



NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

Advisory Board Meeting
June 2, 2026





Welcome & Call to Order

NC HIEA Advisory Board Q3 2026 Agenda

Advisory Board Administration

Q3 Meeting

Rural Health Transformation Working Group (Vote)

Operations Update

Metrics

Legislative Asks

Budget & Contracts

Roadmap Report

NC*Notify Upgrade

Project Updates

Neimand Collaborative

Substance Use Disorder and Involuntary Commitment Data Exchange

HIE Medicaid Services

1. Quality, Population Health, and Evaluation Use Cases
2. HR1 (Medicaid Eligibility Work Requirements)

Research Protocols

New Business

NC HIEA Advisory Board Q3 2026 Meeting

Currently scheduled for: September 23, 2026

Conflict: HIEA Staff will be attending the Civitas Conference

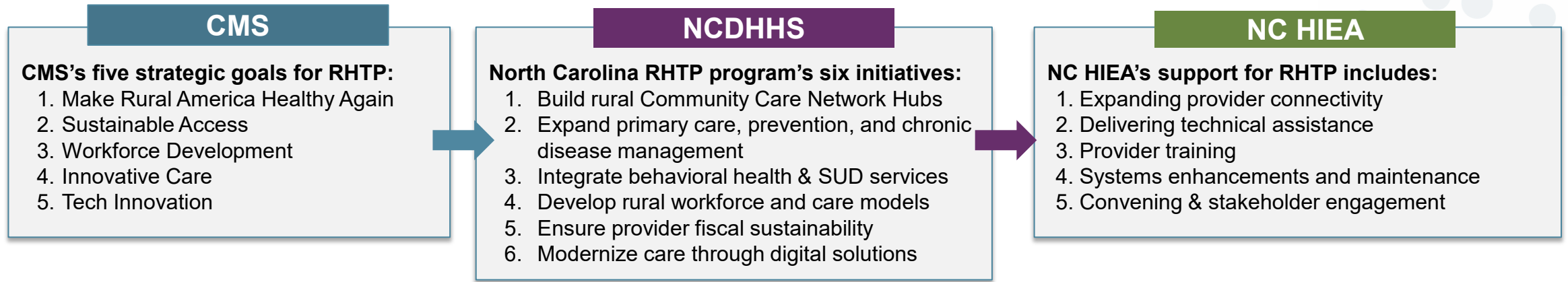
Next highest response rates

- September 1
- September 8
- September 29

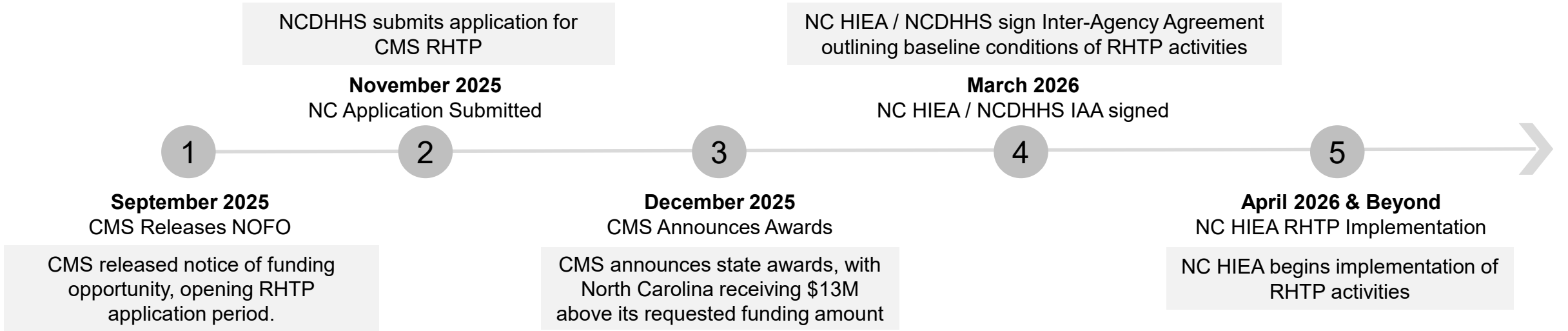
Rural Health Transformation Program (RHTP)

RHTP Background and Timeline

Goals and Key Initiatives



Timeline



NC RHTP Program: Update on NC HIEA's Efforts

Status & Next Steps



Provider Connectivity

Identify RHTP-eligible providers for the pipeline and pursue connectivity initiatives to expand rural connectivity

Status:

- Refined rural provider prioritization processes
- 32 new rural provider connections live program to date (4/1-5/31)
- 73 in-flight

Q3 Next Steps:

- Continue to identify and connect FFYs '26-'27 rural provider pipeline



Technical Assistance and Training

Provide hands-on technical assistance during implementation and tailored training for use of HIE tools

Status:

- Providing hands-on technical assistance and data quality coaching
- Actively hiring for EHR Vendor Specialist and Outreach Specialist
- TA Specialist anticipated to onboard in July

Q3 Next Steps:

- Onboard staff and develop initial customized training materials by 9/30



Program Administration

Plan and administer the RHTP—onboard new staff, set up process, and track progress

Status:

- NC HIEA RHTP Roll-Out Plan delivered to NCDHHS on 4/27
- FAQs and RHTP website landing page in development
- RHTP Lead started 5/26

Q3 Next Steps:

- Refine administrative processes related to provider tracking, invoicing, and communications strategy



Convening and Stakeholder Engagement

Engage key stakeholders and rural providers to inform strategic direction, provide feedback, and promote RHTP

Status:

- RHTP Steering Workgroup planning underway
- RHTP Provider Convenings planning underway

Q3 Next Steps:

- Finalize Steering Workgroup details and launch
- Finalize Provider Convenings details and schedule
- Maintain engagement/coordination with NCDHHS initiatives

NC HIEA's RHTP Steering Workgroup

Purpose & Scope

NC HIEA seeks the Advisory Board's **approval** for the creation of a RHTP Steering Workgroup.

Purpose

NC HIEA's RHTP Steering Workgroup will provide strategic input on program direction, review and offer feedback on program progress, and act as ambassadors to promote and support program goals among stakeholders.

Scope

1. **Support coordination with NCDHHS's governance processes**
2. Provide strategic input on the design and development of NC HIEA's RHTP initiatives, including program structure, priorities, and key capabilities
3. Review progress of NC HIEA's RHTP efforts and provide feedback to inform ongoing program refinement and implementation
4. Identify emerging challenges, risks, and barriers to success, and advise on potential mitigation strategies
5. Communicate with and collect input from key stakeholders and partners

Cadence

Meetings

- **Aug. – Dec. 2026:** Four meetings (approx.)
- **2027:** Four meetings

Duration: 1 hour

Format: TBD

NC HIEA's RHTP Steering Workgroup

Workgroup Participants and Recruitment

The RHTP Steering Workgroup composition will reflect the scope and focus of NC HIEA's RHTP efforts

Participants

Lead(s): Designated Advisory Board Member(s)

Composition: Up to 10 representatives

Characteristics: Diverse representation across:

- Rural health care providers, including hospitals, clinics, nursing facilities, and physician practices
- Health care specialties, including primary care, behavioral health, specialty care
- State and local government (e.g., NCDHHS, rural county behavioral health department)

Recruitment

- NC HIEA will identify prospective Workgroup participants based on representation goals.
- NC HIEA will conduct outreach to solicit interest and confirm willingness to participate on a voluntary basis.

Vote to Authorize NC HIEA's RHTP Steering Workgroup

Voting Procedure

- Only voting member can vote (one vote each)
- Voting by Voice
 - Secretary will ask voting members for their vote
 - Secretary will repeat each vote
 - Secretary will document each vote
- Executive Director will formally declare result

Voting Members

1. **Ryan Craig**, Representative of a Health System
2. **[Vacant]**, Representative of Federally Qualified Health Centers
3. **Brent Lamm**, Individual with Technical Expertise in Health Information
4. **Dr. Jon Meier**, Representative of Licensed Physicians
5. **Michael Robinson**, Representative of Technical Expertise in Data Analytics
6. **Tanya Thompson**, Representative of a Critical Access Hospital
7. **Laura Gruebel**, Patient Representative
8. **Ryan Wilkins**, Representative of Behavioral Health Providers



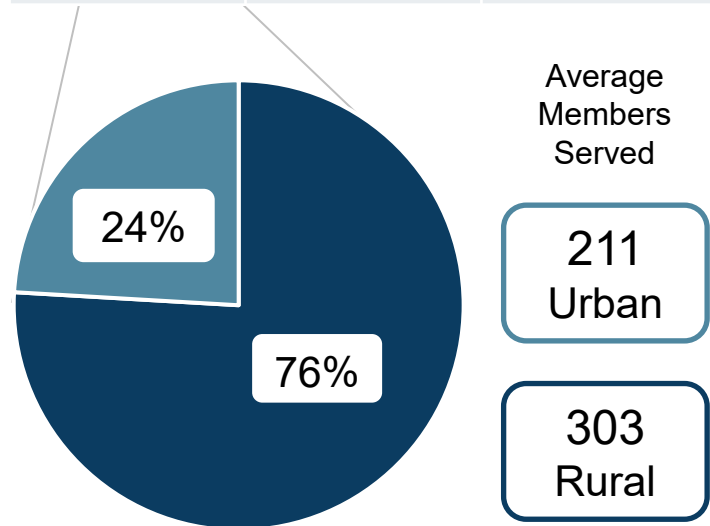
Operations Updates:

1. Metrics
2. Legislative Asks
3. Budget & Contracts

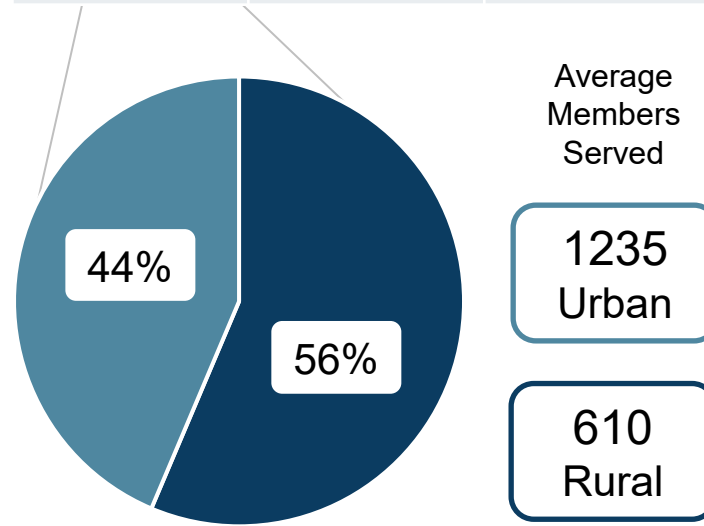
Connection Status by Advanced Medical Home (AMH) Tier

■ Urban ■ Rural

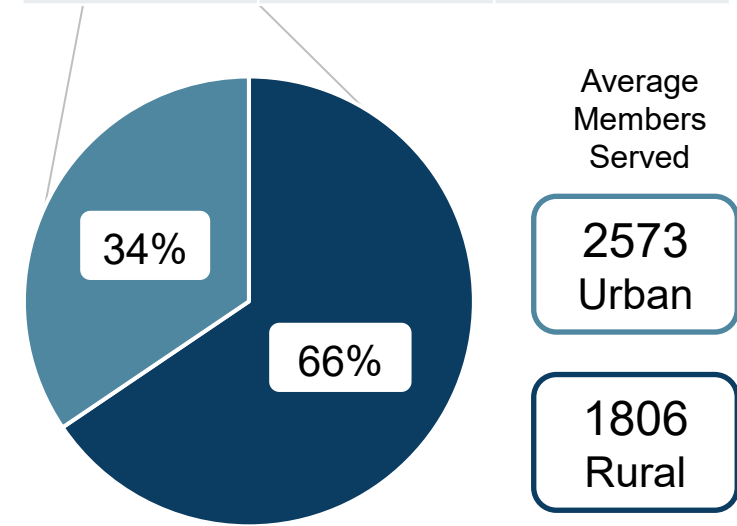
Tier 1		
Live in Production	Total Organizations	% Live in Production
62	115	54%



Tier 2		
Live in Production	Total Organizations	% Live in Production
719	1092	66%

