NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

Advisory Board Meeting

September 11, 2023

NCDIT
NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Operations Update

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Quarter 3&4 2023 Activities

- Technical Infrastructure:
  - HealthShare Upgrade
  - API Manager
- Advocacy/Legislative
- Outreach/Provider Relations:
  - Participation Status
  - Office Hours
- Data Connections/Integrations:
  - CCHIE
  - Pharmacy
  - State Lab Integration, Electronic Order & Results
  - CVMS transition to NCIR
- Data Quality:
  - DAV
  - ADT Audit
- Work Groups:
  - Behavioral Health
  - Clinical Data User Group
  - Use Case Work Group
    - Stroke Registry Phase 3
    - ACURE4Moms Phase 2
- Contract Renewals
- Security Assessment
- New DHHS Data Sharing Requests:
  - SDOH pilot
  - WIC
  - Office of Chief Medical Examiners

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Intersystems HealthShare Upgrade

1) Clinical Portal enhancements
   - ✓ Search capabilities
   - ✓ Improved sorting and grouping
   - ✓ Faster load times
   - ✓ Vital Sign graphing
2) Additional capabilities for healthcare claims data
3) Improvements related to infrastructure and storage
   - ✓ Document and Journal compression
   - ✓ FHIR repository - separate database
4) Third-party software version requirements

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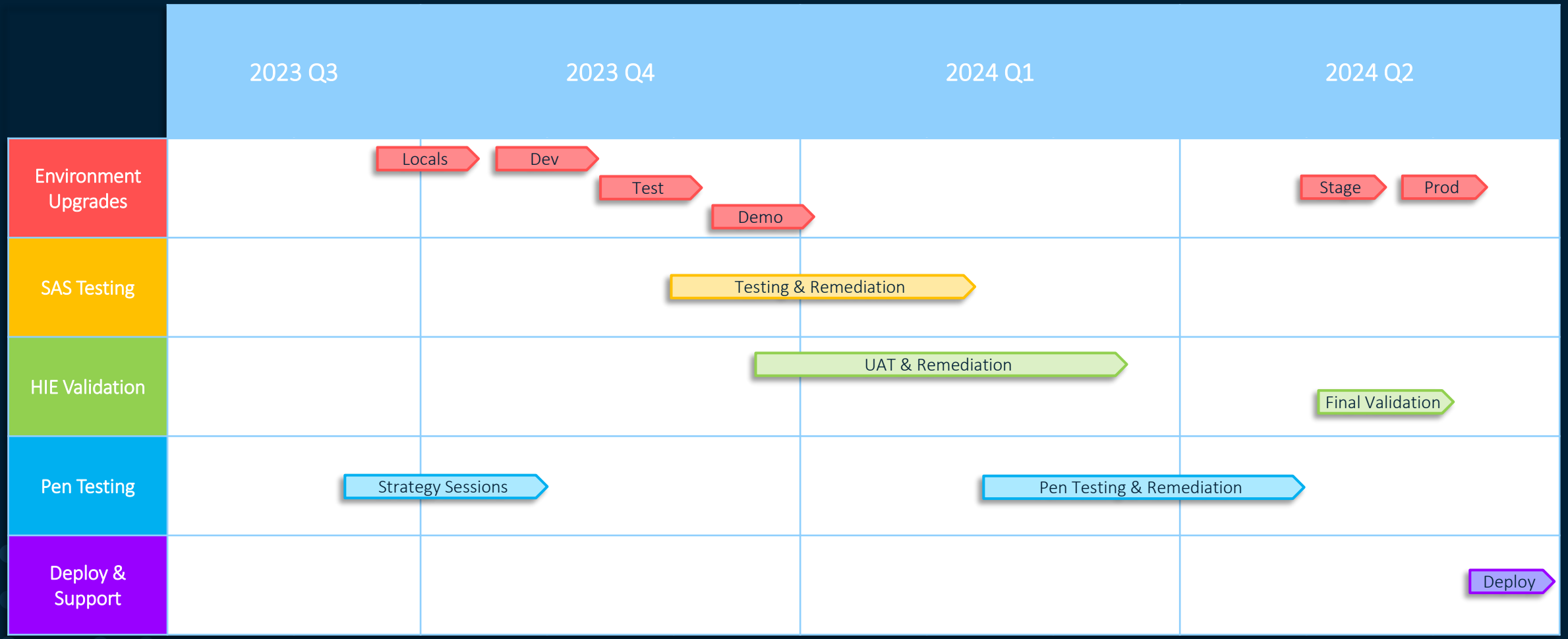
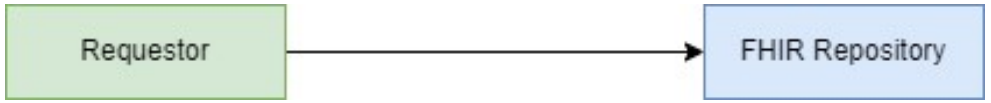
HEALTHSHARE UPGRADE 2023.1 SCHEDULE

