

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

October 24, 2024
Advisory Board Meeting





Welcome & Call to Order

North Carolina Health Information Exchange Authority

Overview of Topics



1. Advisory Board Composition
2. NC HIEA Operations Update
3. Discussion of NC HIEA Priorities
4. Upgrade Update and Clinical Portal Demo
5. Medicaid Funding Update
6. Roadmap 2030
7. Health Data Utility Update
8. NC HealthConnex Coverage Maps
9. New Business



Advisory Board Composition:

1. Member Terms Ending
2. Potential New Seats
3. Q4 Meeting Date



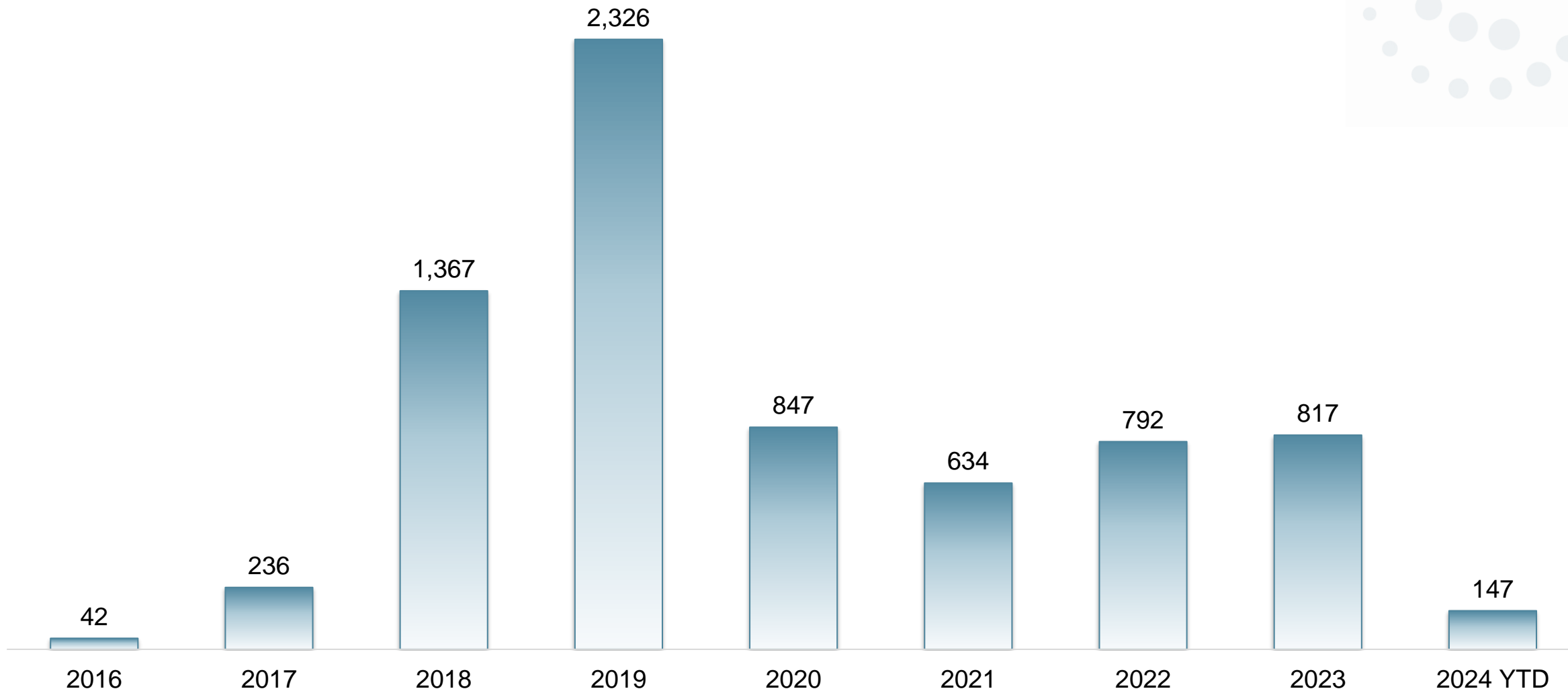
Operations Updates:

1. Metrics
2. Budget & Contracts
3. Staff
4. Hurricane Response

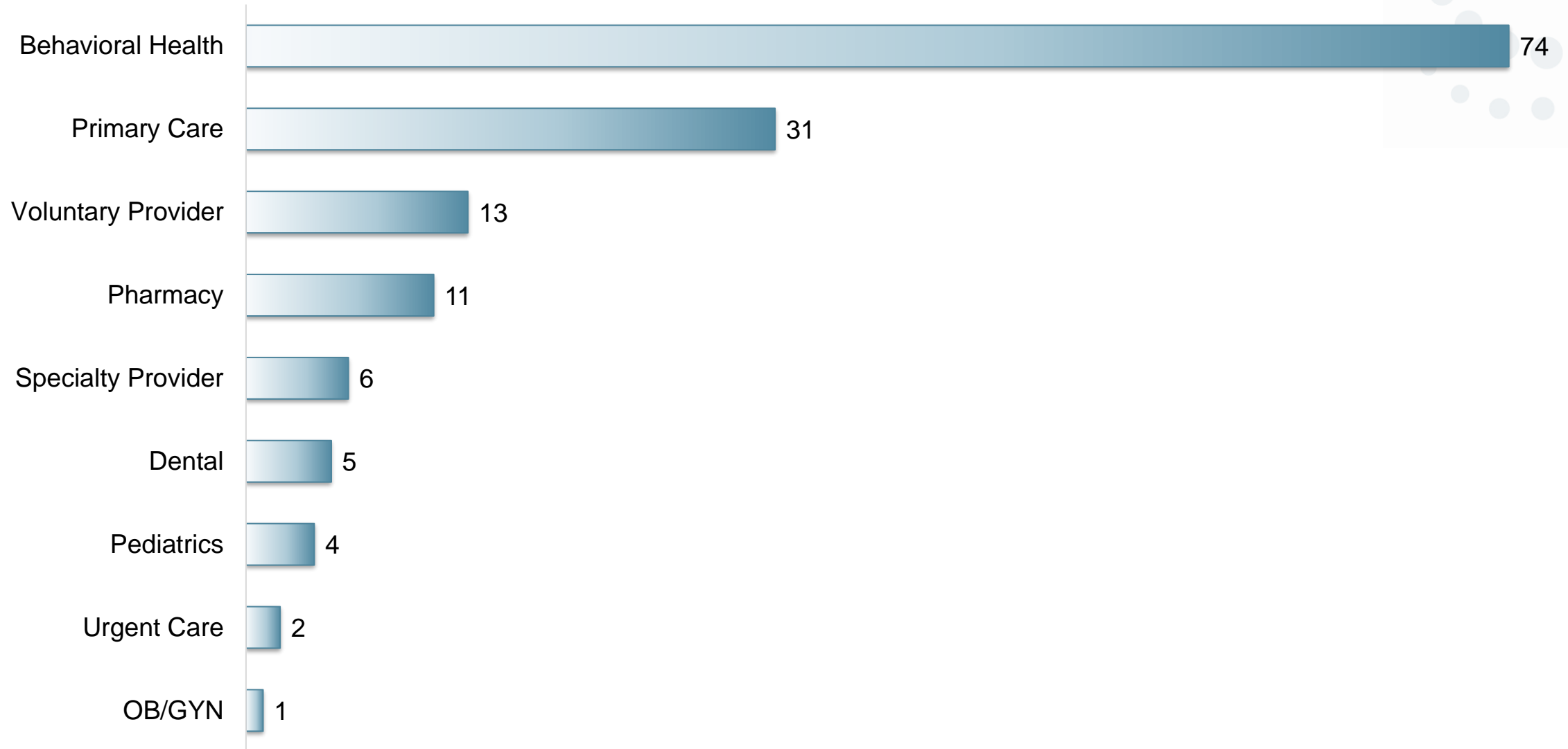
Metrics Handout



Participation Agreements by Year



2024 Agreements by Provider Type



Budget & Contract Update

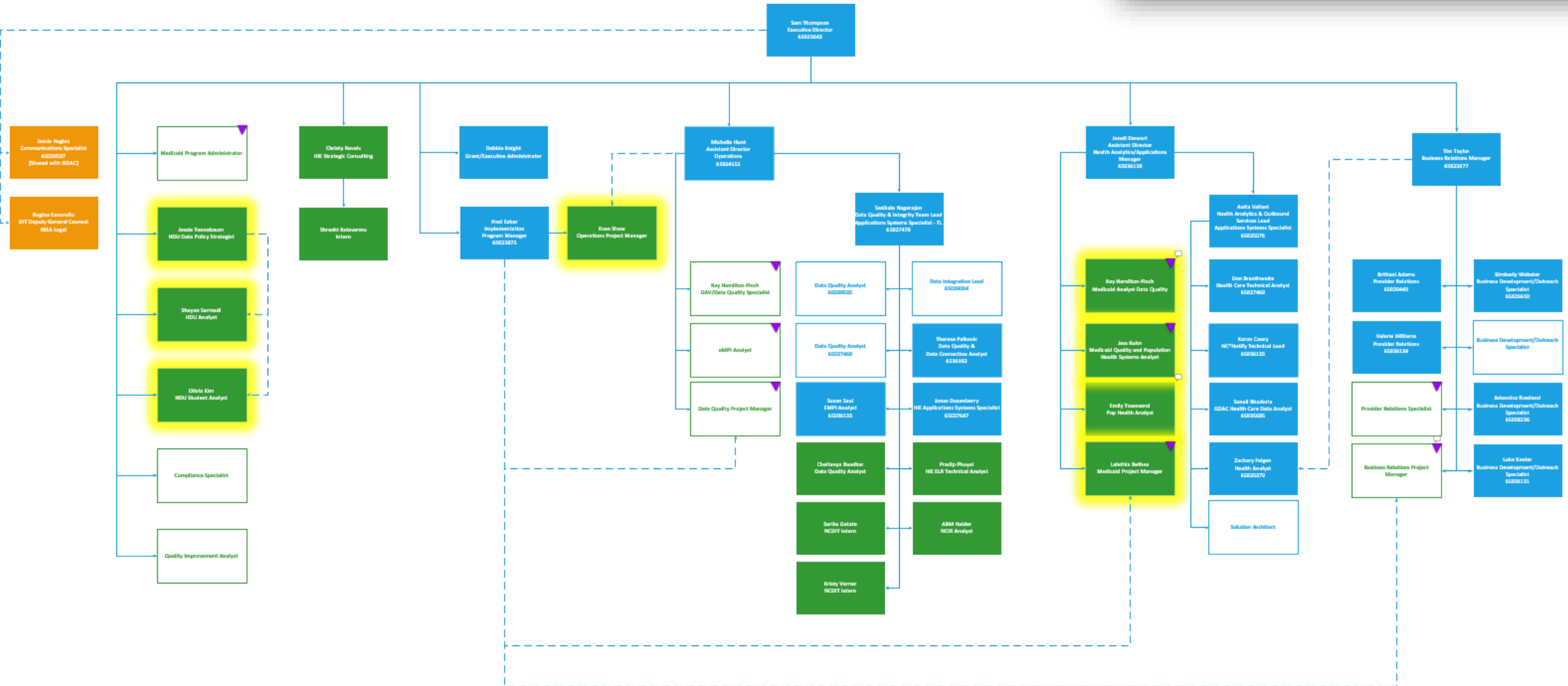
- State Fiscal Year Began July 1
- General Fund appropriation for FY24-25 –
 - *Base Appropriation:* \$13,384,204
 - *New Appropriation:* + \$2,200,000
 - *Nonrecurring:* + \$3,800,000
 - ***Total =*** **\$19,384,205**
- Multiple Advanced Planning Documents undergoing CMS review
- SAS contract:
 - Two addenda executed since previous meeting
 - Working on annual amendment for execution in December
- Renewing Salesforce contract and associated support