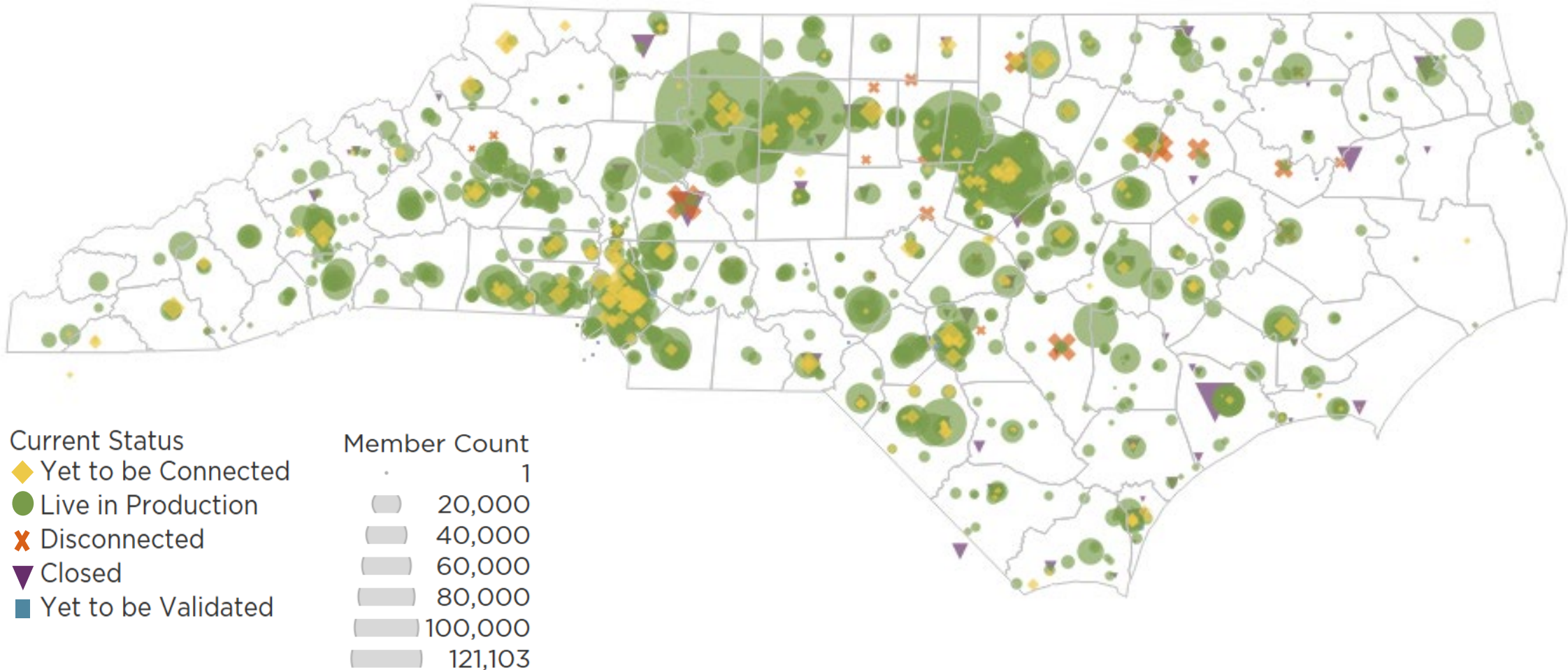


Tier 3		
Live in Production	Total Organizations	% Live in Production
1335	1713	78%

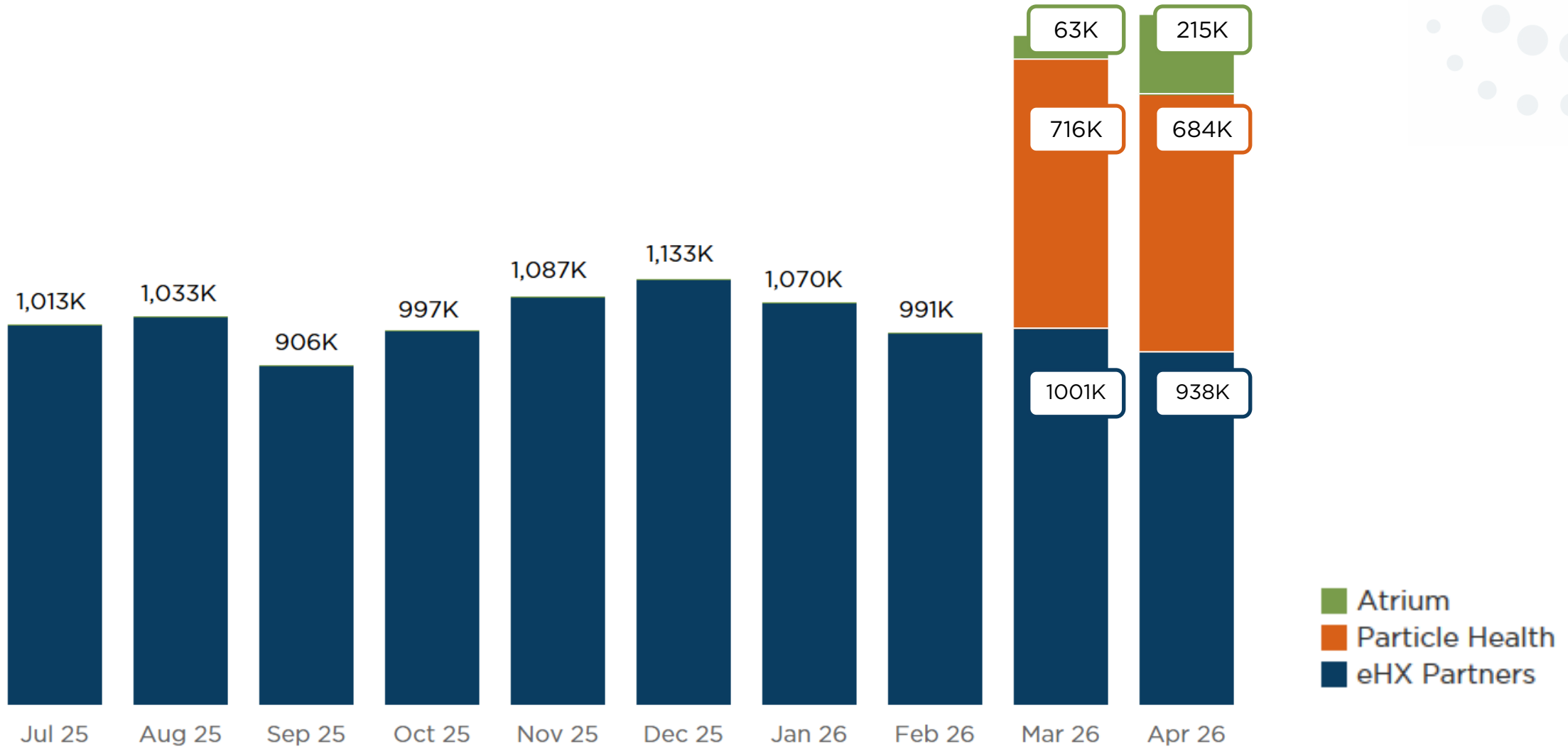


* Rurality data not available for Tier 1: 8 providers; Tier 2: 13 providers; Tier 3: 9 providers, omitted from pie charts.

Current Connectivity Status and Beneficiary Reach of Advanced Medical Home (AMH) Tier 3 Providers



Inbound Document Retrievals for eHX Queries (ITI-39)



See handout for more metrics



Legislative Asks

- \$3.8M in nonrecurring connections funds for SFY27*
- Remove exemption of substance use disorder treatment records*
- \$212,000 in non-recurring funds to plan improved SUD and IVC data exchange*
- \$300,000 in recurring funds for an FTE to increase NC HIEA's senior-level capacity *
- Designate an NC HIEA Advisory Board seat for NCDHHS's Division of Health Benefits (NC Medicaid)*
- Revised compliance framework
- Designate NC HealthConnex as a Health Data Utility
- Allow the NC HIEA to facilitate patient access
- Allow federal agencies to access the NC HealthConnex Clinical Portal
- Items still taking shape:
 - Integration with the N.C. Office of Emergency Medical Services
 - Allow the N.C. Department of Public Safety (DPS) to access and share data during a state of disaster

* Addressed in SUD and IVC Data Exchange Proposal

Budget and Contract Update

- General Fund appropriation for SFY26-27 – \$15,487,855
- Awaiting word on nonrecurring connections appropriation for SFY27
- Operational Advanced Planning Document (OAPD) approved
- Implementation Advanced Planning Document (IAPD) approved
- HR1 (Medicaid Work Requirements) initial IAPD approved
- Rural Health Transformation IAA executed with NCDHHS
- Chickasaw Federal Health’s MOU executed with NCDHHS DMHDDSUS
- SFY27 SAS amendment approved by CMS
- SUD and IVC proposal with Representative Reeder for short session

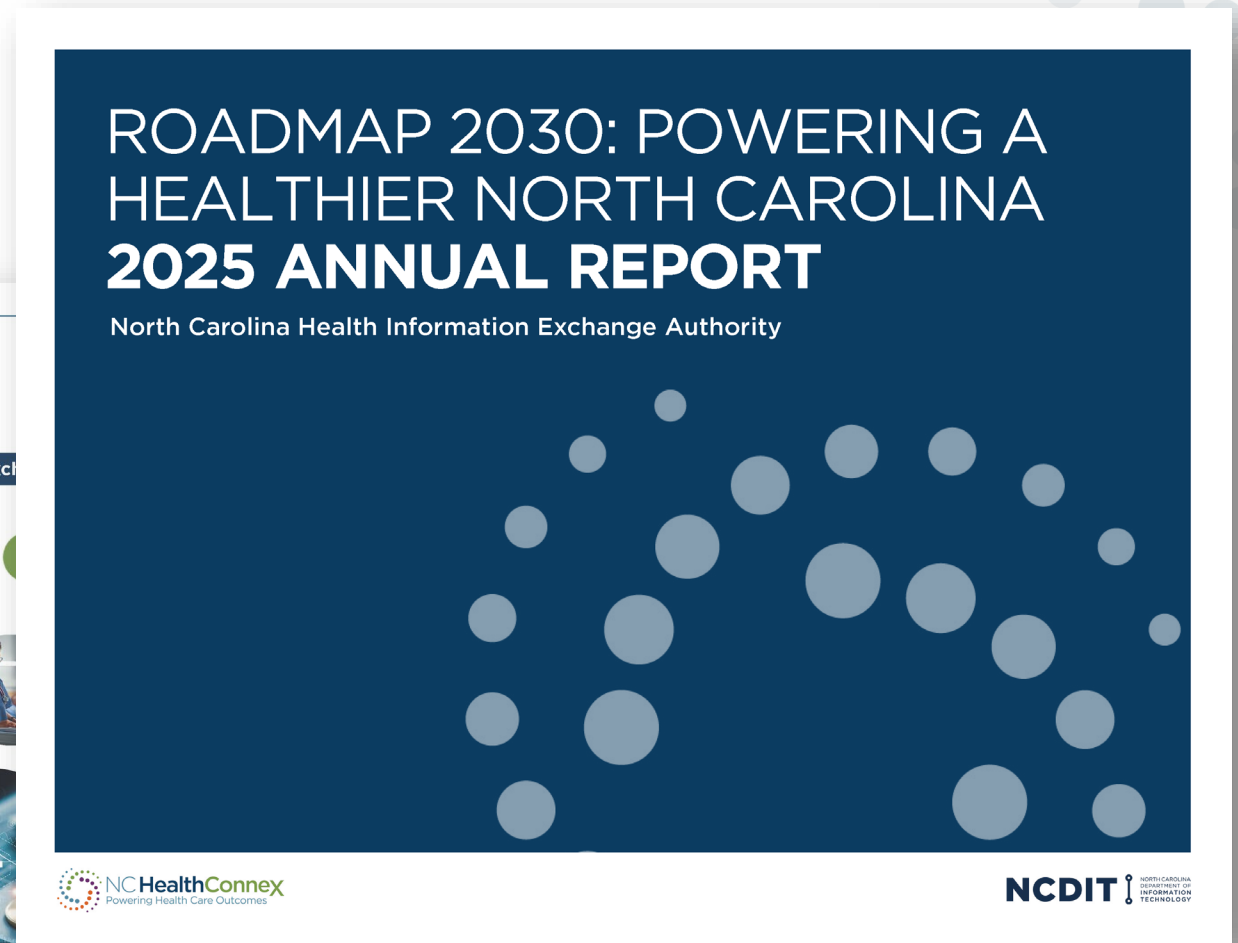
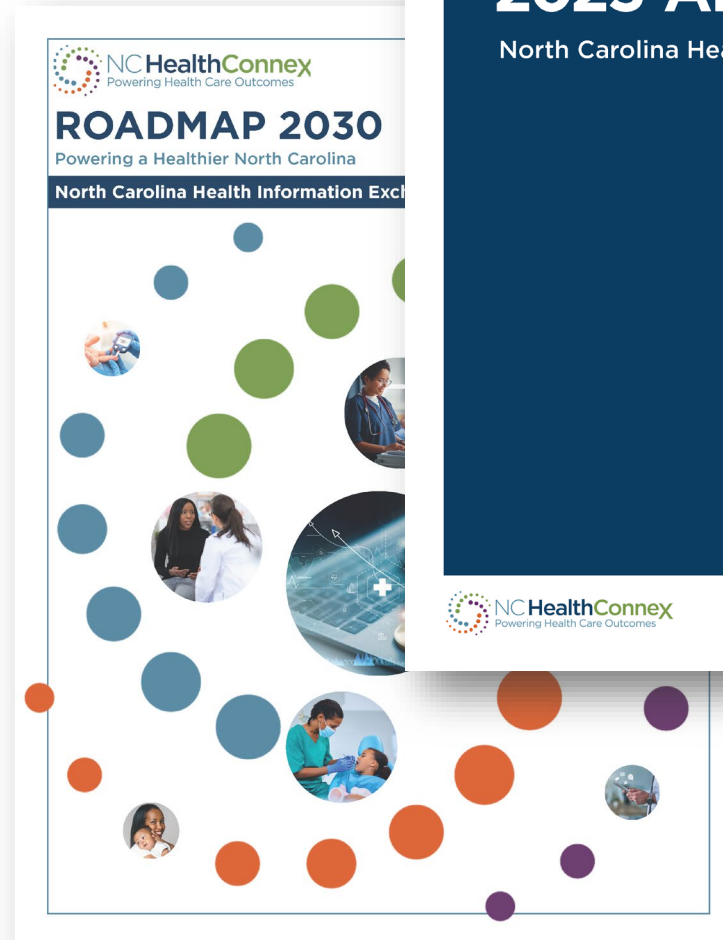




Roadmap Report

Why this matters?