REVISED 09/07/2023



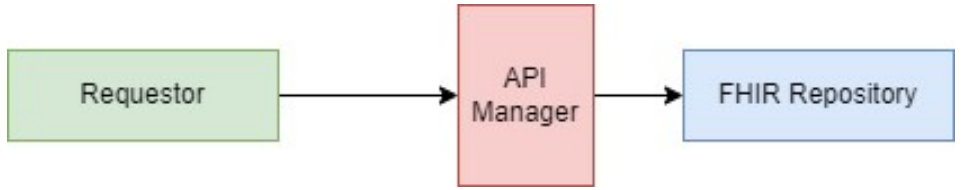
API Manager Installation Project Planned to Kick off in November

FHIR (No API Manager)



1. Limited access controls
2. Limited logging capabilities (patient based versus resource and parameter based)
3. No volume governance

FHIR (With API Manager)



1. Custom access controls (who can utilize which resource)
2. Custom logging capabilities
3. Volume thresholds

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Outreach/Provider Relations Update

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NC HIEA Office Hours

New quarterly call that launched August 2023

- Developed in response to the 2022 Participant Survey
- Topics included:
    - General HIEA inquiries
    - DSM (Direct Secure Messaging) Provider Directory
    - NC*Notify
    - HIE Act requirements
    - Pharmacy connections
    - Training needs/opportunities
    - Clinical workflow
    - Connection types (Uni-directional, Bi-directional, Single Sign On)
    - Privacy and Security

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NC HIEA Office Hours

Key Takeaways

- 200 registrants
- 73 attended the live webinar
- Participants are engaged and curious about how to utilize NC HealthConnex.
- Participants want to know where to find information on the website.
- Participants can register for the next Office Hours on the website.

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Additional Participant Training Opportunities

- Quarterly Teletown Halls – quarterly average registrations 300+
  - Next opportunity: September 13, 2023
- How to Connect Calls – monthly average 15
  - Next opportunity: September 25, 2023
- Trainings (upon practice request): monthly average 25

Connex Kudos:

"We now have the capability to provide patients with supplemental care to achieve greater positive health outcomes due to tools and resources provided by NC HealthConnex. NC HealthConnex creates a centralized source for patient history, medications, hospital visits, active problem list, and more, making care coordination and individualized patient centered care more achievable than ever before.

Bidirectionally interfaced with the clinician's EMR, the primary care provider can view the patient's history with just a few clicks, proven to increase the quality of care and reduce hospital readmissions. Partnered with NC HealthConnex, we have not only been able to increase access to care but improve the quality of care while reducing cost."