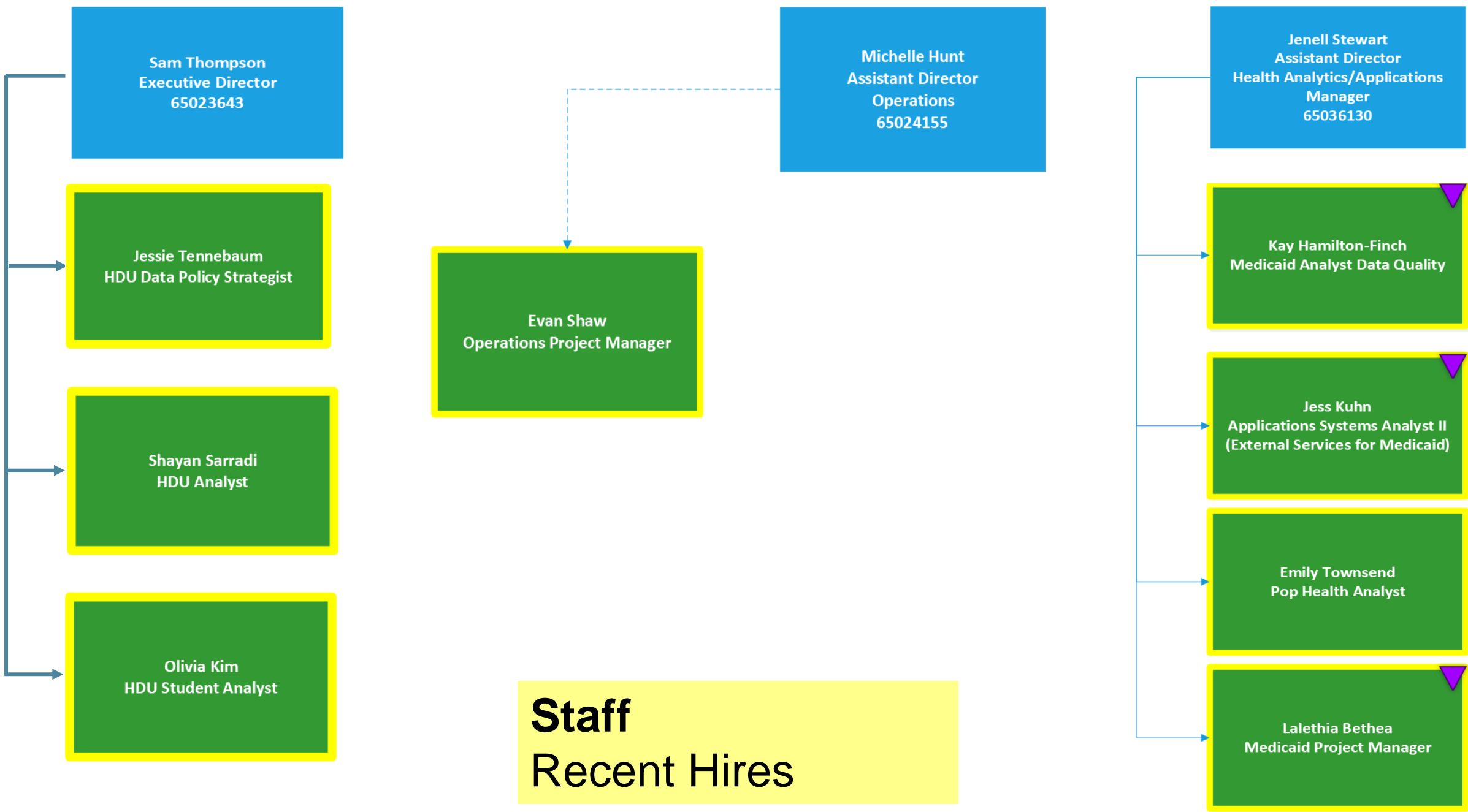


Staff Recent Hires

NC Health Information Exchange Authority
Organization Chart
Current and Hiring – October 2024

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



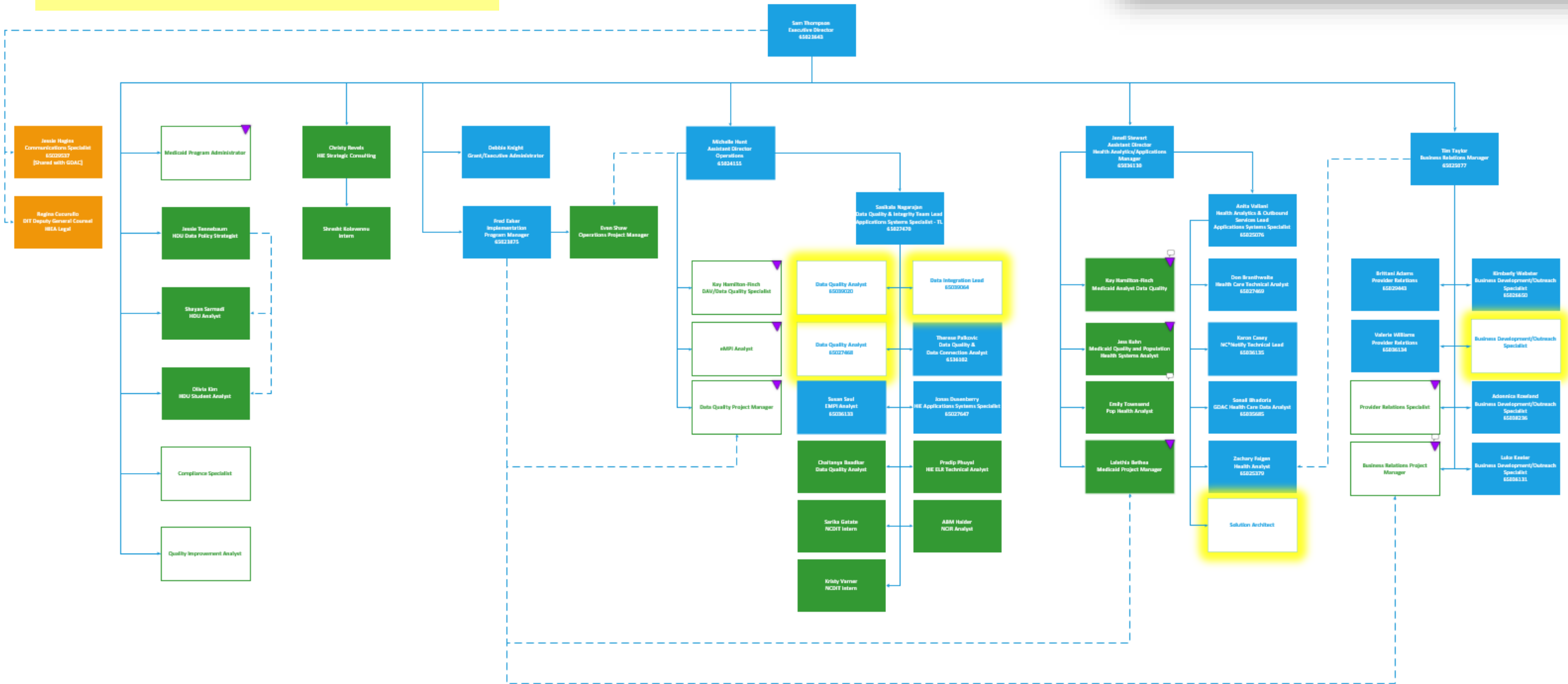


Staff Vacant Permanent Positions

NC Health Information Exchange Authority
Organization Chart
Current and Hiring – October 2024

Blue
Green
Orange
Purple
Grey

State employees
Contracted employees
Non-direct reports, state employees
Medicaid APD-Funded positions
Proposed/transitioning positions





Staff Vacant Permanent Positions

Sasikala Nagarajan
Data Quality & Integrity Team Lead
Applications Systems Specialist - TL
65027470

Data Quality Analyst
65039020

Data Integration Lead
65039064

Data Quality Analyst
65027468

Therese Palkovic
Data Quality &
Data Connection Analyst
6536102

Susan Saul
EMPI Analyst
65036133

Jonas Dusenberry
HIE Applications Systems Specialist
65027647

Anita Valiani
Health Analytics & Outbound
Services Lead
Applications Systems Specialist
65025076