- Inaugural NC HIEA public-facing report
- Establishes a foundation for accountability and transparency
- Provides a baseline for measuring progress towards Roadmap 2030 goals



NC HIEA Over the Years



- 2015** ○ **The North Carolina General Assembly created NC HIEA** to facilitate the creation of a modernized health information exchange to better serve North Carolina's health care providers and their patients.
- 2016** ○ Operations began in early 2016 with a focus on connecting providers to NC HealthConnex. Nine months later, **NC HIEA had completed 122 connections for more than 800 facilities, one of the fastest HIEs to gain connections in the country.**
- 2017** ○ NC HIEA launched the **NC HealthConnex Provider Clinical Portal.**
- 2018** ○ NC HIEA launched the **NC*Notify** event notification service.
- 2019** ○ NC HIEA **won a community partnership award for its work to connect neighboring state HIEs within a 48-hour window** as Hurricane Florence approached North Carolina.
- 2020** ○ NC HIEA and the N.C. Government Data Analytics Center **supported the N.C. Department of Health and Human Services' (NCDHHS) pandemic response**, linking COVID-19 labs with vaccines and creating data-driven dashboards for NC Medicaid to understand the trajectory of the disease.
- 2021** ○ NC HIEA made it possible for users to access the **Controlled Substance Reporting System (CSRS)** directly within the NC HealthConnex Clinical Portal.
- 2023** ○ NC HIEA and the NCDHHS launched the **N.C. Stroke Registry** to improve the stroke care continuum in North Carolina.
- 2024** ○ During the **Hurricane Helene response**, **NC HealthConnex ensured providers could access vital clinical information** for displaced patients. NC HIEA also delivered **critical insights on the location and latest health care information of medically vulnerable and missing people**, supporting rapid and coordinated response efforts.

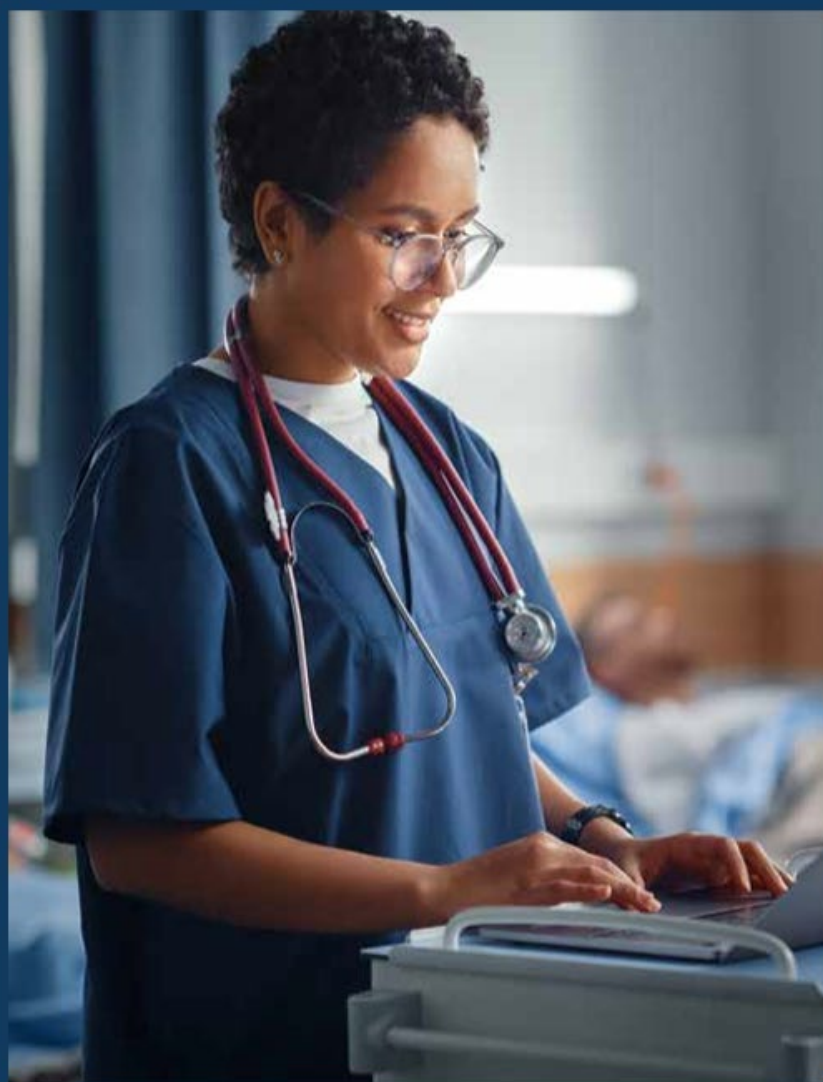
About NC HIEA and NC HealthConnex

NC HealthConnex By The Numbers (2025)

All 55 acute care hospitals in NC	45M Incoming ADT messages a month	
	12M Incoming CCD documents a month	
40K Logins to the Clinical Portal a month	8,000+ health care facilities	27M Unique patient records

“NC HealthConnex is that bridge that allows us to see what we aren’t able to see. In a geriatric setting, we’ll get patients that move into a facility with no history — nothing on them at all. How am I supposed to know if this person has ever gotten a vaccine? What are they allergic to? NC HealthConnex bridges that gap.”

—Ryan Johnston, Senior Life Solutions



Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care



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

Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

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

Prioritizing High Priority NC Medicaid Connections through the Medicaid Provider Reconciliation Project

- Weightage score assigned based on rurality, Medicaid member count, Medicaid claims volume, and participation in NC Medicaid's care management models

Increasing Network Connectivity for State-Funded Providers via State Health Plan Integration



Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 3: Expand Bi-Directional Exchange and Provider Clinical Portal Single Sign-On Capability



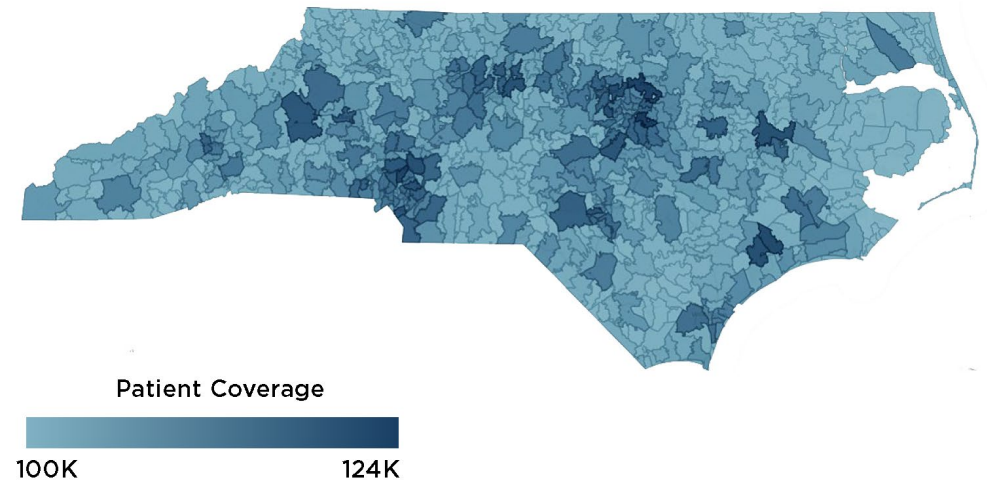
By the Numbers:

32 Organizations using single sign on
218 Users actively using SSO in 2025

Objective 4: Collaborate with Additional State and Nationwide Systems

Collaborating with Civitas Networks For Health to Assess National Health Information Exchange Patient Coverage

NC HealthConnex Patient Coverage by Zip Code

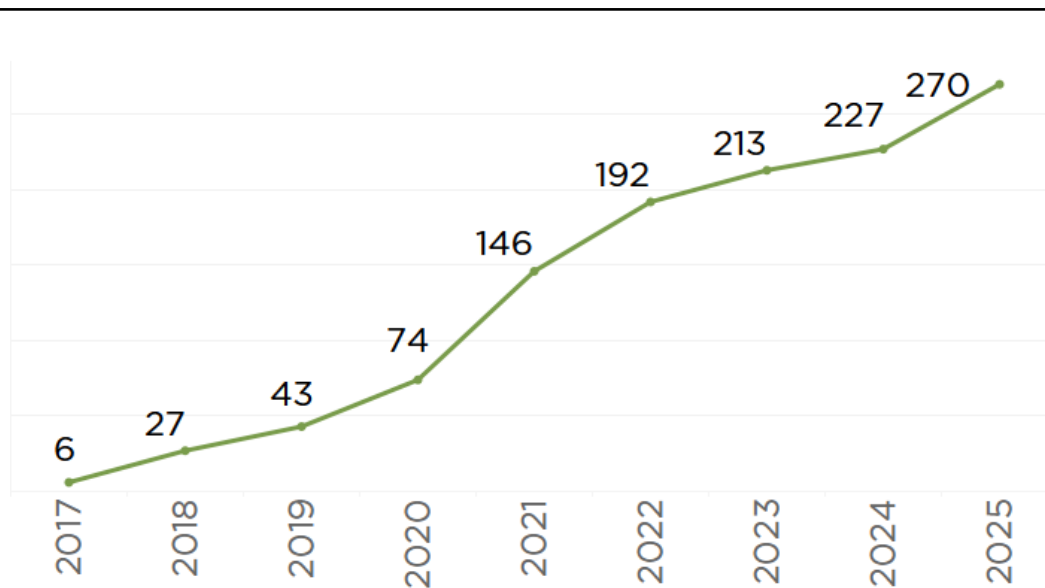


Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 5: Incorporate New Data Sources and Types

Increasing Behavioral Health Provider Access to NC HealthConnex

Running Total of Behavioral Health Providers
Live In Production



“One of the best ways we can avert crisis admissions or law enforcement interventions for our patient population is to make sure we’re leveraging the combination of HIE data, our AI processing, and focus on those high-risk patients, especially people who have a gap in a psychotic medication.”

- Jerold Greer, Daymark Recovery

Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 5: Incorporate New Data Sources and Types

Engaging Emergency Medical Service Providers

- Partnered with the Office of Emergency Medical Services to identify a path for integrating EMS data
- Benchmarked Clinical Portal access for EMS organizations at **150 facilities** across **50 EMS organizations**

Integrating Health-Related Social Needs Screening Data

- Launched the **HRSN Screening User Guide**
- Launched the inaugural Health-Related Social Needs Screening Use Case with **8 organizations**.

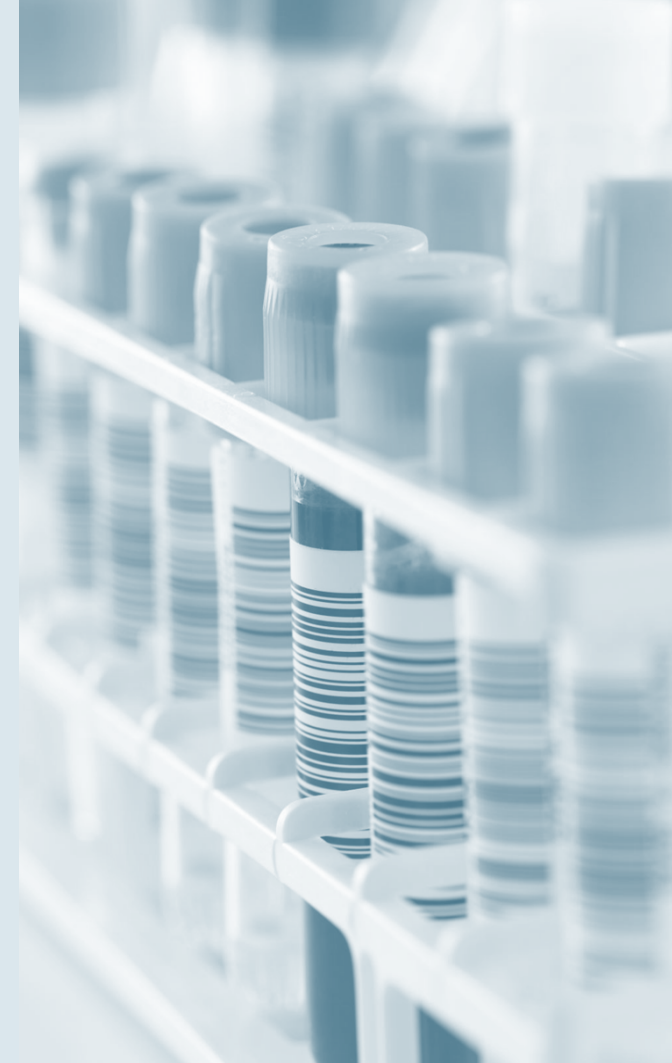


Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 2: Enable State Laboratory Electronic Test Orders and Results

State Laboratory of Public Health (SLPH) ETOR Pilot

- An Electronic Test Order and Results (ETOR) service replaces manual, paper-based processes with an electronic, closed loop process and **improves timeliness and efficiencies**, getting results back to healthcare providers faster.
- NC HIEA facilitates the routing of electronic test orders (ORMs) and test results (ORUs) between two pilot Electronic Health Record (EHR) systems, Patagonia and CureMD, and two local health departments, Iredell and Halifax.
- The target go-live date is December 2026, which will be followed by an expansion of the service to all local health departments across the state in 2027.



Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards



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

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards



Objective 1: Enhance the NC HealthConnex Data Quality Program

Achieving the Highest National Standard For Clinical Data Quality

- Validates that data flowing through NC HealthConnex meets rigorous NCQA Data Aggregator Validation standards for accuracy and reliability, enabling providers and payers to confidently use this information for quality reporting and value-based care
- Doubled participation in the 2025 cohort, with **4 organizations** and over **1,400 facilities** successfully earning validation
- Made improvements such as dashboards to monitor message flow and data quality reports track accuracy over time



Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program

Developing A Strategic Data Quality Program

- Data Connections
 - Data Standards
 - Onboarding Process
- HMS
 - Data Quality Roadmap: Interviewed **20 stakeholders** across **7 organizations** and examined current processes
 - dQM
 - HRSN
 - NCQA Data Aggregator Validation
- Upcoming
 - PIQXLGateway
 - Terminology Services

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program

Advancing Metric-Driven Decision Making

- Identified **9 critical metrics** that would be refined by understanding and refining definitions, calculation methods and data sources to ensure consistent interpretation

Encouraging Standardization Of Data Exchange Through USCDI Version 3 Adoption

- Established **clinical data targets** aligned with USCDI v3 to support industry movement toward standardized data exchange and to encourage continued adoption by participants and their EHR systems

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program

Refining Patient Matching Capabilities

- Formed interorganizational Tiger team with the goal of decreasing the manual review workload
- Evaluated and implemented systematic process improvements to the patient matching workflow
- Performed approximately **400K manual matches**

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

FHIR Roadmap and RHEL Upgrade

- Initiated the development of a FHIR Roadmap
- Began essential system upgrades (Red Hat Enterprise Linux)

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 3: Mature the NC HIEA Risk Management Program

- Completed annual risk assessment and working closely with NCDIT and SAS to develop corrective and preventive action plans

Objective 4: Continually Modernize Infrastructure

Optimizing The Participant Onboarding Experience

- Launched effort to streamline participant onboarding and improve efficiency while maintaining high data quality standards
- Conducted **10 interviews** to understand the steps, inputs and anticipated outcomes

Understanding Pain Points Around NC*Notify User Experience

- Launched a NC*Notify user survey and identified areas for improvement

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners



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

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

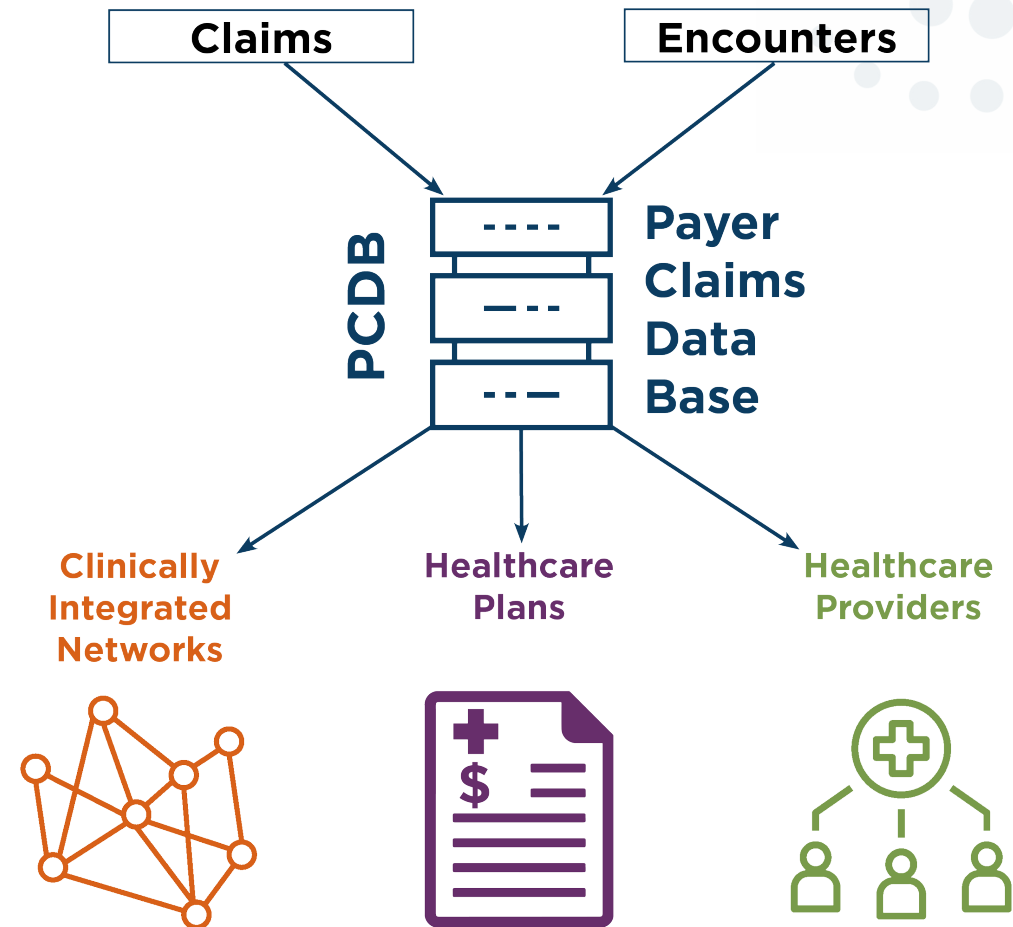
Objective 1: Facilitate Data Sharing for Medicaid Operations and Care Management

Launching The Payer Claims Database (PCDB) To Improve Care Management

- Claims data available in the Clinical Portal
- Upon successful implementation of PCDB, NC HIEA aims to facilitate an over 90% reduction in the number of interfaces required for care management data exchange

Facilitating Seamless Transitions Of Care

- NC Medicaid will send claims, encounters, and eligibility information to the new PCDB, storing care data and establishing a source of truth for all plans



Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

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

Supporting Data Quality Improvements To Build High Quality Digital Quality Measures

- Supported **5 early adopter participants** focused on improving data quality for **3 priority measures** related to blood pressure, diabetes and depression screening through the dQM Use Case

Advancing Quality Measurement With Priority Data Elements (PDEs)



By the Numbers:

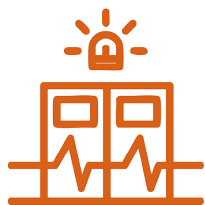
11 organizations receiving PDEs

1,080 files delivered in 2025

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

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

TOTAL ADVANCED ALERTS SENT IN 2025



HIGH UTILIZER ALERT

Providers are alerted when a patient has frequent visits to emergency departments or is at high risk for readmission.

145K



CARE TEAM CHANGE ALERTS

Providers are informed when a new organization has subscribed to their patient.

100K



MULTIPLE CHRONIC CONDITIONS

Providers receive an alert when a patient meets the Centers for Medicare and Medicaid Services' chronic care management services criteria.

38K



DENTAL ALERT

Providers are alerted when patients visit the emergency department for dental care.

18K



DIABETES AND PRE-DIABETES ALERT

Providers are alerted of a new diabetes and/or pre-diabetes diagnosis for patients they are monitoring.

8K

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

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

Leveraging NC*Notify To Advance Maternal Health Equity Through Participation In The Acure4moms Study

- Final round of alerts rolled out, including one designed to identify patients who may benefit from aspirin therapy during pregnancy
- Over **70K maternal health alerts** were sent to participating health care providers since 2023



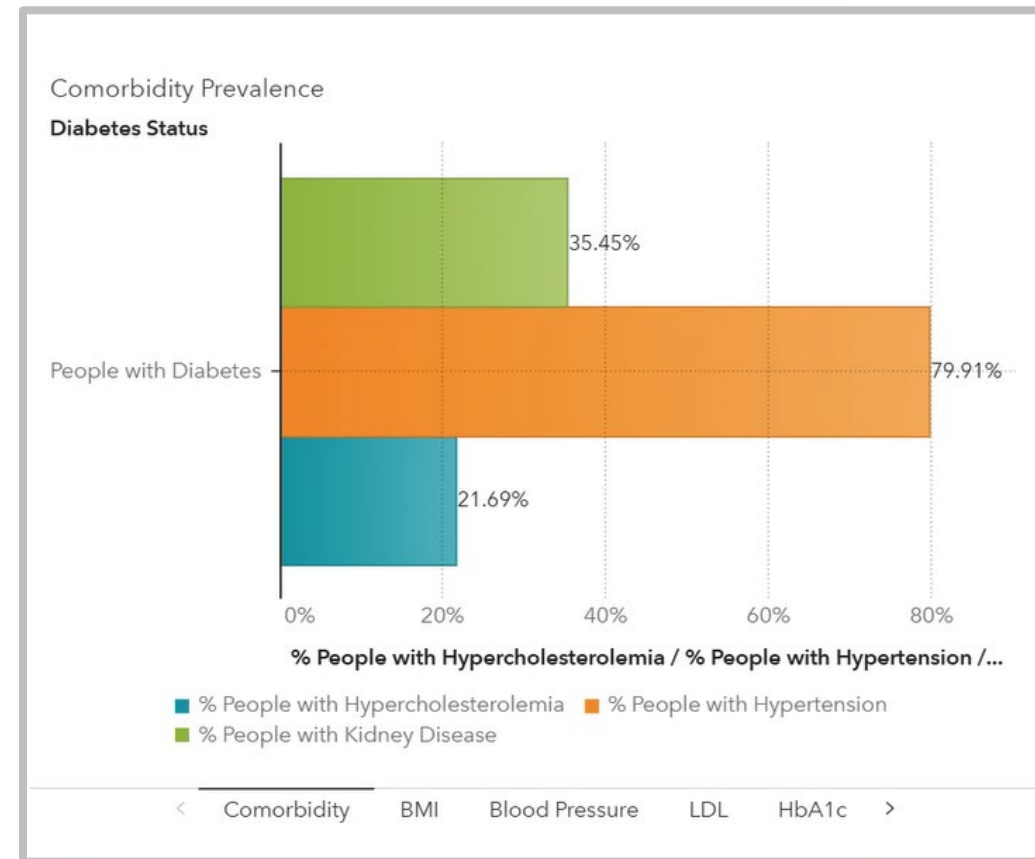
Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

Objective 5: Build, Enhance, and Support Chronic Disease Surveillance Tools Supporting The Statewide Stroke And Diabetes Registries

Leveraging NC HealthConnex Data To Assess Forever Chemicals Exposure Risks In North Carolina Drinking Water

- Reviewed a use case to explore potential health impacts of per- and polyfluoroalkyl substances (PFAS), or “forever chemicals,” in North Carolina drinking water

View from the N.C. Diabetes Registry



Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

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

- Prepared for **data linkage** of the N.C. Department of Adult Corrections Healthcare Electronic Record for Offenders (HERO) and the Offender Population Unified System (OPUS)
- Benchmarked Clinical Portal access for **66 users** that serve justice-involved populations

“Sometimes people are just poor historians, and they don’t tell you about their health. You go to NC HealthConnex and see that there’s existing allergies like penicillin. So that’s a safety net, because if they had gotten sick or gotten an infection, we would know not to give them that drug... it keeps them safe.”

- Nurse, Wake County Jails



Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization



Cultivate Stability by Expanding HIE Services and Their Utilization

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

Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

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

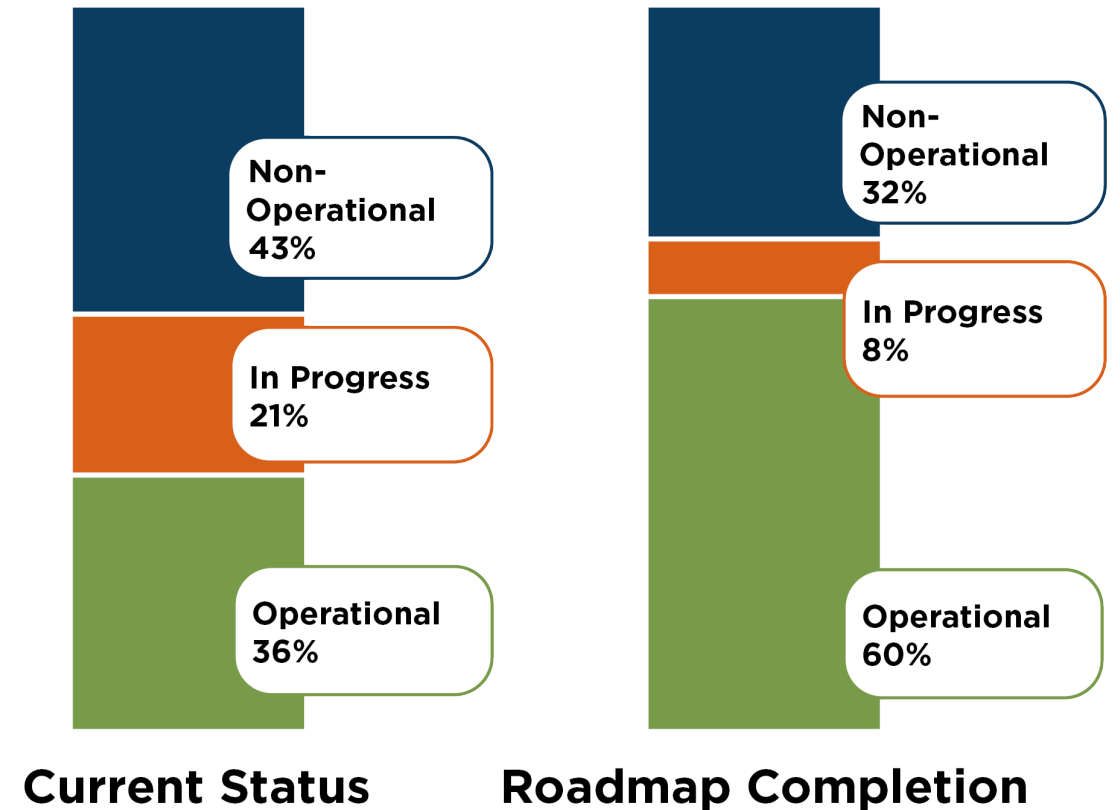
Understanding NC HIEA's Health Data Utility Maturity

- Benchmarked at an overall Capability Index score of 77 out of 100 with 81% of foundational capabilities already in place

Exploring Access To The Clinical Portal For Clinically Integrated Networks

- Exploring a legal pathway that would allow Clinically Integrated Networks (CINs) and Accountable Care Organizations (ACOs) to access the Clinical Portal for care coordination

Health Data Utility Capability Status



Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

Objective 2: Institute Additional Governance and Oversight Exploring NC HIEA Staff Vision For A Formal Governance Framework

Exploring a Future State for Governance at NC HIEA

“Whole person care doesn’t start and stop with clinical health; it includes social factors, too... like making sure someone’s utilities are running so they can keep their medications cold. Success in our governance is building a framework in which we can support whole person care to include use cases beyond HIPAA covered entities.”