Primary Care Participant

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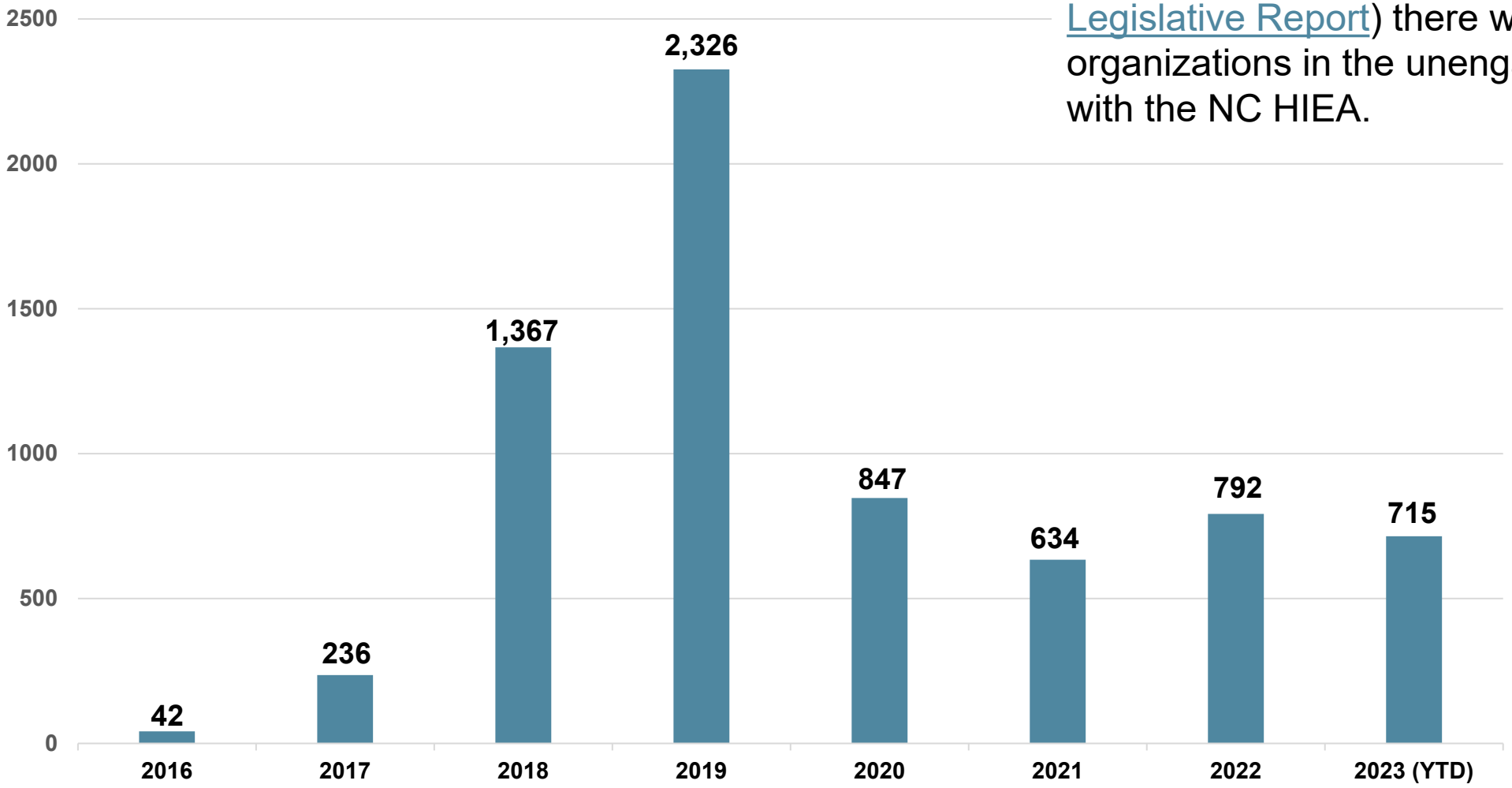
Participation Agreements

As of November 2022 (March 2023 Legislative Report) there were 7,604 organizations in the unengaged status with the NC HIEA.