Tim Taylor
Business Relations Manager
65025077

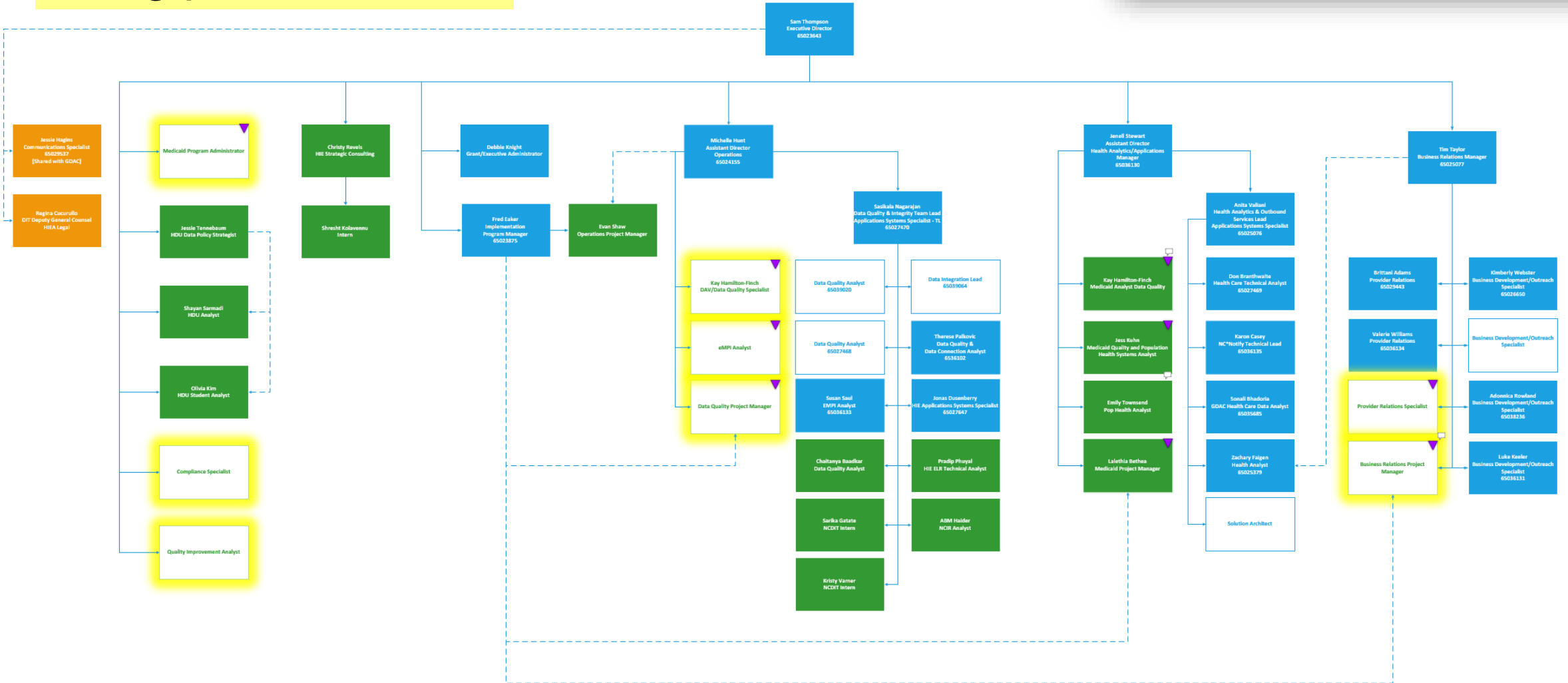
Solution Architect

Business Development/Outreach
Specialist

Staff Contract positions in hiring process

NC Health Information Exchange Authority
Organization Chart
Current and Hiring – October 2024

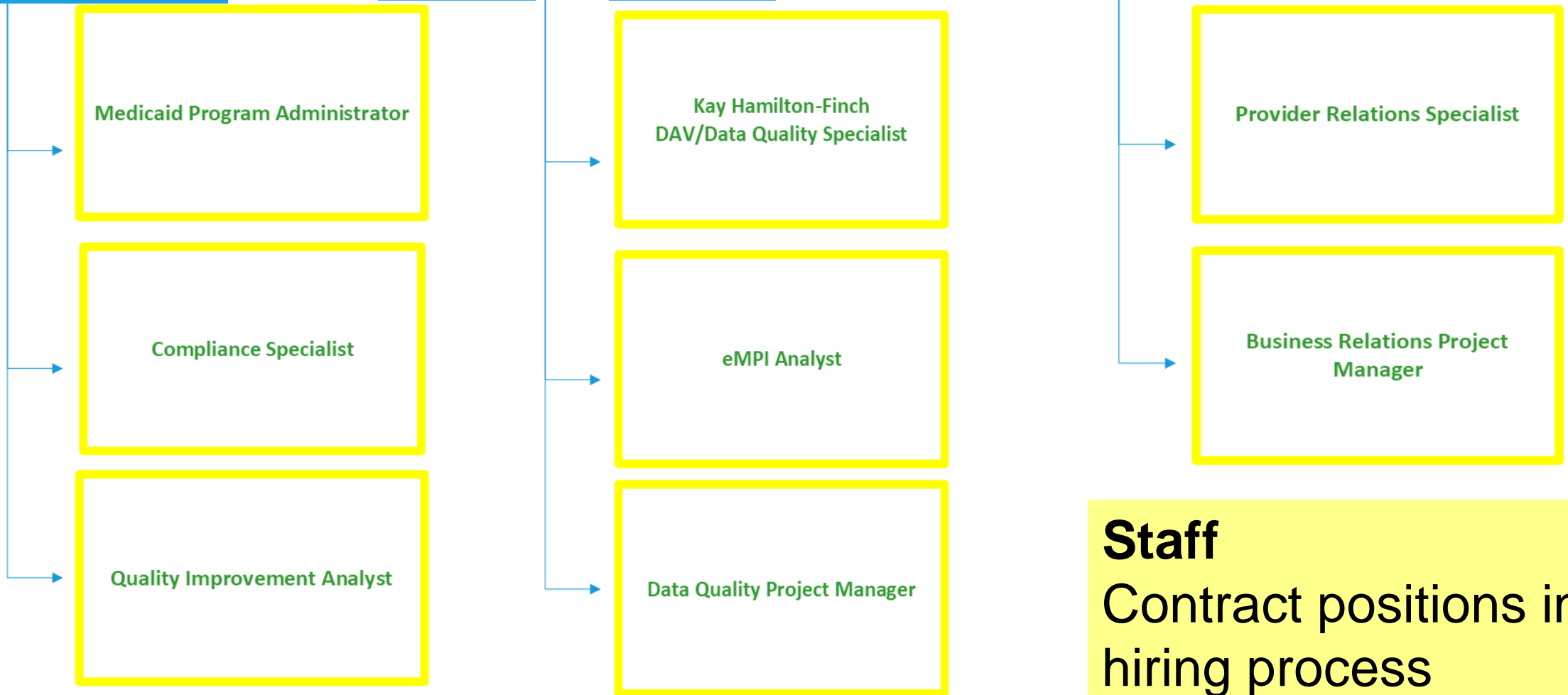
Blue State employees
Green Contracted employees
Orange Non-direct reports, state employees
Purple Medicaid APD-Funded positions
Grey Proposed/transitioning positions



Sam Thompson
Executive Director
65023643

Michelle Hunt
Assistant Director
Operations
65024155

Tim Taylor
Business Relations Manager
65025077



Staff
Contract positions in
hiring process

Hurricane Response

- Ensuring access to the Clinical Portal
- Researching vulnerable populations

The NC HealthConnex team is committed to supporting those most in need in western North Carolina impacted by Hurricane Helene. The [NC HealthConnex Clinical Portal](#) is a web-based application that allows providers to access critical clinical information such as medical history, medications and treatment plans for displaced patients.

Here are some steps you need to take to gain access based on your current participation status with the NC HIEA.

Portal Access for Providers Affected by Hurricane Helene

The NC HealthConnex team is committed to supporting those most in need in western North Carolina impacted by Hurricane Helene. The [NC HealthConnex Clinical Portal](#) is a web-based application that allows providers to access critical clinical information such as medical history, medications and treatment plans for displaced patients.

Here are some steps you need to take to gain access based on your current participation status with the NC HIEA.

If you currently have a Full Participation Agreement:

- A [Full Participation Agreement](#) and login credentials are required to utilize this service.
- Current participants can request credentials by contacting the NC HealthConnex Help Desk at HIESupport@sas.com. For after hours or weekend support, please call 919-531-2700 for immediate assistance.
- Providers with credentials can access the portal from any web browser by visiting <https://portal.nchealthconnex.net>.
- After searching for a patient, you will need to click “Declare Patient Relationship” to look up patients with whom you do not have a previous treatment relationship. This action will attest that you have a reason to be accessing this patient’s information.
- To get started using the NC HealthConnex Clinical Portal, please see this [Quick Start Reference Guide](#) or [view this demonstration video](#).

Providers who do not have internet access at the site from which they are working:

- If part of your organization has internet access, relay of information from within the Clinical Portal is at the discretion of your organization’s policies, so long as it adheres to the NC HIEA [participation agreement](#).

If you have a Submission Only Participation Agreement:

- You will need a [Full Participation Agreement](#) in order to gain access to the NC HealthConnex Clinical Portal. A Submission Only agreement is not sufficient.
- In order to switch to a Full Participation Agreement, please contact the NC HIEA Provider Relations team via email at hiea@nc.gov or via phone at 919-754-6912.
- In order to facilitate timely patient care, the provider relations team is prepared to expedite requests for affected providers.