- *Jenell Stewart, Assistant Director, Health Analytics & External Services*

Use Case Workgroup received **3 use cases** and approved the Familiar Faces Project for further exploration

Clinical Data User Group broadened recruitment efforts and successfully engaged **40 new members**

Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

Objective 4: Collaborate with Clinical Research

Developing Policies and Procedures for Research



By the Numbers:

7 interviews conducted

3 HIEA research models reviewed

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

Advancing NC HealthConnex Awareness Through Digital Marketing

- Goal of the partnership is to increase awareness of NC HealthConnex, increase adoption and utilization of services offered and cultivate positive impressions and relationships with health care providers in North Carolina

Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

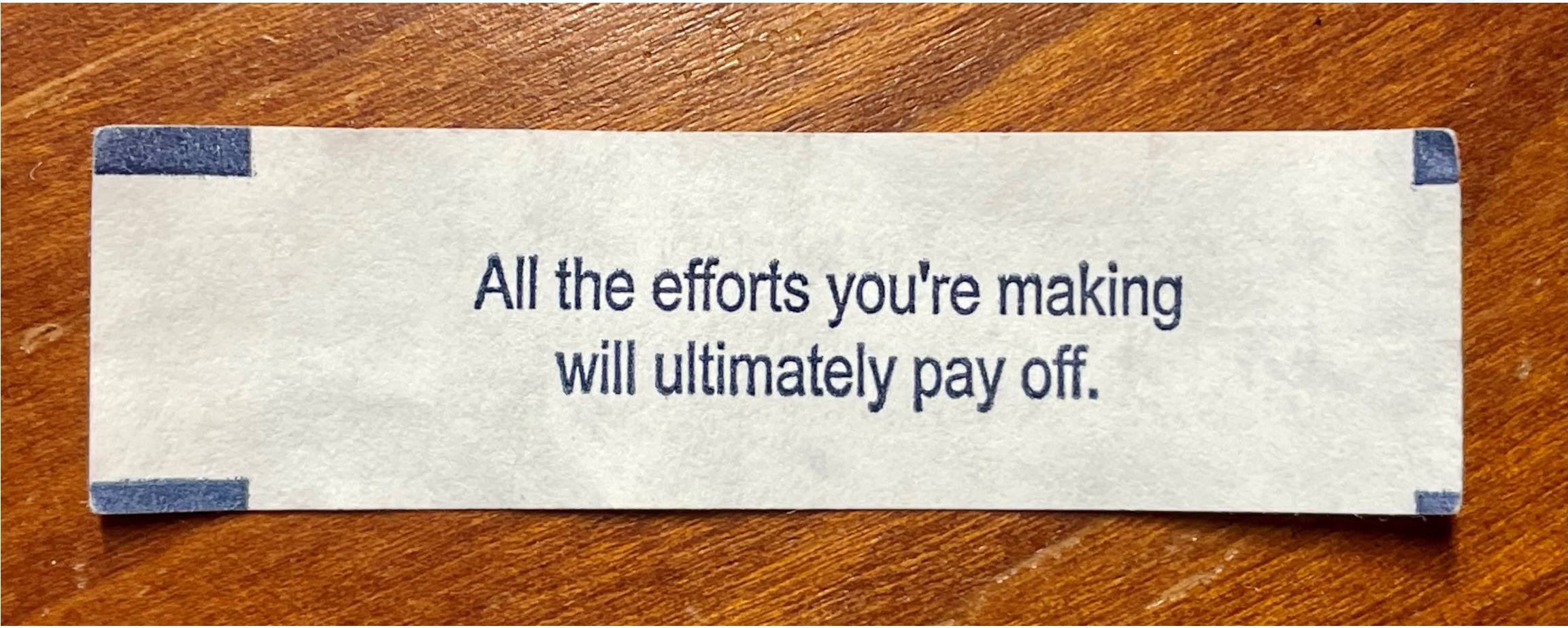
Objective 3: Promote Training and Support NC HealthConnex Adoption and Use

NC HealthConnex Training Excellence

- In 2025, NC HIEA simplified the process for requesting training to allow users to schedule directly with a trainer via a booking system
- Delivered **58 live trainings** and over **300 providers** attended quarterly events
- In partnership with NC Medicaid as well as the Area Health Education Centers (AHEC) delivered a training focused on how NC HealthConnex can support high quality case management to over **90 care managers**



Final Thoughts



All the efforts you're making
will ultimately pay off.



Break



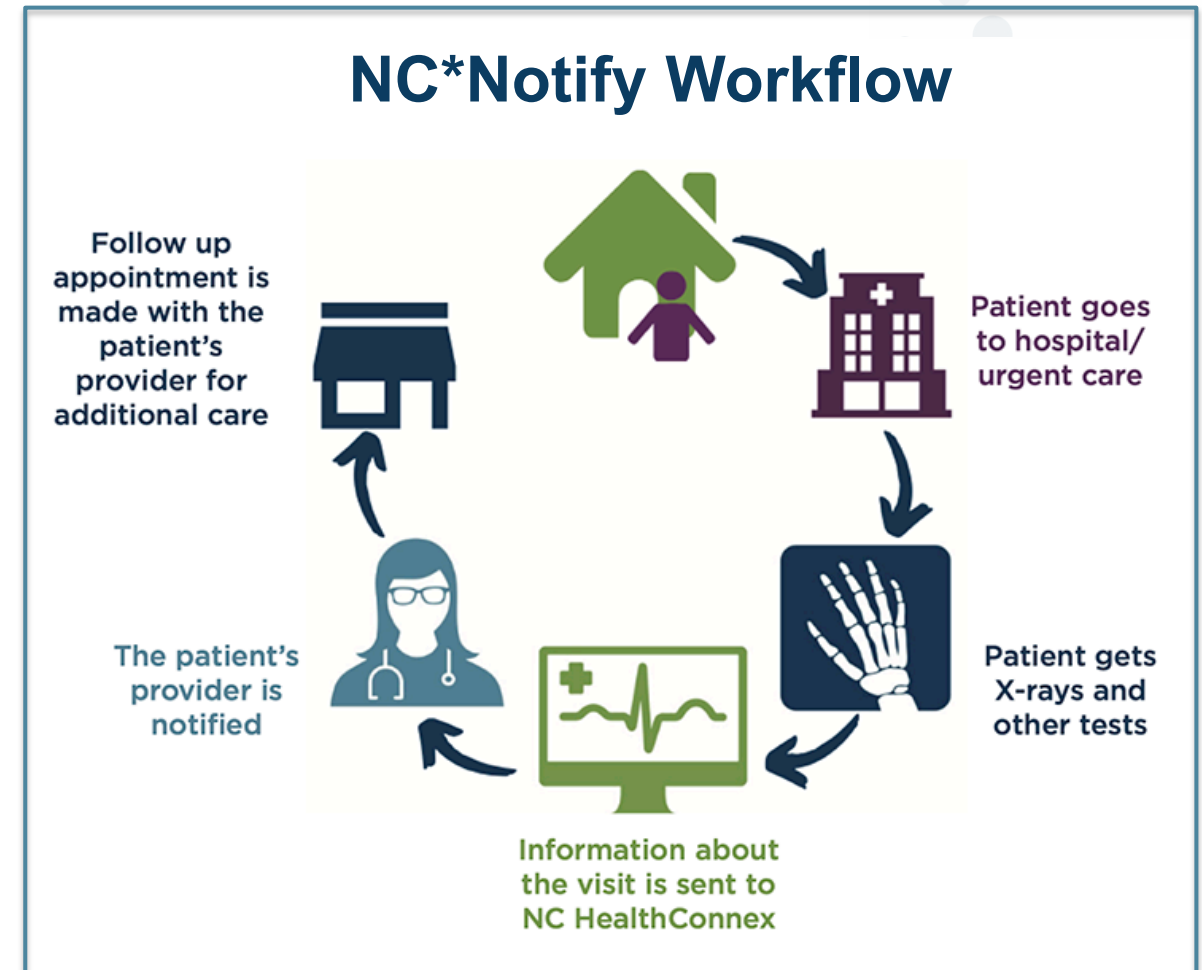
NC*Notify Upgrade

NC*Notify – Base vs. Plus Tier

Base Tier - “Simple” Alert triggers;
delivered via HL7 v2 or Flat File

Plus Tier - Leverages a solution from
Point Click Care (PCC)

- More complex alerts
- Track follow-up activities using a Dashboard
- *Legacy product being sunset*



Benefits of Upgrading NC*Notify Plus Tier

Opportunity to integrate with PCC's national ADT and CCD data

Modern user interface integrated with the NC HealthConnex Clinical Portal

Supports all current alert types; ability to create custom alerts

Patient readmission risk scoring; population level reports

Supports Part 2 data

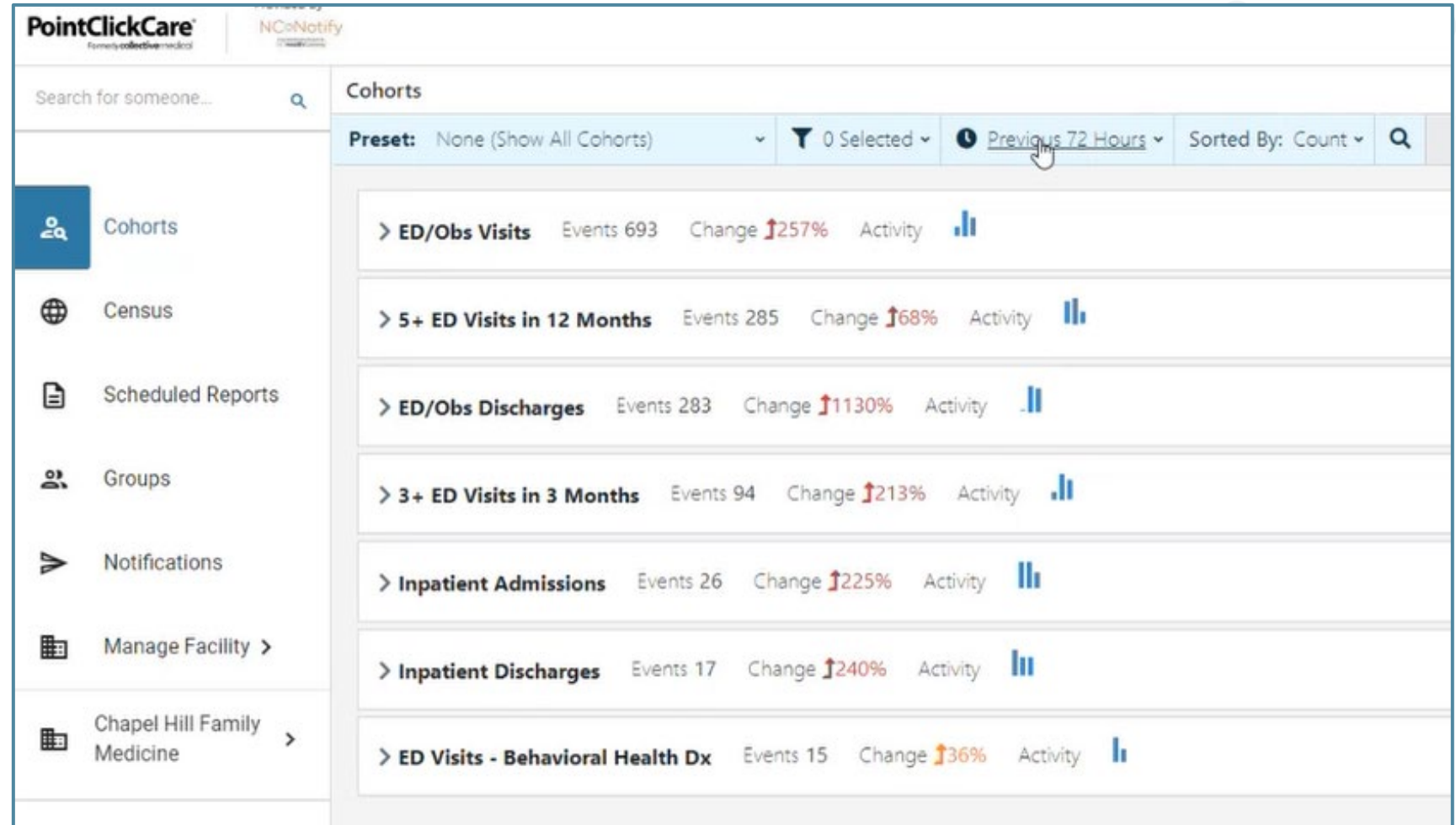
Enhanced service usage and performance reports