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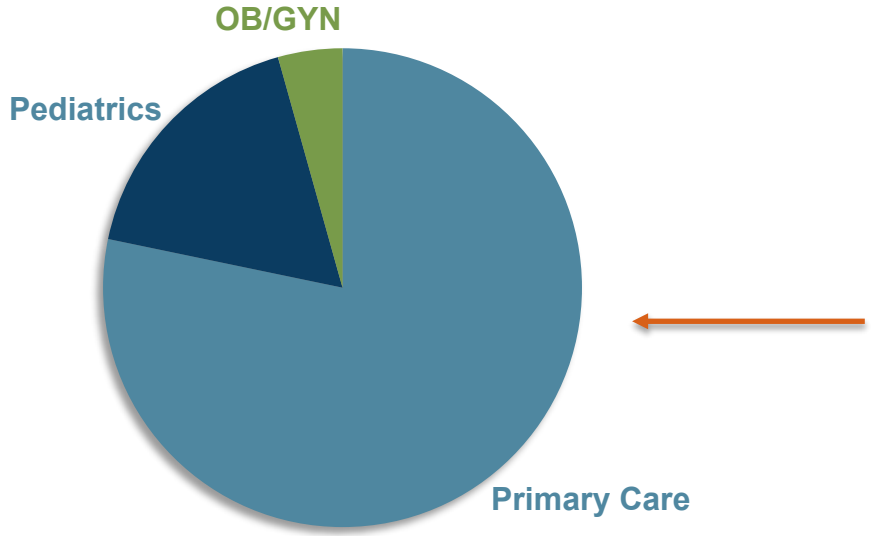
