general assembly for HDU designation

Share progress with board at each stage of planning process

Process to kick off in September!





New Business