Feature Comparison

Feature	Upgraded Platform	Current Platform
Single Sign-On to PCC	X	X
Standard and Custom Alerting	X	X
National Data from the PCC Network	X	
Patient Context from PCC to NC HealthConnex	X	
Readmission Risk and Population Health	X	
Enhanced User Activity Reporting	X	

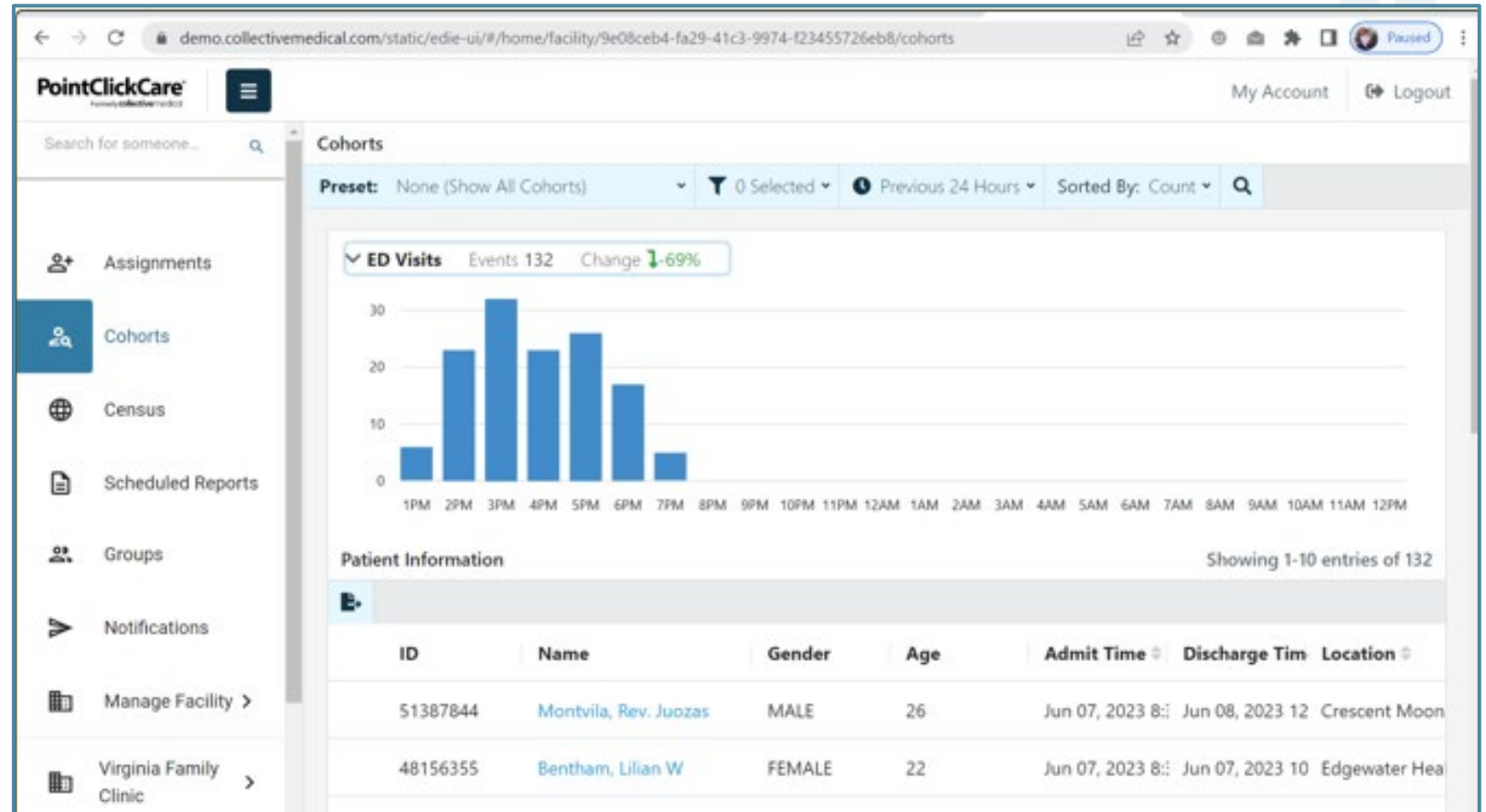
User Interface - Cohorts

- Real-time notifications via text or email are powered when the criteria is met
- Notifications are leveraged for real-time actions/interventions
- Web-based portal houses all encounter data



User Interface – Trends

- Real-time work lists in the portal view surface all patients meeting criteria
- Graph shows time of acute encounters for filtered time frame



User Activity





Project Updates

North Carolina Health Information Exchange Authority

Key Insights to Strengthen NC HealthConnex Adoption

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neimand/collaborative

Research
that drives
change.

Campaign Goal and Purpose

Goal: Increase meaningful, routine use of NC HealthConnex among connected providers to support patient care and care coordination.

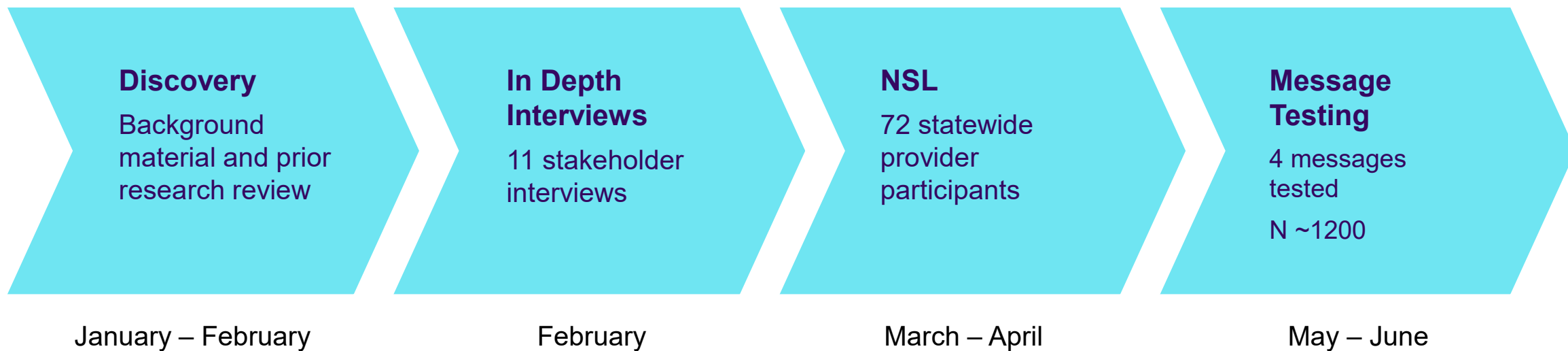
Research Purpose: To inform the messaging and communications strategy, we conducted research to better understand:

- Provider and stakeholder perceptions of NC HealthConnex
- Current patterns of engagement, workflow integration and use behavior
- Barriers to deeper utilization and operational adoption
- Key value drivers, trust factors and messaging opportunities
- How providers distinguish NC HealthConnex from other data-sharing tools and interoperability systems

Research Process

We conducted stakeholder interviews, a statewide provider Neimand Strategy Lab (NSL), and message testing to understand both operational realities and communication opportunities.

Progress to Date



Core Findings

NC HealthConnex Has Strong Conceptual Value

NC HealthConnex is widely viewed as foundational statewide infrastructure that connects fragmented patient information across North Carolina's healthcare systems

Biggest strengths:

- Providing comprehensive patient history and “a more complete picture”
- Enabling care coordination
- Supporting statewide connectivity

Messaging centered on improving patient care and outcomes emerged as the strongest communications opportunity, resonating more strongly than broader system or operational benefits

Improving patient care and outcomes was identified as **NC HealthConnex's top benefit**
(77%)

The Biggest Opportunity Is Moving from Connection to Routine Use

- While connectivity is strong, routine operational use remains uneven, with many organizations participating at a minimal or compliance-based level.
- Adoption and engagement are dependent on provider role, workflow context and immediate clinical need, with many providers describing use as situational rather than fully embedded into workflows.
- Providers operate in complex and time-constrained environments, often navigating multiple systems and competing priorities, making sustained engagement less likely when NC HealthConnex introduces additional steps.
- Research suggests the primary strategic opportunity is not increasing awareness of NC HealthConnex broadly but encouraging deeper and more consistent utilization among already connected providers.

Trust, Data Quality and Workflow Integration Drive Adoption

- Workflow integration supports sustained engagement, with providers more likely to use NC HealthConnex when data appears directly in EHRs and supports everyday clinical tasks.
- Trust in the quality and usability of shared data plays a critical role in shaping provider confidence and long-term engagement.
- Providers consistently emphasized the importance of concise, actionable and clinically relevant information that helps support care coordination, reduce duplication, and improve efficiency rather than simply increasing access to more data.
- Engagement appeared strongest when NC HealthConnex was positioned as a practical tool that helps providers deliver better patient care, improve coordination, and work more effectively within existing clinical realities.

62%
said **improved data
accuracy/completeness**
would increase usefulness

Implications

Implications for Communications and Engagement Strategy

The opportunity is not increasing broad awareness of NC HealthConnex but deepening meaningful utilization among already connected providers. Communications must shift from explaining what the system is to reinforcing how it helps providers in practice.

- NC HealthConnex should be positioned as a practical clinical support tool that helps providers coordinate care, access critical patient context and work more efficiently.
- Messaging will likely be strongest when grounded in real-world provider realities—helping them understand when, why and how NC HealthConnex can support everyday care and decision-making.
- Communications can reinforce practical value by emphasizing care coordination, complete patient visibility and workflow efficiency rather than technical functionality alone.
- Reinforcing confidence in NC HealthConnex’s continued progress around data quality, provider participation, and workflow integration will also be an important component of future communications.

Ongoing Message Testing

Ongoing statewide message testing is evaluating which messaging approaches are most motivating, credible and likely to support deeper utilization of NC HealthConnex. The following are being tested:

Complete Patient Care

Delivering the best patient care starts with seeing the big picture. NC HealthConnex is the only platform that gives you a statewide view of patients – across settings, time, and electronic health record systems.

Supporting Better Patient Outcomes

You can't act on what you can't see. From medication information to hospitalizations to test results, NC HealthConnex gives you the details you need – regardless of where it happened or what EHR it's in – so you can support the best outcomes possible.

Time Saving and Efficiency

Spend less time tracking down records and more time focusing on patient care. NC HealthConnex connects patient information across EHR systems in one place.

Better Care Coordination

When patient information is siloed, care is, too. NC HealthConnex brings patient data together into a unified record that follows the patient across providers and EHRs - making it easier to coordinate care and make better clinical decisions.



Data Exchange in Support of Substance Use Disorder (SUD) Treatment and Involuntary Commitment (IVC)

Advancing SUD & IVC Data Exchange: A timely request from Rep Reeder

Rep Reeder asked for recommendations to improve the exchange of data to improve substance use disorder (SUD) treatment and North Carolina's Involuntary Commitment (IVC) process.

Representative Reeder's Request Regarding SUD Data

Mar 25: "I think it would be an important advancement to include BH/SUD into the HIE for both ongoing clinical care and data analysis. I am supportive. What can I do to help move things along? If you think we need legislative changes, I'd love to be able to introduce in the short session."

Representative Reeder's Request Regarding IVC Data

Apr 17: "If you are able to help with data exchange in the other parts of the IVC process it would be great to include. I recognize that we may have to implement in parts and pieces, but ideally we would come up with a comprehensive solution."

Advancing SUD & IVC Data Exchange: Initial Outreach

Stakeholder Engagement

To identify near-term opportunities and define a longer-term roadmap, we engaged the following stakeholders.

N.C. Department of Health and Human Services

- **State Health Director...** Larry Greenblatt
- **DHB...** Sarah Gregosky, Larry Mull
- **DMH...** Carrie Brown, Kelly Crosbie, Saarah Waleed
- **Data Office...** Daniel Carnegie

N.C. Department of Information Technology

- **N.C. Longitudinal Data Service...** Trip Stallings
- **Government Data Analytics Center...** Nitya Ganapthy
- **Privacy/Security...** Martha Wewer

External Stakeholders

- **NC Collaboratory...** Jeni Corn
- **UNC School of Medicine...** Kevin Fitzgerald

Topics Discussed

1. Confirmation of barriers to exchange
2. Discussion of potential roles to design and develop solutions
3. Resources required to move forward

SUD Data Exchange: The Challenge and Current State

Challenge

The exchange of SUD information (particularly from facilities subject to 42 CFR Part 2 regulations) is not supported by NC HIEA which limits insights into the care needs of vulnerable populations

Current State

National Landscape

- **Fed Laws:** Transmission of information from SUD providers is subject to federal rules that require individuals' consent to share the information with authorized users.
- **Patient Consent:** Only a few robust, user-friendly electronic consent management platforms have been deployed.
- **Bottom Line:** As of 2024, 68% of substance use and mental health treatment facilities used an EHR, but only 19% reported participating in an HIE.