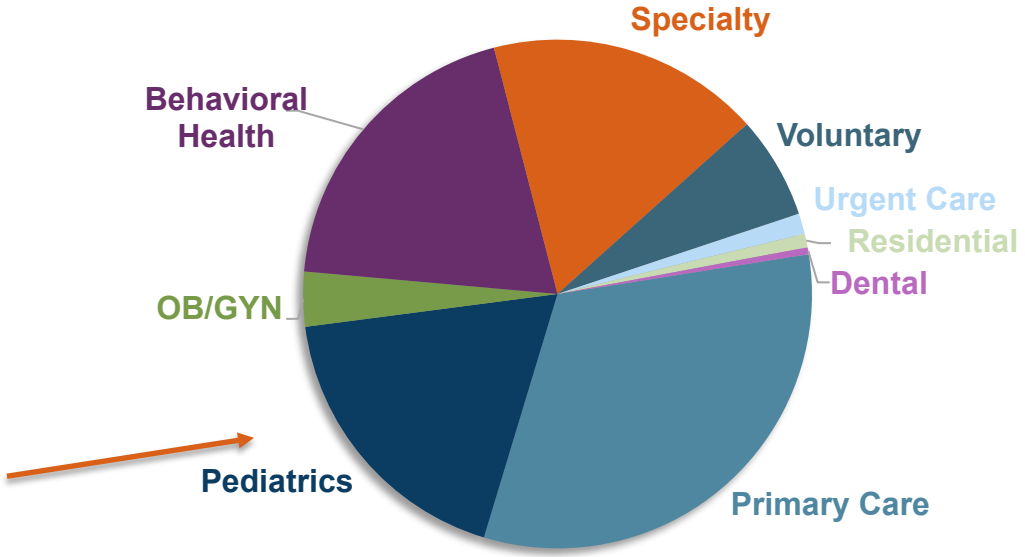
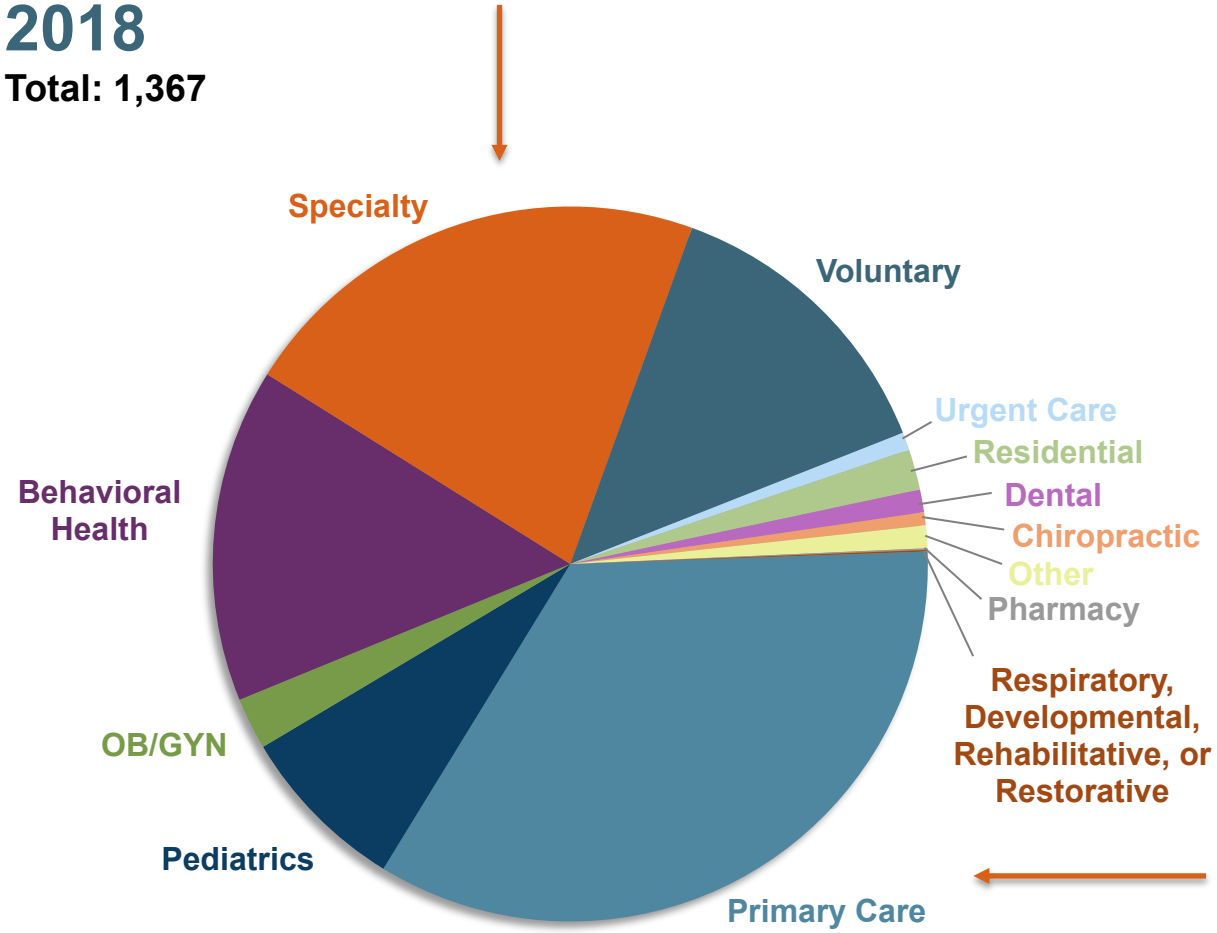
2016
Total: 42