Discussion of NC HIEA Priorities

Prioritizing Initiatives

- Accelerate Integration of Prison EHR Data
- Achieve HITRUST Certification
- Align with Trusted Exchange Framework and Common Agreement (TEFCA)
- Develop Disaster Response System
- Enable Exchange of Emergency Medical Services (EMS) Data
- Enable Exchange of Substance Use Data
- Facilitate Exchange of Medical Images
- Permission Clinically Integrated Networks (CIN) and Community-Based Organizations (CBO)
- Support Electronic Filing and Exchange of Advance Directives



Accelerate Integration of Prison EHR Data

The NC HIEA integrates electronic health records from North Carolina's prisons to ensure continuity of care for incarcerated individuals transitioning to other health care systems.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

FACT SHEET

North Carolina Medicaid Reform: Justice-Involved Reentry Initiative

October 2023

In October 2018, North Carolina received federal approval to significantly transform its Medicaid program through the [Medicaid Reform Section 1115 Demonstration](#).

North Carolina is seeking to renew its Medicaid Reform Demonstration for another five-year period to improve health and well-being for all North Carolinians through a whole-person, well-coordinated system of care that addresses both medical and non-medical drivers of health and advances health access by reducing disparities for historically marginalized populations. In line with this overarching goal, and in line with recent federal guidance, North Carolina is seeking federal authority through the demonstration renewal to support reentry into the community for justice-involved individuals.

For additional information on the other initiatives in the demonstration request, see the ["North Carolina Medicaid Reform: Section 1115 Demonstration Renewal Request"](#) fact sheet.

The Issue

Justice-involved individuals—people incarcerated in jails, youth correctional facilities, or prisons—are at higher risk for poor health outcomes, injury, and death than other community members. Justice-involved individuals are particularly vulnerable during the period immediately following release from a correctional setting.¹

Achieve HITRUST Certification

The NC HIEA achieves HITRUST certification to demonstrate the highest standards of data security and compliance.

Readiness

up to 2 months

- Identify key stakeholders
- Define the scope
- Select an authorized external assessor organization
- Readiness Assessment

Remediation

up to 6 months

- Gap Analysis
- Develop Remediation Plan
- Set a time for the Validated Assessment

Validated Assessment

up to 3 months

- Complete the Validated Assessment using the MyCSF tool
- The assessor validates and audits the assessment

HITRUST Quality Assurance Review

1 to 2 months

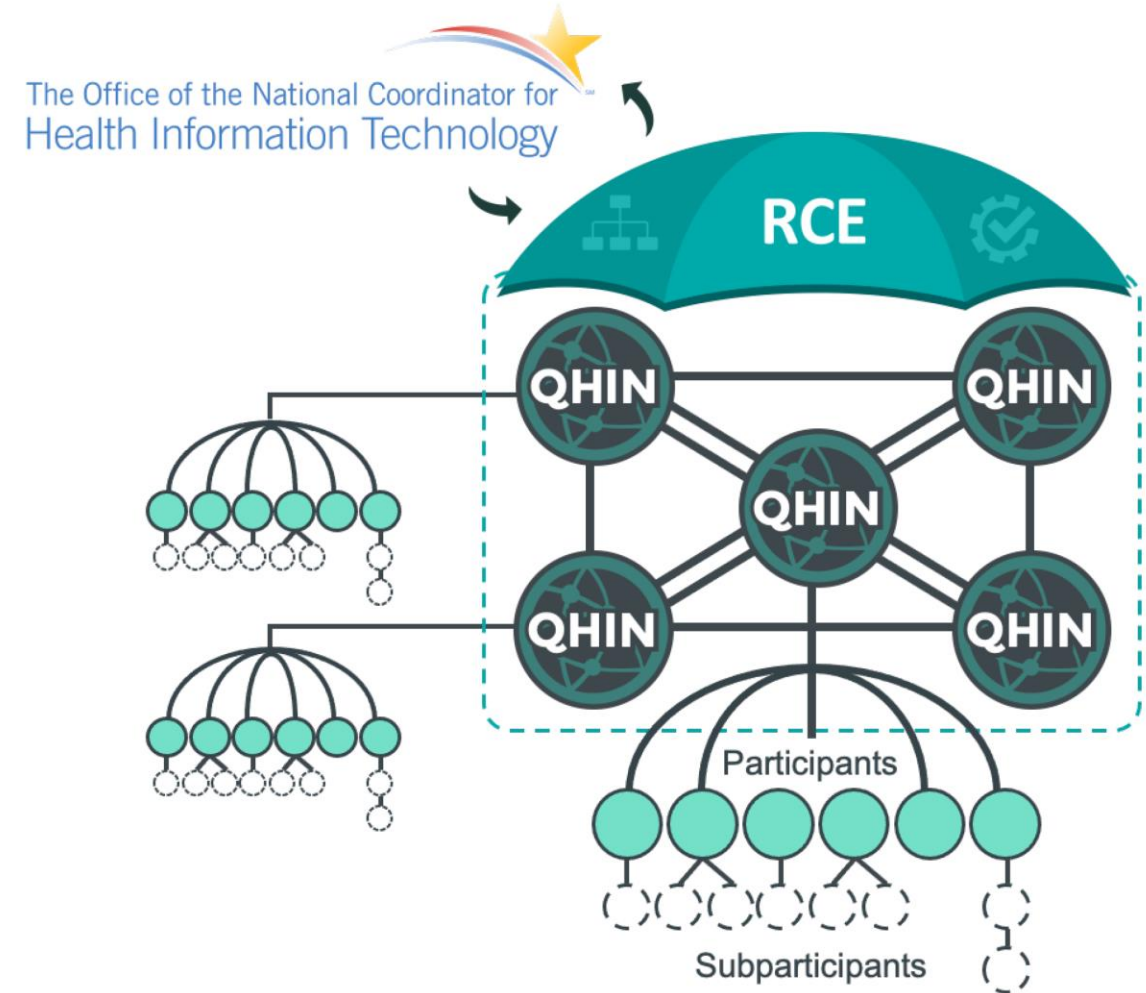
- Required quality assurance procedures
- Report and score the validated assessment
- HITRUST will issue a Letter of Certification



Certification

Align with Trusted Exchange Framework and Common Agreement (TEFCA)

The NC HIEA aligns with TEFCA and connects to a Qualified Health Information Network (QHIN) to improve cross-state data exchange and public health surveillance.



Develop Disaster Response System

The NC HIEA develops a strategic plan and associated system enhancements to support disaster response efforts, e.g., ensuring emergency responders in affected areas can access the NC HealthConnex Clinical Portal, locating missing persons.



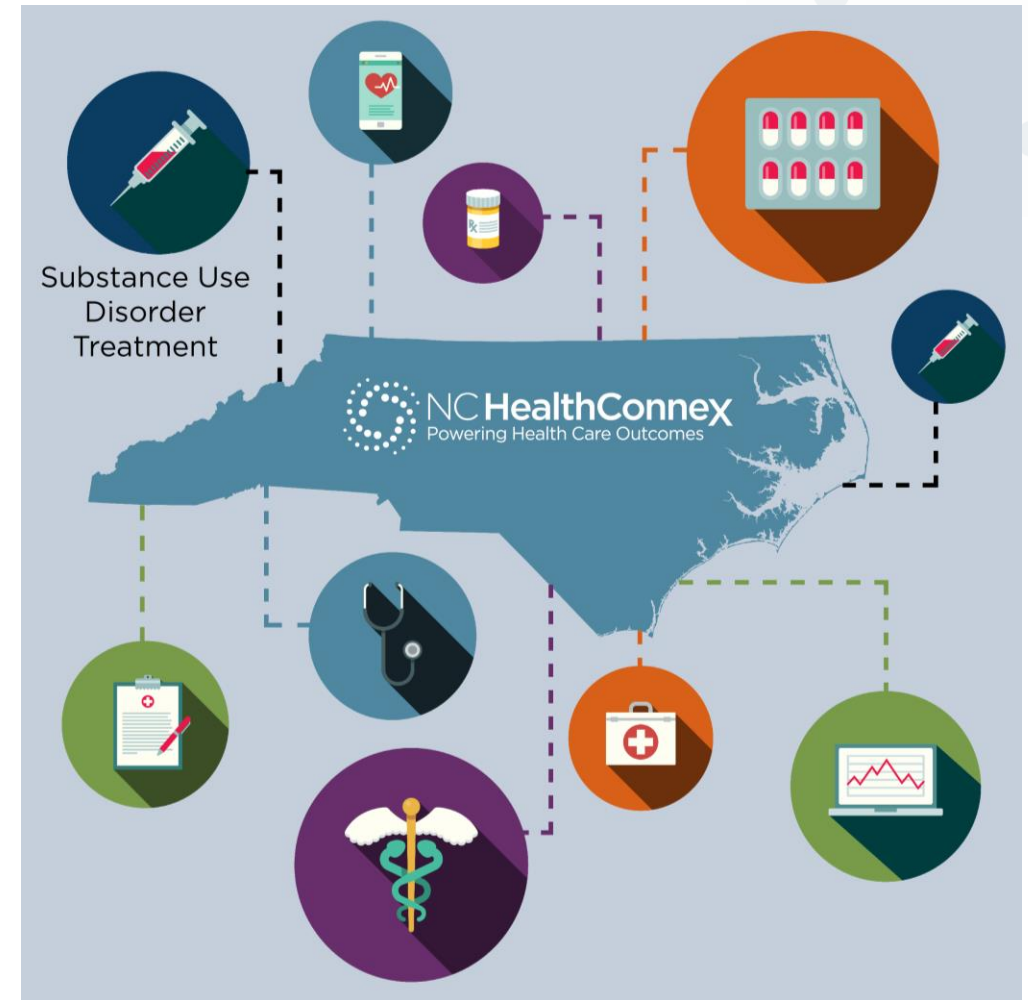
Enable Exchange of Emergency Medical Services (EMS) Data

NC HealthConnex connects EMS systems to provide near real-time access to patient information in the field, helping EMS teams make informed decisions and giving providers insight into services their patients received while under the care of EMS.



Enable Exchange of Substance Use Data

NC HealthConnex enables secure exchange of 42 CFR Part 2 (substance use disorder treatment) data with patient consent, enhancing compliance while safeguarding privacy.