North Carolina

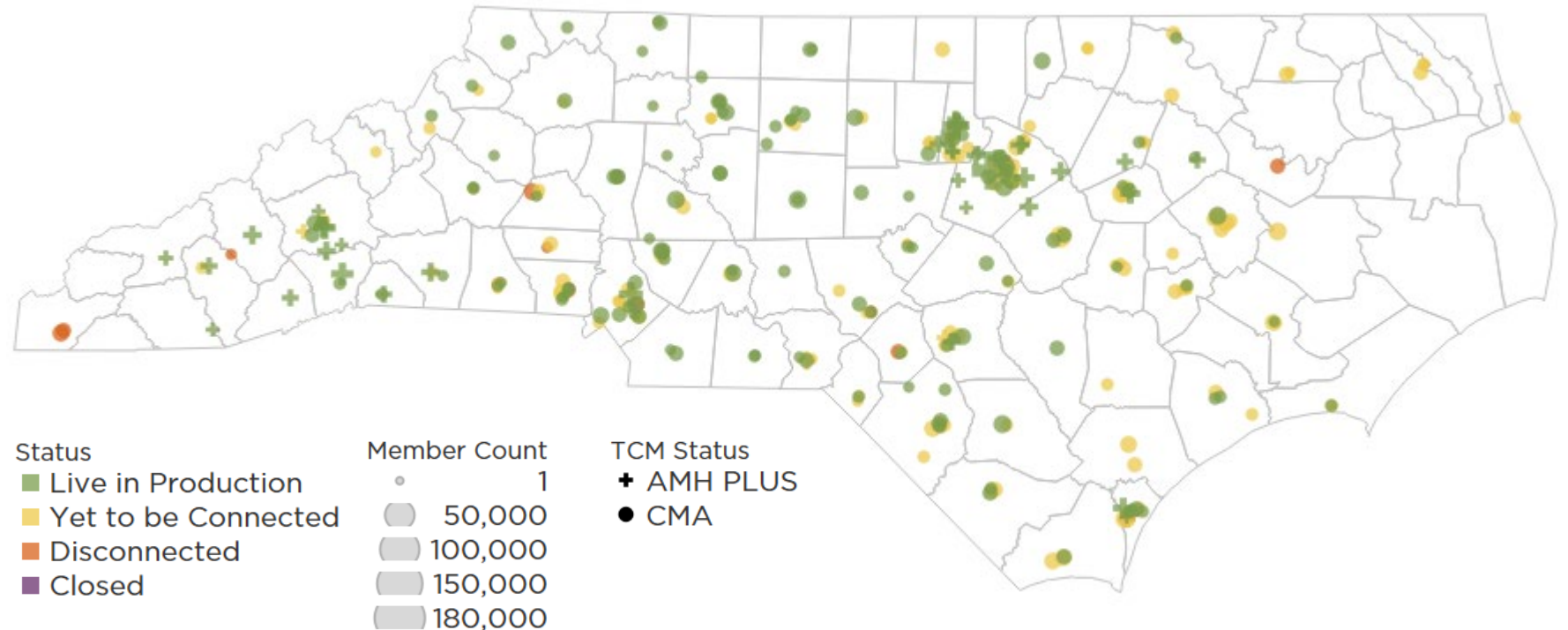
- **NC Law:** NC HIEA's authorizing law prohibits Part 2 programs from transmitting data to NC HealthConnex.
- **Patient Consent:** Patients do not provide consent for their treating providers to share or receive data via NC HealthConnex.
- **Consent Management Infrastructure:** NC HIEA does not have the technical or operational infrastructure to manage patient consents.

SUD Data Exchange: NC Medicaid TCM Providers' Connectivity

Behavioral health providers' connectivity to NC HealthConnex has steadily increased, but gaps remain.

Current Connectivity of Tailored Care Management Providers (AMH+ & CMA) to NC HealthConnex

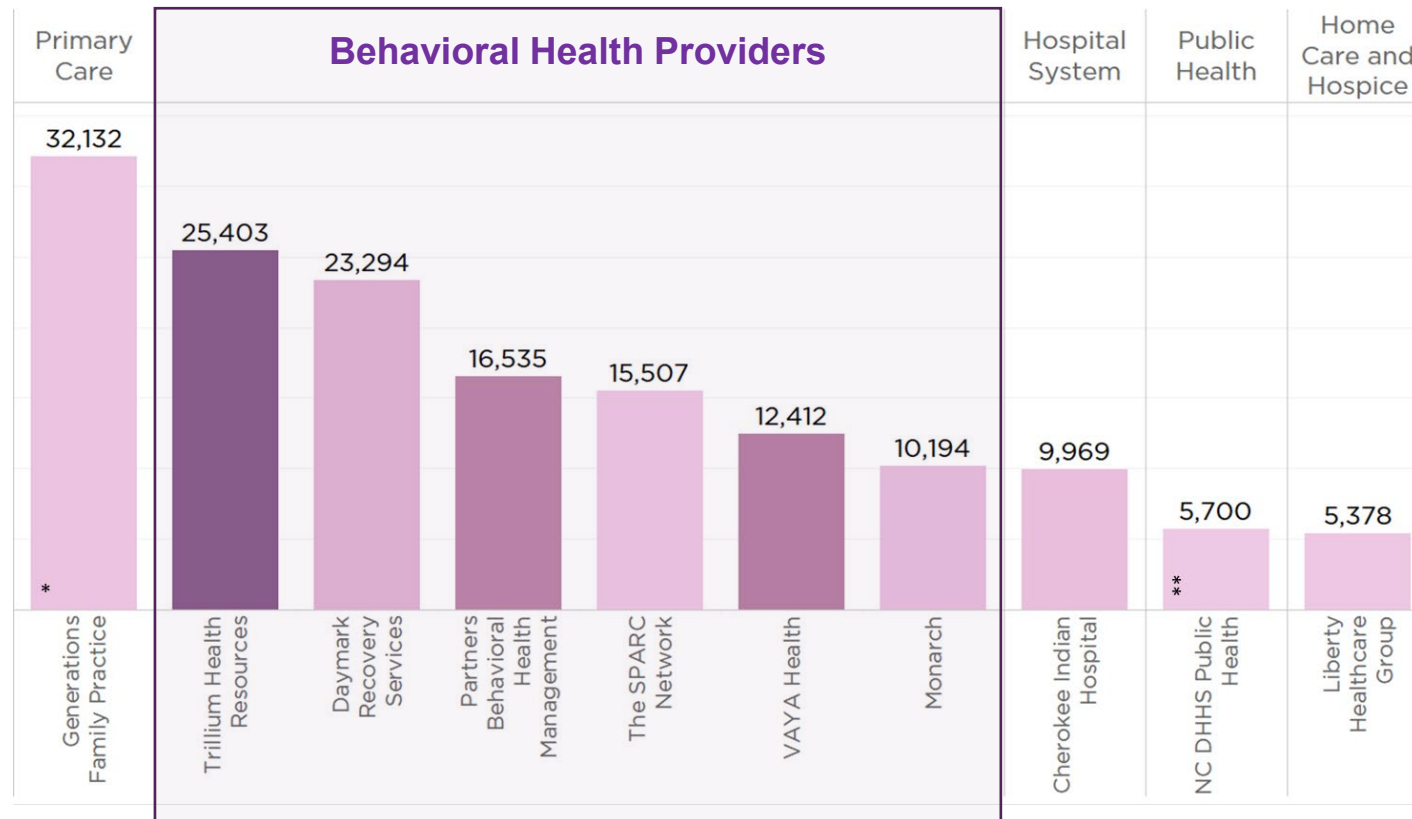
- TCM providers support members with significant behavioral health needs, I/DD, or TBI who need intensive care coordination.
- NC HealthConnex near real-time clinical data and alerts strengthen care planning for these complex members.
- Care planning is enhanced when TCM providers also submit data, giving broader care teams a more complete picture.



SUD Data Exchange: Providers' Use of NC HealthConnex Clinical Portal

Behavioral health providers are some of the most intensive users of NC HealthConnex's Clinical Portal.

Top 10 NC HealthConnex Portal Logins by Provider Type and Member Count in 2025



- The Clinical Portal provides a single, web-based point of access to cross-provider clinical histories including patient search, Medicaid claims, event notifications, Direct Secure Messaging, and CSRS reports.
- NC HIEA participants can access the NC HealthConnex Clinical Portal as soon as they sign a participation agreement, before they are live submitting data.

Member Count



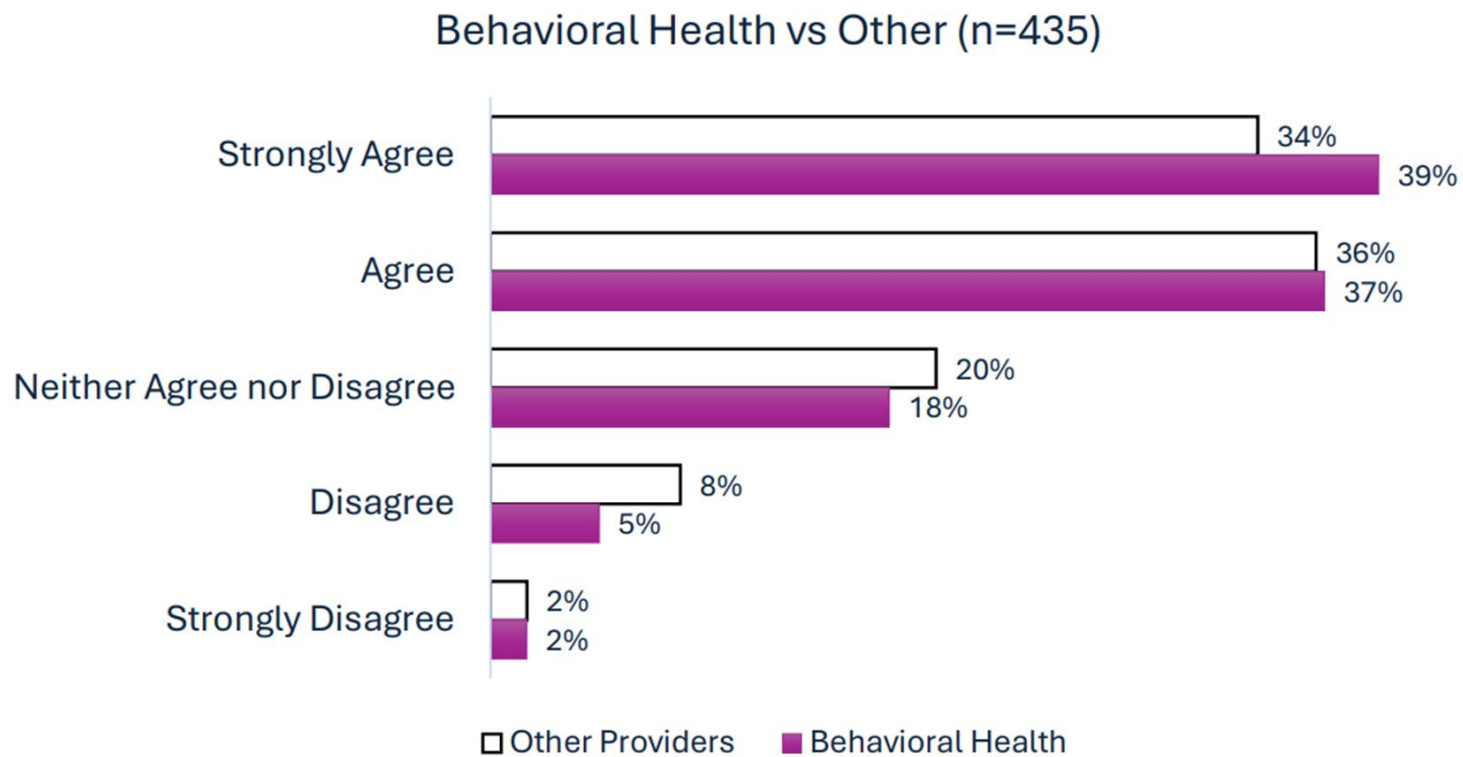
*Generations Family Practice employs an automated data-scraping service to extract portal information for population health management activities.

**No associated member count data is included or reflected in NC DHHS Public Health.

SUD Data Exchange: Impact of Accessing HIE Data

Behavioral health providers find significant value in accessing information from the Clinical Portal.

Provider Response Rates to the Question: “Information in the Clinical Portal helps me provide more informed care”



SUD Data Exchange: Vision and Proposed Goals

Long-term Vision

Providers and care teams have timely access to accurate and complete information on SUD diagnoses, treatments, laboratory results, and prescriptions from clinical and claims data.