2017
Total: 236



2018
Total: 1,367



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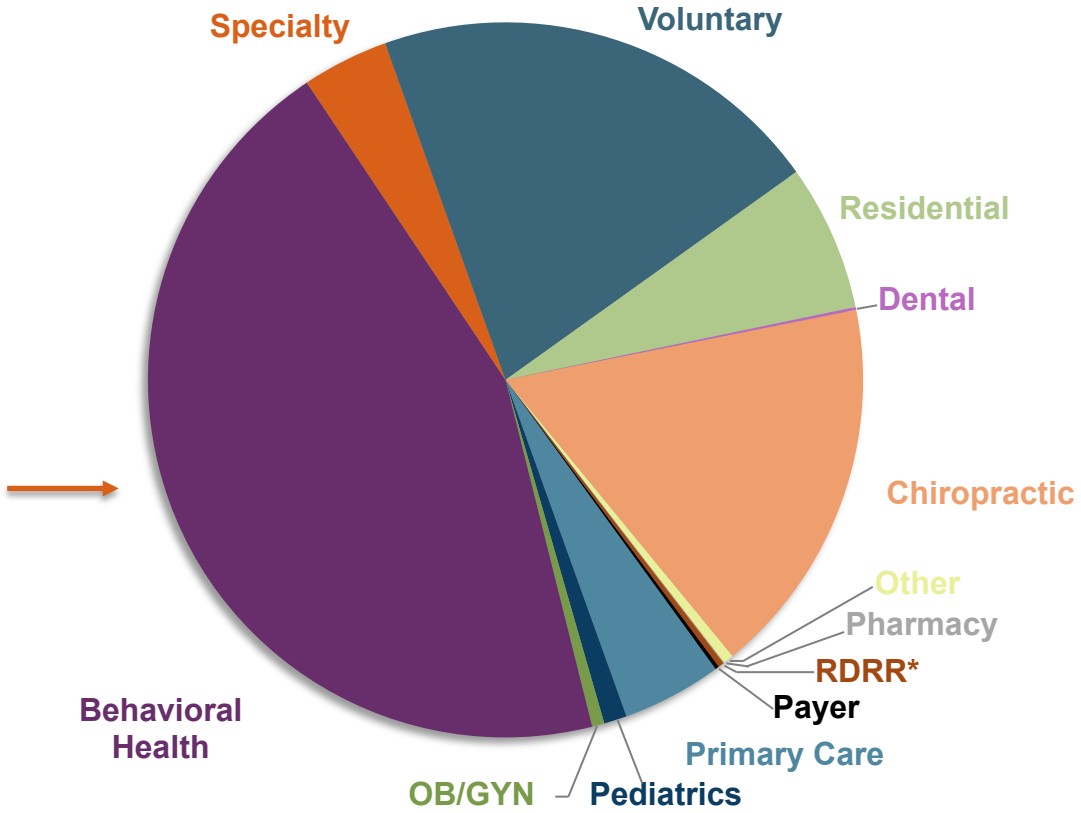
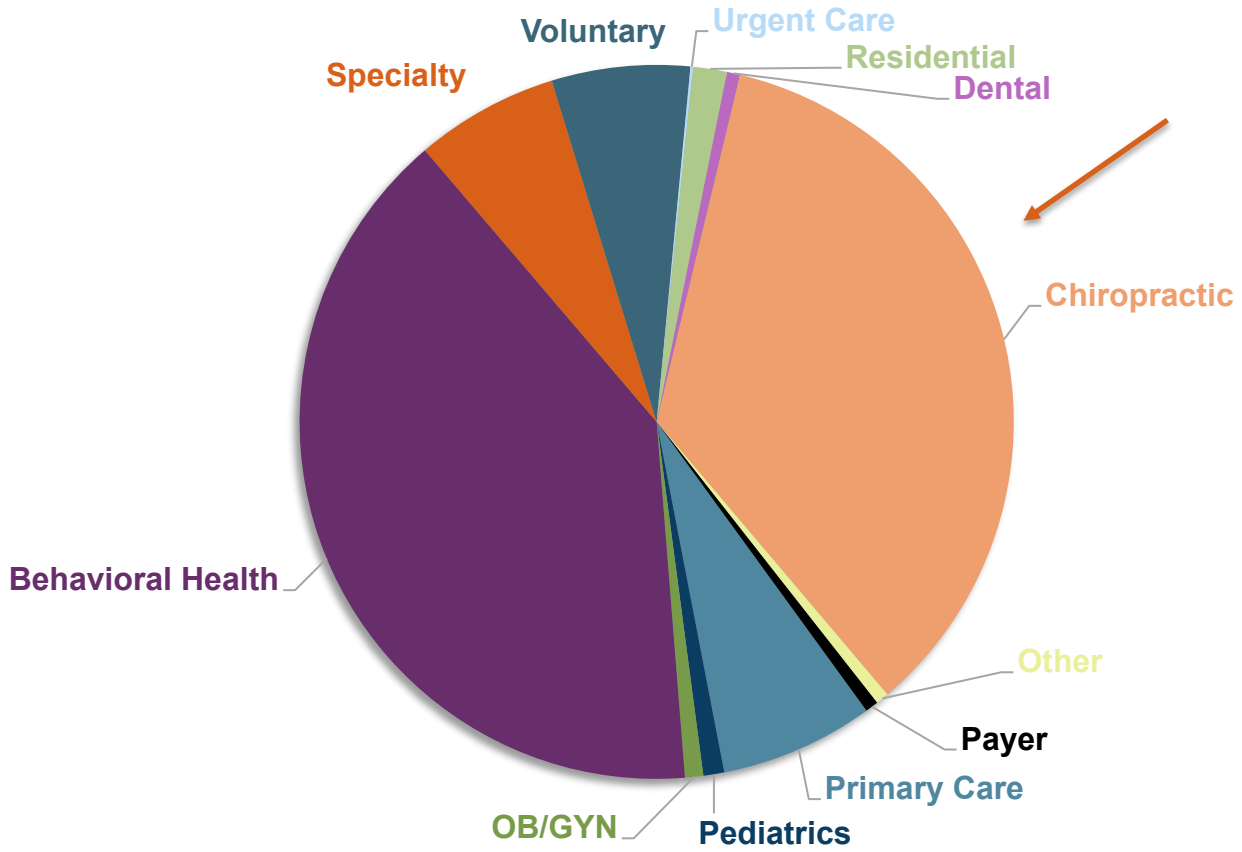
2019