Facilitate Exchange of Medical Images

NC HealthConnex enables exchange of high-quality medical images (e.g., X-rays, MRIs) to reduce unnecessary testing and improve diagnostic accuracy.



Permission Clinically Integrated Networks (CIN) and Community-Based Organizations (CBO)

NC HealthConnex provides near real-time clinical data to CINs and CBOs, supporting population health and value-based care models.



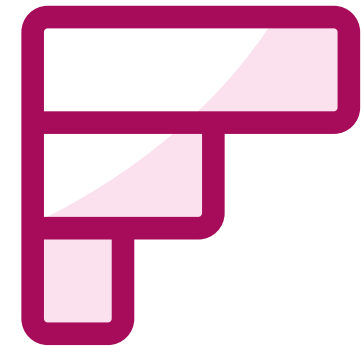
Support Electronic Filing and Exchange of Advance Directives

NC HealthConnex supports electronic filing and exchange of health care powers of attorney and advance directives, allowing providers to access and act upon these documents at the point of care.



In what order should we prioritize these?

- Accelerate Integration of Prison EHR Data
- Achieve HITRUST Certification
- Align with Trusted Exchange Framework and Common Agreement (TEFCA)
- Develop Disaster Response System
- Enable Exchange of Emergency Medical Services (EMS) Data
- Enable Exchange of Substance Use Data
- Facilitate Exchange of Medical Images
- Permission Clinically Integrated Networks (CIN) and Community-Based Organizations (CBO)
- Support Electronic Filing and Exchange of Advance Directives





Upgrade Update and Clinical Portal Demo

NC HealthConnex Upgrade Implemented Early August (8/10-8/11)

Upgraded - HealthShare (V 2023.1), Clinical Portal, RHEL

- Easier future upgrade path
- Improved Clinical Summary section for a better viewing experience
- Faster Patient Search
- Notable overall performance improvement
- Enhanced security



NC HealthConnex Upgrade Implemented

Post Upgrade

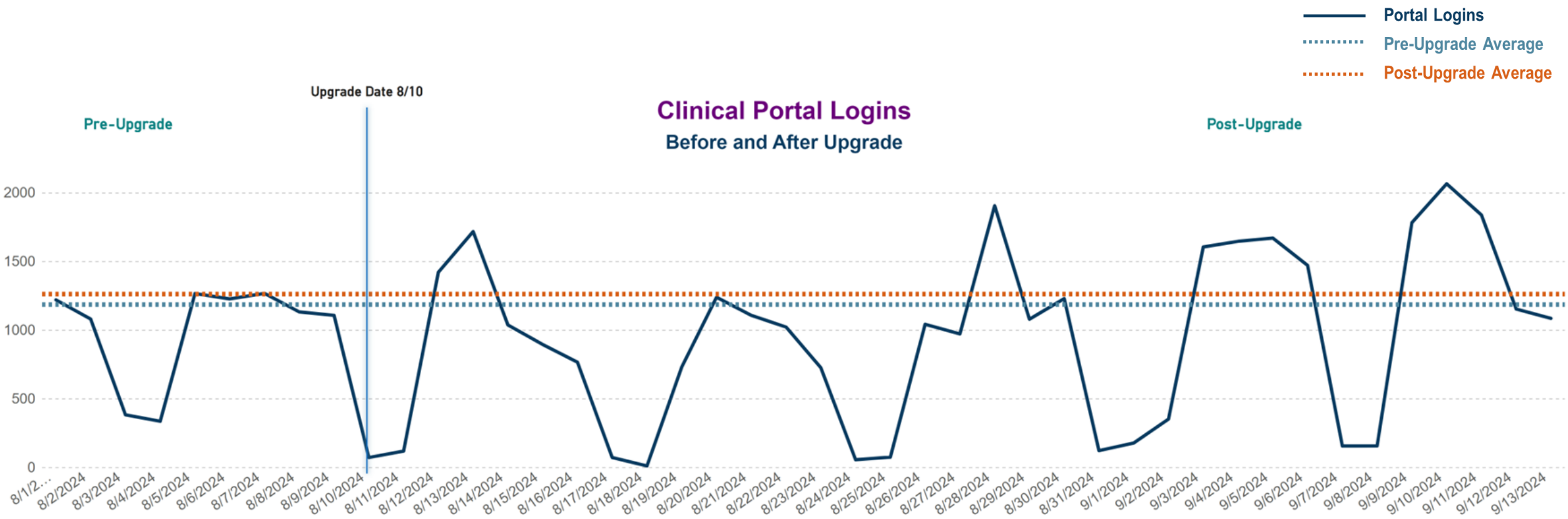
- Initial intermittent issues for Clinical Portal & NC*Notify
- Minor bugs remained
- 10/9/2024: Nine ad-hoc patches were implemented that cleared the majority



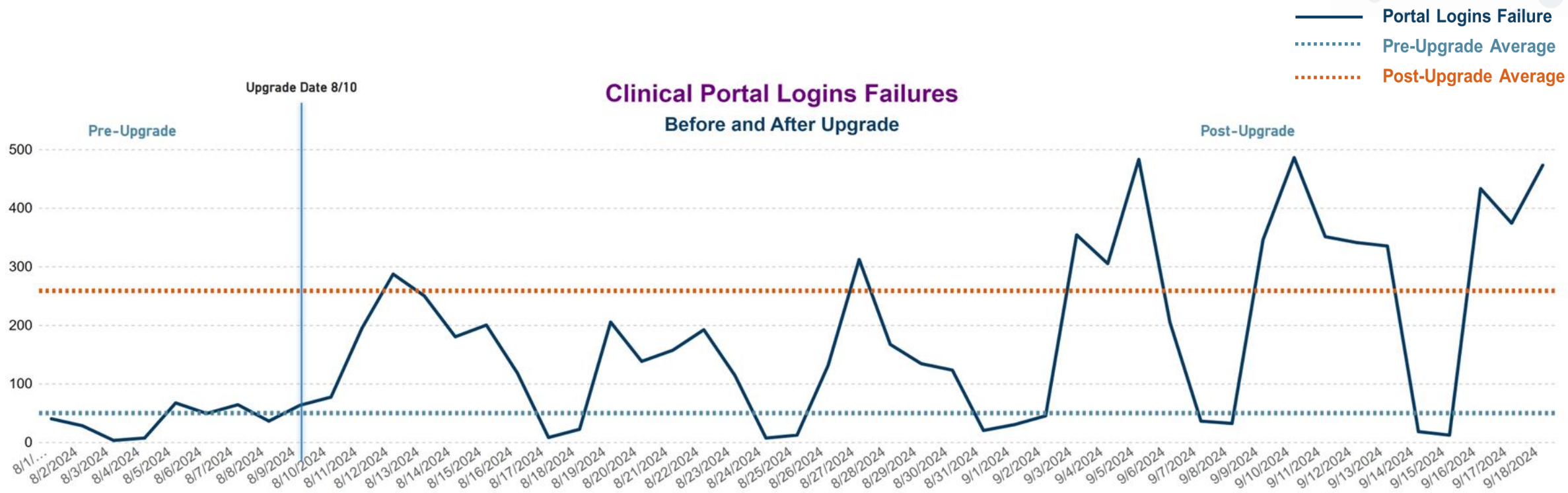
Future Goals

- Improved Login Messaging
- Medicaid Claims in Clinical Portal
- Enhanced Single Sign-On search capabilities
- Historical CCD Compression
- Miscellaneous Improvements

Clinical Portal Logins



Clinical Portal Logins Failures





Medicaid Funding Update

What is an APD?

- **APD = Advance Planning Document**, a template used for a federal funding request of an IT Project by a State Medicaid Agency (SMA) to the Centers for Medicare and Medicaid Services (CMS)
- Different types of APDs:
 - **Planning (P-APD)**: eligible for 90% federal match to 10% state match
 - **Implementation (I-APD)**: eligible for 90% federal match to 10% state match
 - **Operational (O-APD)**: eligible for 50% federal match to 50% state match (or 75% federal to 25% state, when a system has been certified by CMS)

Three Federal Funding Requests

1. On March 15, 2024, CMS approved our HIE **Planning** APD to support six months of planning around 3 "HIE use cases."

- *Timeframe: April 1 – September 30, 2024*
- **Up to \$1.8M** for HIE

← **COMPLETED**

2. On September 12, 2024, Medicaid submitted our HIE **Implementation** APD to move into the Design, Development and Implementation (DDI) phase of work for the 3 "HIE use cases."

- *Timeframe: October 1, 2024 – September 30, 2026*
- **Up to \$20.7M** for HIE (over two years)

← **IN PROGRESS,
AWAITING APPROVAL**

3. On September 26, 2024, Medicaid submitted our HIE **Operational** APD, requesting "Medicaid's share" of HIE operations (all costs except the "HIE use cases" and grant-funded use cases).

- *Timeframe: October 1, 2024 – ongoing, upon approval*
- **Up to \$3.1M** federal match for HIE annually

← **SUBMITTED,
AWAITING APPROVAL**

***HIE Use Cases**

HIE Use Cases Overview

Digital Quality Measures (dQMs)

Develop the capabilities to calculate a selected set of Medicaid's high-priority quality measures combining both administrative data (i.e., claims and encounters) with clinical information from providers' EHRs to allow for more timely results.

Health-Related Social Needs (HRSN)

Develop the capabilities to share Medicaid members' responses to HRSN screening questions with: (1) other providers; (2) Prepaid Health Plans (PHPs); and (3) NC Medicaid.

Care Management (CM) Data Exchange

Improve the ability to exchange: (1) claims/encounter data between PHPs and local care management entities; (2) transitions of care information when members move PHPs; and (3) care management interaction details.

Priorities During Planning Phase (April 1-September 30, 2024)

- Further flesh out details, priorities, timelines and major milestones in partnership with NC Medicaid and SAS/J2
- Begin deeper engagement with providers to better understand current workflows, gaps and opportunities for improvement
- Develop cost estimates and detailed workplans for each component of the projects
- Hire new staff that were funded at 90% federal match and create a staffing plan for future phases of work
- Rename the "APD" workstreams --> *HIE Medicaid Services, or "HMS"*

The above work informed the development of the I-APD submitted in September 2024, with the proposal to extend funding through implementation of these projects over the next two years.