Proposed Goals

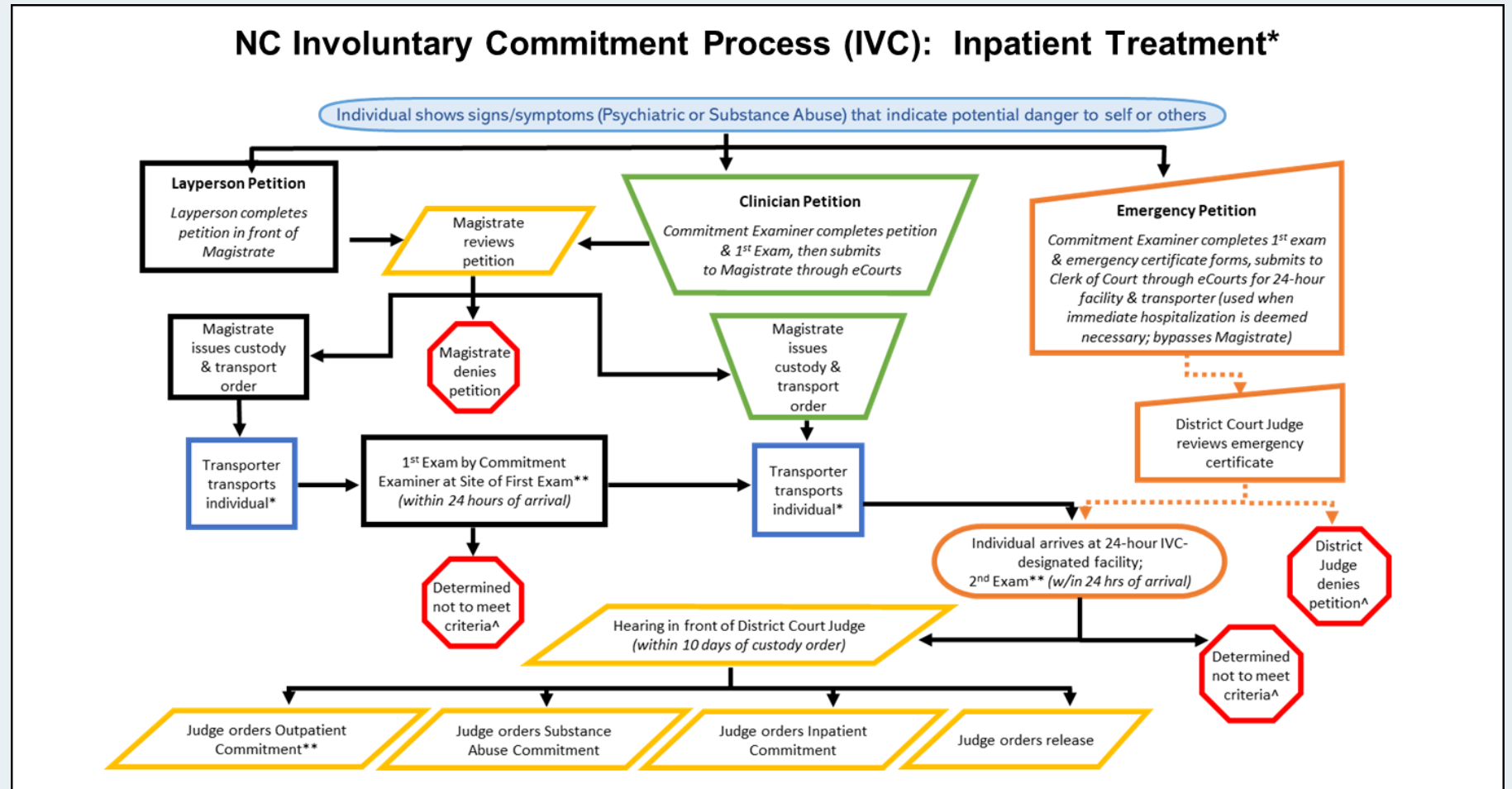
1. Develop the technical, operational, and legal framework for NC HIEA to receive and manage consent
2. Develop the technical and operational capabilities to exchange 42 CFR Part 2 regulated data based on patients' consent directives
3. Expand the number of 42 CFR Part 2 facilities' transmission of data to NC HIEA
4. Claims data transmitted from health plans to NC HIEA includes SUD information

IVC Data Exchange: The Challenge and Current State

The Challenge

The health and justice data systems are intentionally maintained as separate systems, which limits opportunities for data sharing to inform decision-making and care delivery.

Current State



IVC Data Exchange: Vision and Proposed Goals

Long-term Vision

- Designated health service providers have access to healthcare information and criminal justice data in near real time to inform IVC decision-making.
- With access to more complete and timely information, providers can identify repeat crisis patterns, understand treatment histories, and intervene earlier.

Proposed Goals

1. Collect IVC data in a consistent, machine-readable format
2. Provide near real-time data to inform IVC decisions
3. Route data to authorized individuals
4. Aggregate data to inform reporting and evaluation

Advancing SUD & IVC Data Exchange: Proposed Planning Process

Planning Scope

- **Address Both SUD and IVC Data:** While there are distinct barriers to improving exchange of SUD and IVC data, there is value in addressing them concurrently given the overlapping infrastructure needs and consent considerations.
- **Duration:** 12 months (once funding is secured)
- **Stakeholders:** The planning process will engage: providers, health plans, state and local government agencies, advocacy groups, and patients/family members.

Planning Objectives

The planning process will define the key considerations and options to address the legal, technical, operational, and financial requirements for:

1. A statewide consent solution for data covered by 42 CFR Part 2 regulations
2. Expansion of 42 CFR Part 2 facility transmission of data
3. A statewide, standardized process to collect IVC data in a machine-readable format
4. A statewide solution to collect, store, and route IVC information

Planning Process

Facilitation and Coordination

The planning process will be coordinated by NC HIEA in partnership with DMH and DHB.

Funding

NCDHHS and NCDIT plan to leverage state funds to drawdown federal matching funding (9:1 ratio)

Dependencies

- Receipt of SFY 26/27 funding to serve as matching funds
- Development and submission of a Medicaid Planning Advanced Planning Document (P-APD)
- CMS Approval of the P-APD
- Statutory changes to permit 42 CFR Part 2 facilities to transmit data to NC HIEA

Advancing SUD & IVC Data Exchange: Request for Rep Reeder

On May 15, NC HIEA transmitted the following requests to Representative Reeder:

Appropriations

SUD and IVC Data Exchange Planning

- **\$212K (NR)** to drawdown \$1.9M in federal funds (9:1 match) to support a statewide planning process for SUD & IVC data exchange

Underlying Operational Needs

- **\$3.8M (NR)** for provider connections, increased hosting and infrastructure costs, and upgrades to systems and services
- **\$300K (R)** for a senior-level position to address NC HIEA's operational needs including those for SUD and IVC data exchange

Statutory Changes

- **Modify NC HIEA's authorization legislation to allow SUD providers to transmit information to NC HIEA** by adding subsection (c2) to G.S. 90-414.4 as follows: *"(c2) 42 C.F.R. § 2 Records. – Notwithstanding subsection (b) of this section, patient records protected by 42 C.F.R. § 2 shall be disclosed through the HIE Network only if the Authority has provided written notice to the participating entity that data protected by 42 C.F.R. § 2 can be disclosed for a specific purpose."*
- **Strengthen NC Medicaid involvement in NC HIEA** by establishing NC Medicaid as a voting member of the NC HIEA Advisory Board.

Advancing SUD & IVC Data Exchange: Next Steps

1. **Receive and address feedback from Representative Reeder**
2. **Prepare for P-APD planning process** (depending upon the availability and amount of state funds)



HIE Medicaid Services:

1. Quality, Population Health, and Evaluation Use Cases
2. H.R.1 (Medicaid Eligibility Work Requirements)

HIE Medicaid Services (HMS) Updates

Finalizing Requirements for Transitions of Care (TOC) to Support Care Management

We are completing requirements and design for the TOC use case to support beneficiaries when they change health plans, reducing administrative burden and the number of extraneous interfaces. This includes building the Payer Claims Database (PCDB) to store Medicaid claims and encounter data. Estimated go-live: Fall 2026



Advancing the HMS Early Adopters Program

We are continuing to engage with our Cohort 1 Early Adopters participants across the Digital Quality Measures (dQM) and Health-Related Social Needs (HRSN) screening use cases.



Updating Federal Funding Requests (OAPD/IAPDs)

We are refreshing our multi-year federal funding requests via the Operational Advance Planning Document (OAPD) and two Implementation Advance Planning Documents (IAPDs) to ensure continued support for NC HIEA operations and upcoming HMS priorities. Our Federal Fiscal Year 2027-2028 OAPD update has been approved by CMS.



Expanding the HMS Team at HIEA

We continue to build capacity with new roles including the Care Management Analyst, Technical Assistance Coordinator, two Clinical Terminology Specialists, and Clinical Informaticist.

HMS Updates: Supporting Work Requirements Under H.R.1

- H.R.1 (One Big Beautiful Bill Act) requires states to conduct Medicaid eligibility renewals for expansion adults every 6 months rather than annually, and to verify compliance with new work requirements.
- To reduce manual work for county case workers and help ensure eligible members are identified quickly and accurately, NC HIEA will evaluate seven health-related work exemption indicators for DHB:

Pregnant or Postpartum

Has a Physical, Intellectual, or Developmental Disability

Has a Disabling Mental Disorder

Short-term Hardship: Travel for Treatment

Has a Substance Use Disorder

Has a Serious or Complex Medical Condition

Short-term Hardship: High Acuity Services (e.g., inpatient hospital services, nursing facility)

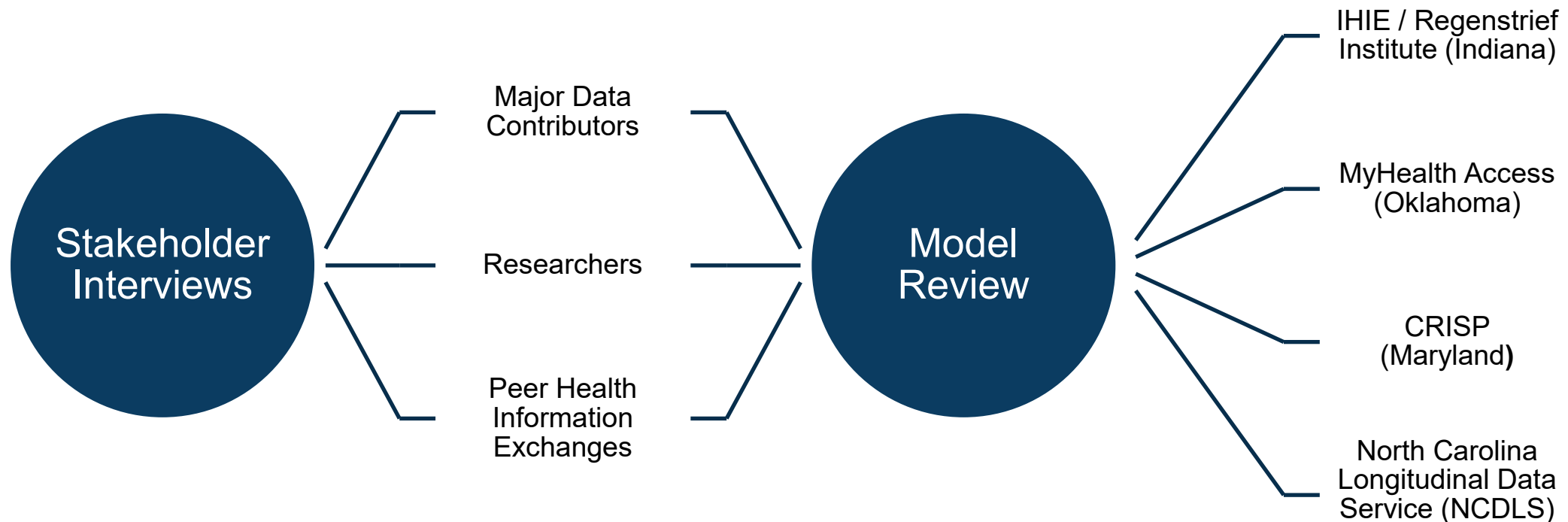
- This information will be exposed to Medicaid's eligibility system (NC FAST) via an Application Programming Interface (API). Supporting clinical logic used to identify exemptions will be provided to NC Medicaid via the existing Priority Data Element files on a monthly basis to support auditability.
- **Current Progress:** The team has developed drafts of the API specification and Audit Extract File and continues to work with DHB on defining the clinical exemptions outlined above.



Research Protocols

Purpose & Process

NC HIEA has a need to develop a governance framework that would guide the disclosure of health data for academic research purposes. (N.C. Gen. Stat. § 90-414.7(b)(2))



Proposed Research Models

Direct NC HIEA Governance & Disclosure

- **Governance:** NC HIEA holds full authority over governance and disclosure
- **Processes:** NC HIEA establishes and manages full research request processes
- **Operations:** NC HIEA executes agreements and manages secure and compliant data access, use, and removal

Trusted Third Party Linkage

- **Governance:** NC HIEA retains authority; NCLDS serves as the trusted intermediary
- **Processes:** NCLDS applies its well-established research request and review framework
- **Operations:** NCLDS manages secure data linkage and compliant data access, use, and removal

Delegated Academic Research Partnership (NC HIEA + Academic Institution)

- **Governance:** NC HIEA delegates defined governance and disclosure responsibilities
- **Processes:** Academic partner applies its research request and review processes
- **Operations:** Academic partner manages secure and compliant data access, use, and removal under NC HIEA oversight





New Business