Priorities During (Current) Design Phase

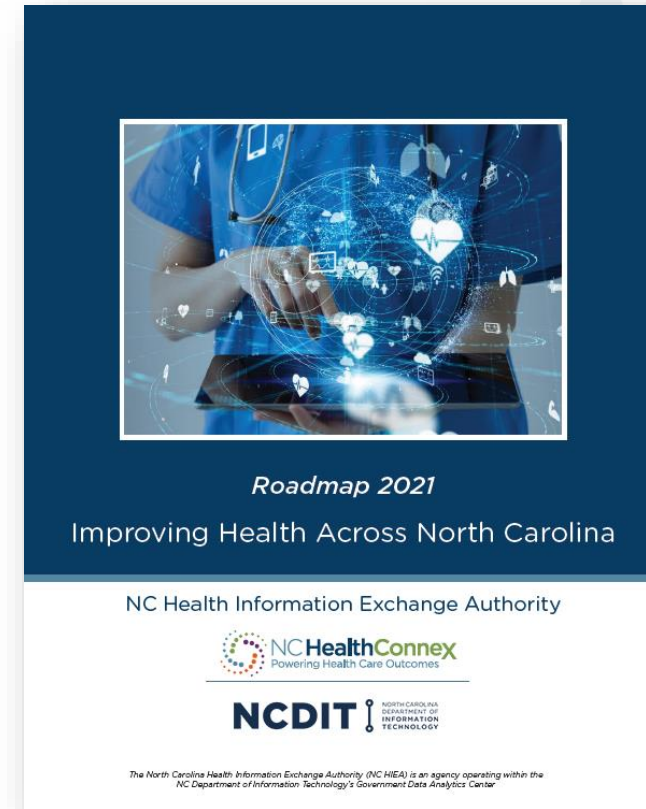
1. Hire/onboard new staff at NC HIEA and support NC Medicaid in their project staffing.
2. Refine state-specific outcomes and metrics for oversight and assessment of the use cases and reporting to CMS.
3. Conduct deep dive work sessions with SAS and multi-day onsite with Medicaid, HIEA and SAS staff to understand and articulate the technical scope and timelines for each use case.
4. Set up sprint cycles for Year 1 and conduct daily scrum meetings to stay on track.
5. Conduct weekly/biweekly check-ins for each of the use cases with key stakeholders to drill down into specifics and refine plans.
6. Build pipeline of use case participants, and design and implement a provider support program to encourage participation in the dQM and HRSN use cases.
7. Update contracts/MOAs/MOUs with SAS and NC Medicaid.
8. Revamp our data quality roadmap, plan for DAV program expansion and strategize on how we can move towards FHIR (foundational components of the dQM use case).
9. Remain engaged with key thought partners, such as NCQA and other state HIEs, to build on best practices and lessons learned in other spaces/places.



Roadmap 2030

Roadmap Development Process

1. Blueprint in unpublished *draft* Roadmap 2025
2. Visioning session with HIEA Leadership to:
 - ✓ Update NC HIEA Mission and Vision
 - ✓ Ensure alignment of initiatives with 5(-10)-year vision
 - ✓ Adjust initiatives to new/emerging landscape
3. Adapted “service areas/key principles and initiatives” to “goals, objectives and strategies” for clarity and ease of measurement
4. Vetting with key partners: NC DHHS, provider associations, etc.
5. Draft to Advisory Board in December
6. Final edits and sharing out to partners and public in January



Updating the NC HIEA Vision and Mission

Current Vision

Link all health care providers across North Carolina, enabling participants to access information to support improved health care quality and outcomes.



Proposed Vision

Help North Carolinians lead their healthiest lives by supporting equitable, whole-person health through data exchange services.

Current Mission

We connect health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.



Proposed Mission

Promote the secure and efficient sharing and use of health information to improve health care quality and outcomes.

Roadmap 2030 – Goals and Objectives

Goals



1. Broaden **exchange** capabilities to support equitable, whole-person care
2. Build upon the HIE **foundation** to remain at the forefront of data quality and emerging data standards
3. Support **value-based care** and **public health** priorities alongside agency and organization partners
4. Establish a **health data utility** to cultivate efficiency and financial stability

Roadmap 2030 – Goal 1 and Related Objectives

Exchange

Foundation

VBC/PH

HDU

1. Broaden **exchange** capabilities to support equitable, whole-person care

1. Grow Integrations with State-Funded Providers, Pharmacies, and NC Medicaid
2. Enable State Laboratory Electronic Test Orders and Results (ETOR)
3. Expand Bidirectional Exchange and Single Sign-On (SSO) Capability
4. Collaborate with Additional State and Nationwide Systems
5. Incorporate New Data Sources and Types

Roadmap 2030 – Goal 2 and Related Objectives

Exchange

Foundation

VBC/PH

HDU

2. Build upon the HIE **foundation** to remain at the forefront of data quality and emerging data standards

1. Enhance the NC HealthConnex Data Quality Program
2. Expand Fast Healthcare Interoperability Resources (FHIR)/Application Programming Interface (API) Services
3. Mature the NC HIEA Risk Management Program
4. Continually Modernize Infrastructure

Roadmap 2030 – Goal 3 and Related Objectives

Exchange

Foundation

VBC/PH

HDU

3. Support **value-based care** and **public health** priorities alongside agency and organization partners

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

Roadmap 2030 – Goal 4 and Related Objectives

Exchange

Foundation

VBC/PH

HDU

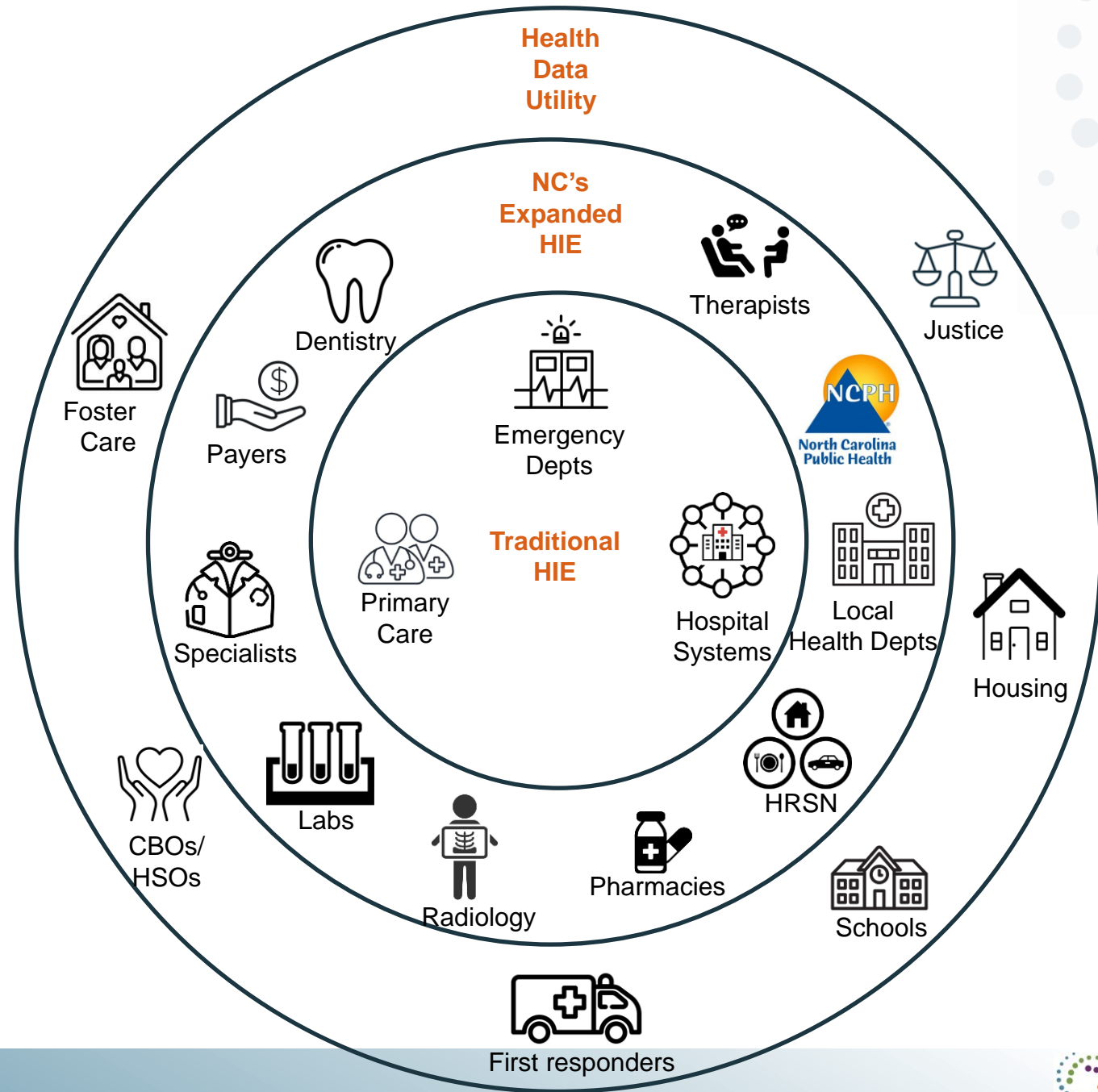
4. Establish a **health data utility** to cultivate efficiency and financial stability

1. Institute Comprehensive Governance and Committee Oversight
2. Promote Training and Support NC HealthConnex Adoption and Use
3. Institute Cost Recovery
4. Contribute to Clinical Research



Health Data Utility

What are we talking about when we talk about Health Data Utilities?



Key Differences Between an HIE and HDU

Component	HIE	HDU
Scope	Clinical data for treatment, some public health	Integration of multiple datasets (payers, providers, community services) to expand analytics, quality reporting, data visualization, other
Governance	Multi-stakeholder structure for participating organizations and consumers	Expansive cross-sector multi-stakeholder governance model with state and community partners; neutral and transparent decision-making
Financing	Time-limited funding for technical or implementation services; may receive Medicaid funding	Long-term, braided and blended funding strategy that encompasses local, state, federal and private investments
Privacy & Security	May codify policies above the minimum required in federal law	Includes frameworks and standards for health and relevant industries outside of health care; continuous learning and implementation to build stakeholder confidence
Accountability	Reports information to assess performance, quality and value of services to participating organizations	Increased accountability through oversight, performance measurement and evaluation to monitor ROI and guide strategy

Key Stakeholders

Government

- NCDIT
 - NC HealthConnex
 - Government Data Analytics Center (GDAC)
 - N.C. Longitudinal Data Service (NCLDS)
- NCDHHS
 - Division of Public Health (DPH)
 - Division of Health Benefits, aka Medicaid (DHB)
 - Division of Social Services (DSS)
 - Division of Mental Health, Developmental Disorders, and Substance Use Services (DMHDDSUS)
- Dept of Adult Corrections
- NCGA

Non-Government

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

- UniteUs
- SAS
- EHR Vendors?



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

HDU Assessment & Planning Initiative Timeline



Task	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Kick-off	█							
Onboarding	█	█						
Assessment		█	█	█	█			
Planning					█	█	█	█



NC HealthConnex Coverage Maps

What Do the Maps Tell Us?

- These maps illustrate NC addresses within a 30-minute drive of a provider connected to NC HealthConnex, and how:
 1. Adding providers in queue for connection puts more North Carolinians within driving distance of a connected provider,
 2. Providers disconnecting from the system leaves more North Carolinians outside driving distance of a connected provider.
- The NC HIEA's colleagues at the Center for Geographic Information & Analysis are awesome!



NC HealthConnex Provider Accessibility

▼ Provider Type

Choose Provider Type

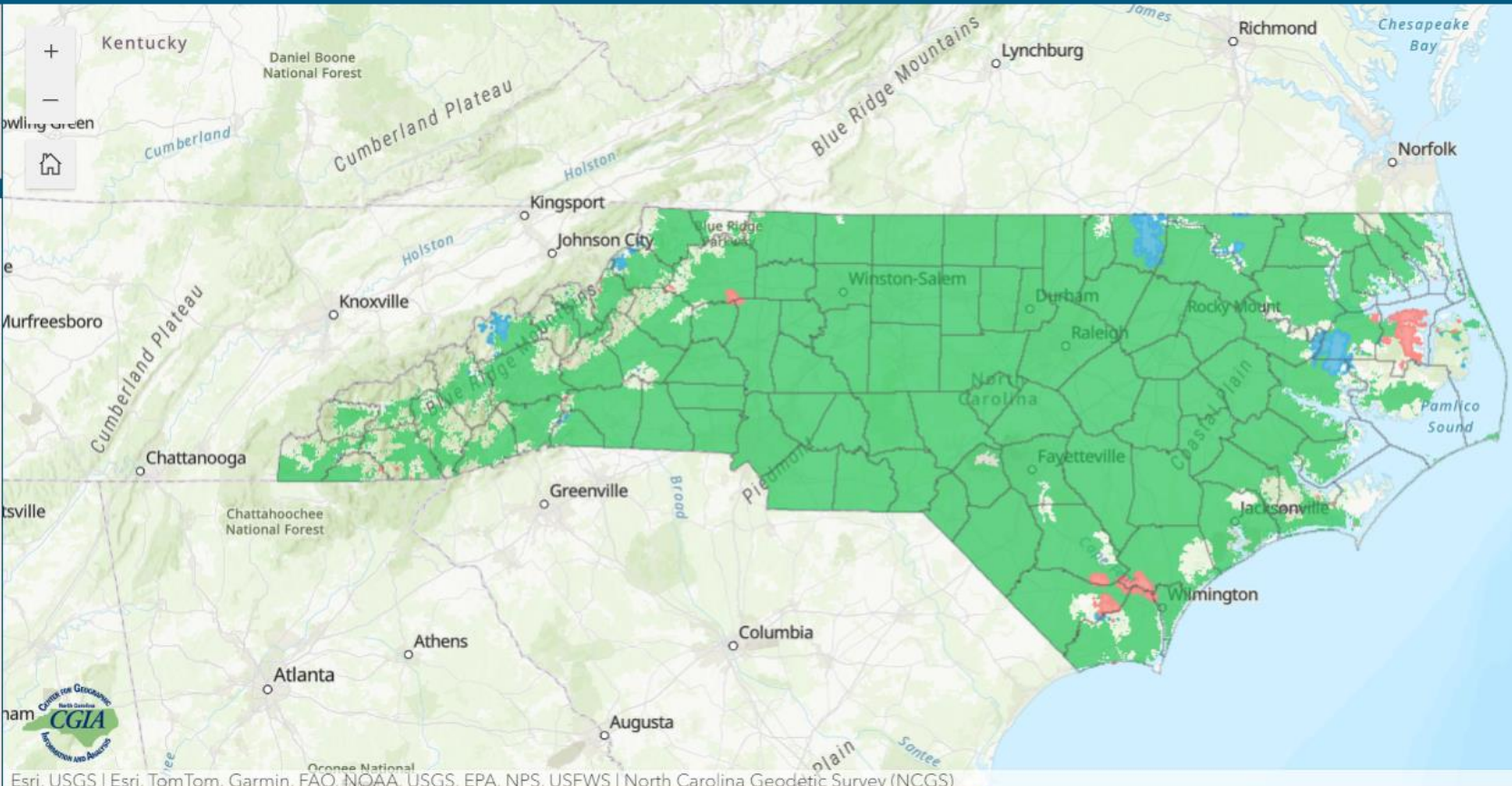
PRIMARY CARE

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- Providers disconnecting from the system **leaves more North Carolinians outside driving distance** of a connected provider

Our next phase will be to enhance the maps so they can be used to prioritize new connections by helping us understand:

- How much information/patients does a provider contribute within their geographic area?
- Of providers that are in queue or unengaged, that are in an area where HIE has limited reach, which ones will contribute the most information/patients?



Esri, USGS | Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, NPS, USFWS | North Carolina Geodetic Survey (NCGS)



In Production	In Queue	Disconnected
# Providers 1,238	# Providers 91	# Providers 98
% Providers Connected 86.76	% Providers Connected 6.38	% Providers Connected -6.87
# Addresses 5,858,284	# Addresses 5,985	# Addresses 1,726
% Addresses Covered 99.05	% Addresses Covered 0.1	% Addresses Covered 0.03

NC HealthConnex Provider Accessibility

▼ Provider Type

Choose Provider Type

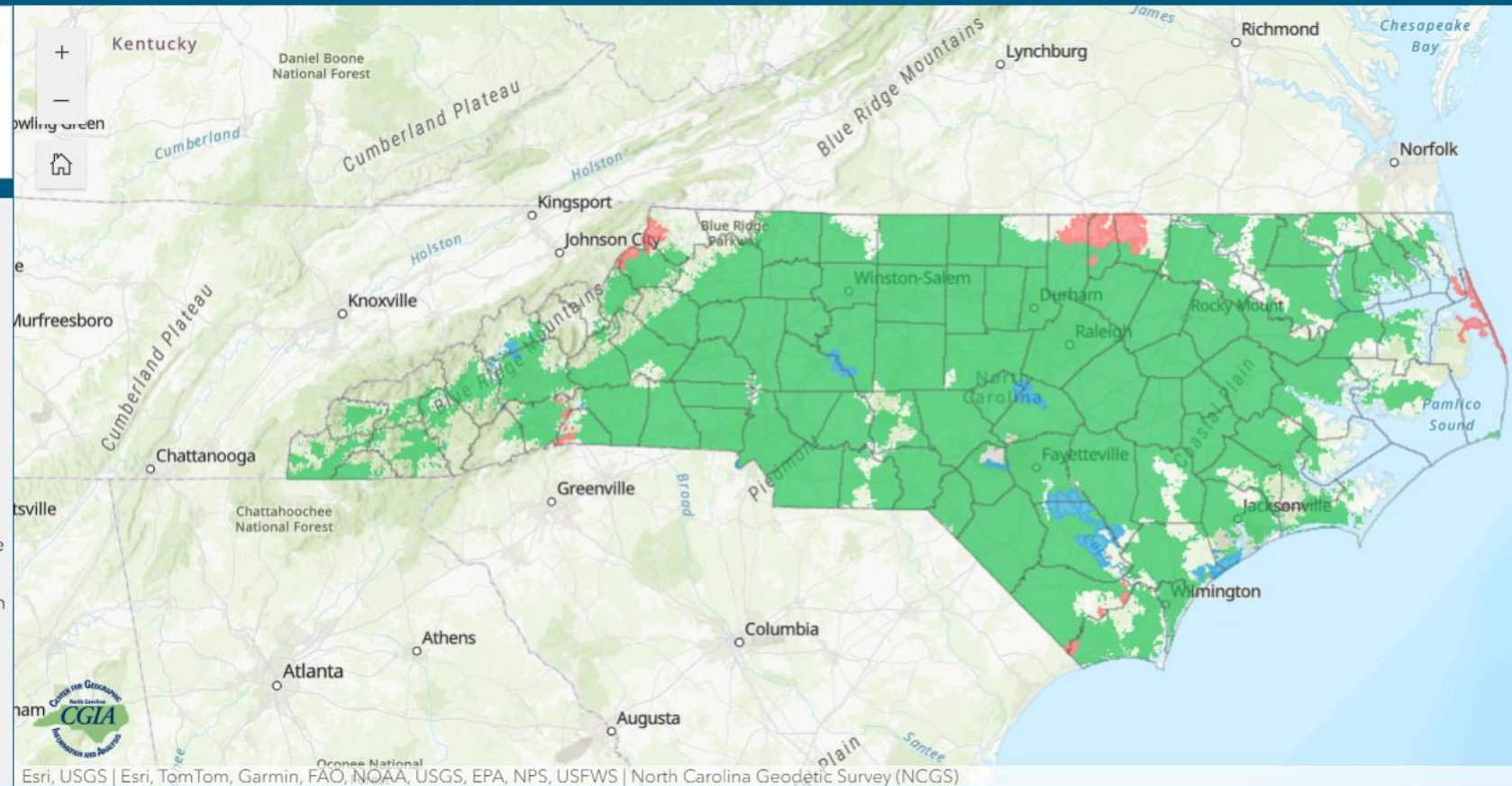
BEHAVIORAL HEALTH

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Esri, USGS | Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, NPS, USFWS | North Carolina Geodetic Survey (NCGS)



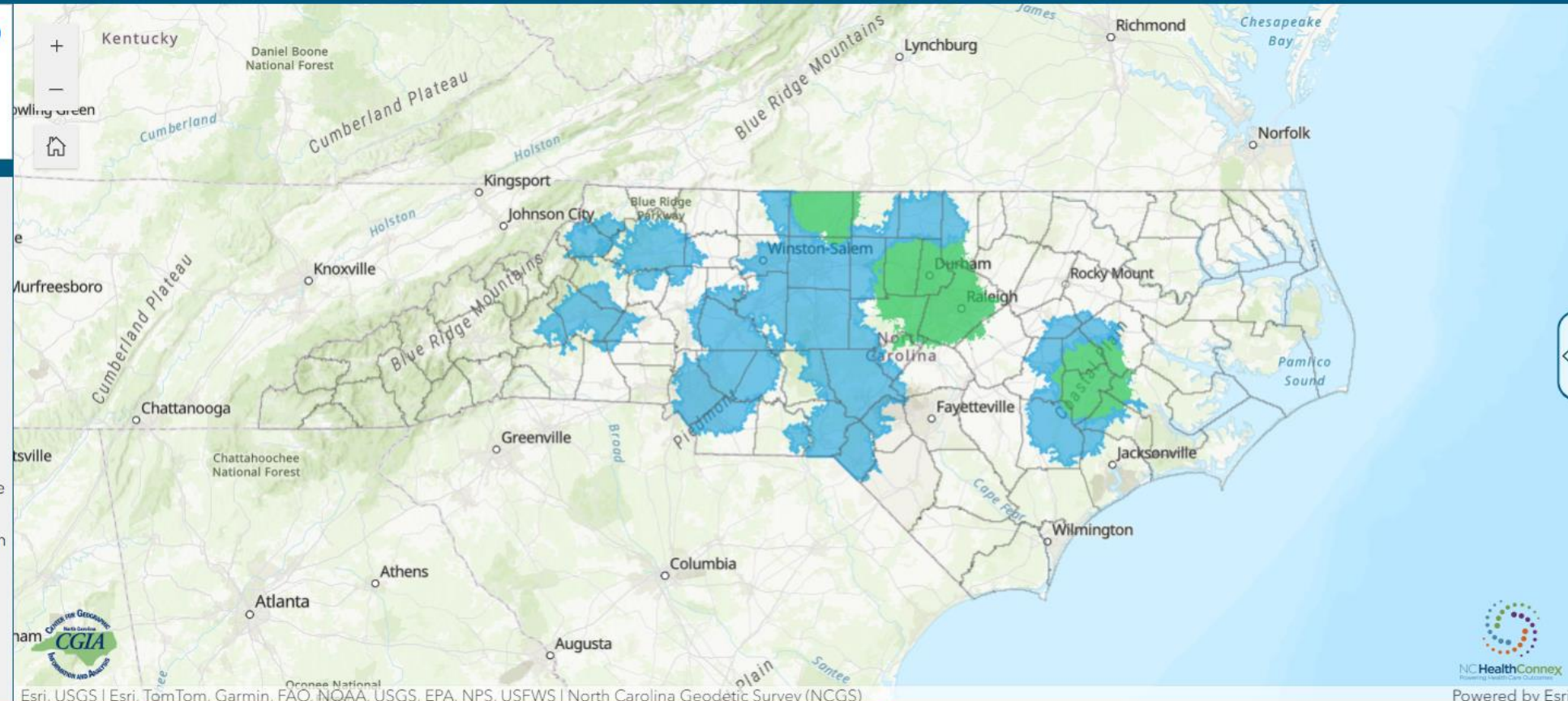
In Production	In Queue	Disconnected
# Providers 506	# Providers 57	# Providers 113
% Providers Connected 74.85	% Providers Connected 8.43	% Providers Connected -16.72
# Addresses 5,679,152	# Addresses 17,079	# Addresses -45,217
% Addresses Covered 96.03	% Addresses Covered 0.29	% Addresses Covered -0.76

NC HealthConnex Provider Accessibility

▼ Provider Type

Choose Provider Type

PHARMACY



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- How much information/patients does a provider contribute within their geographic area?
- Of providers that are in queue or unengaged, that are in an area where HIE has limited reach, which ones will contribute the most information/patients?

In Production	In Queue	Disconnected
# Providers 9	# Providers 20	# Providers 0
% Providers Connected 31.03	% Providers Connected 68.97	% Providers Connected 0
# Addresses 1,050,464	# Addresses 1,980,353	# Addresses 0
% Addresses Covered 17.76	% Addresses Covered 33.48	% Addresses Covered 0

NC HealthConnex Provider Accessibility

▼ Provider Type

Choose Provider Type

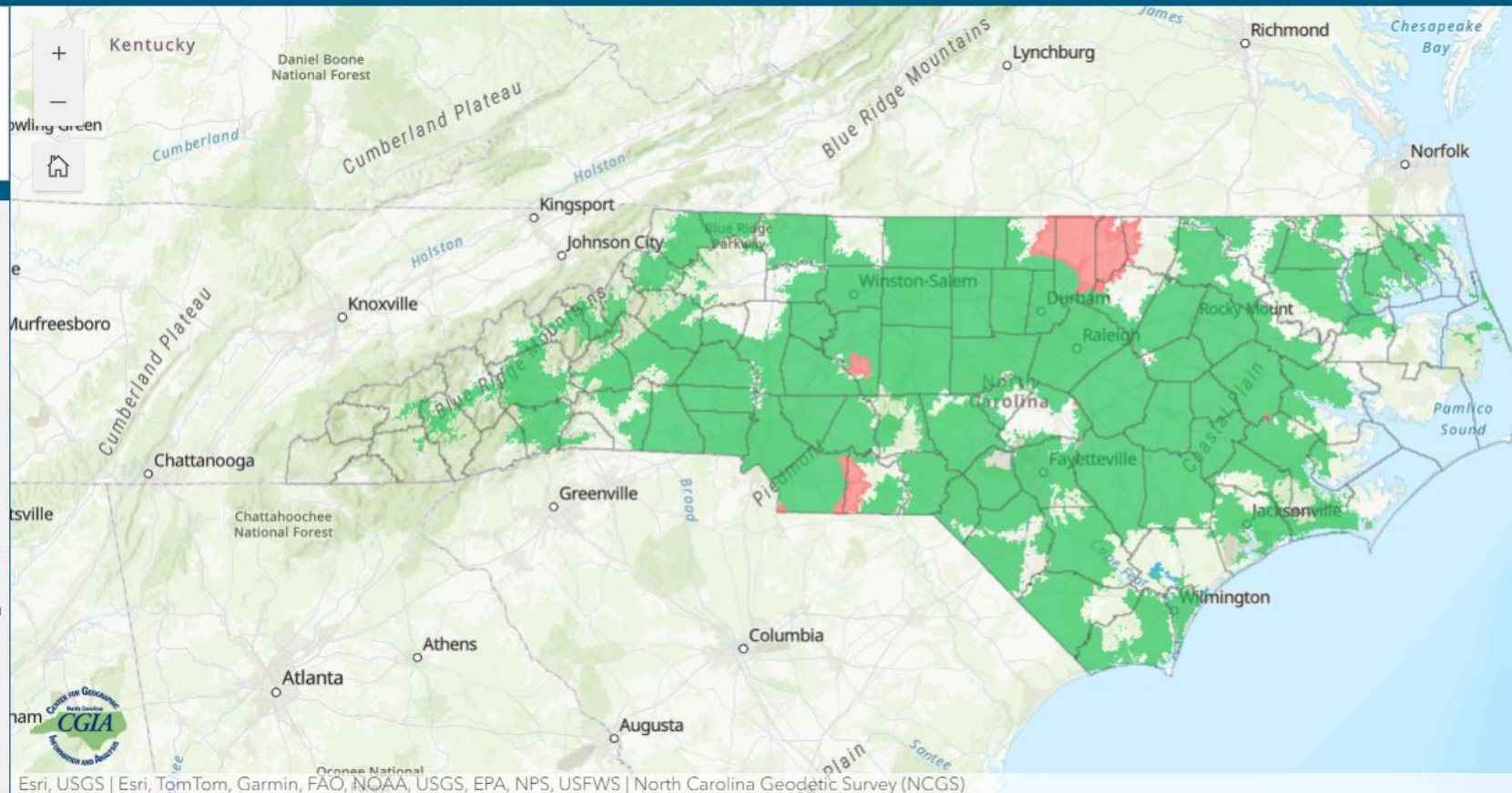
OB/GYN

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Esri, USGS | Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, NPS, USFWS | North Carolina Geodetic Survey (NCGS)



In Production	In Queue	Disconnected
# Providers 224	# Providers 5	# Providers 8
% Providers Connected 94.51	% Providers Connected 2.11	% Providers Connected -3.38
# Addresses 5,401,314	# Addresses 587	# Addresses -47,680
% Addresses Covered 91.33	% Addresses Covered 0.01	% Addresses Covered -0.81

Where do we go from here?

Next phase will be to enhance the maps so they can be used to prioritize connections by helping us understand:

- a. How much information/patients does a provider contribute within their geo area?
- b. Of providers that are in queue or unengaged that are in an area NC HealthConnex has limited reach, which ones will contribute the most information/patients?



New Business