Total: 2,326



2020

Total: 847



*RDRR: Respiratory, Developmental, Rehabilitative, or Restorative

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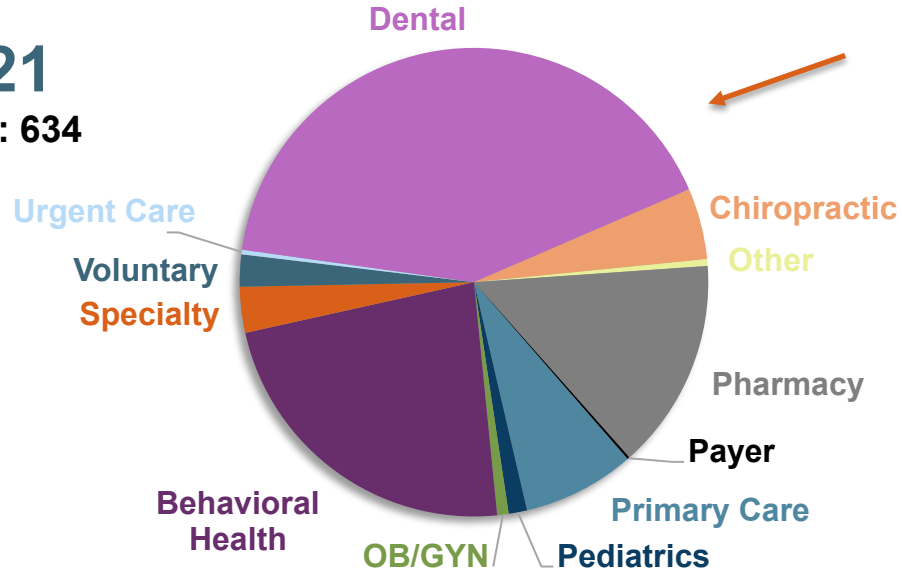
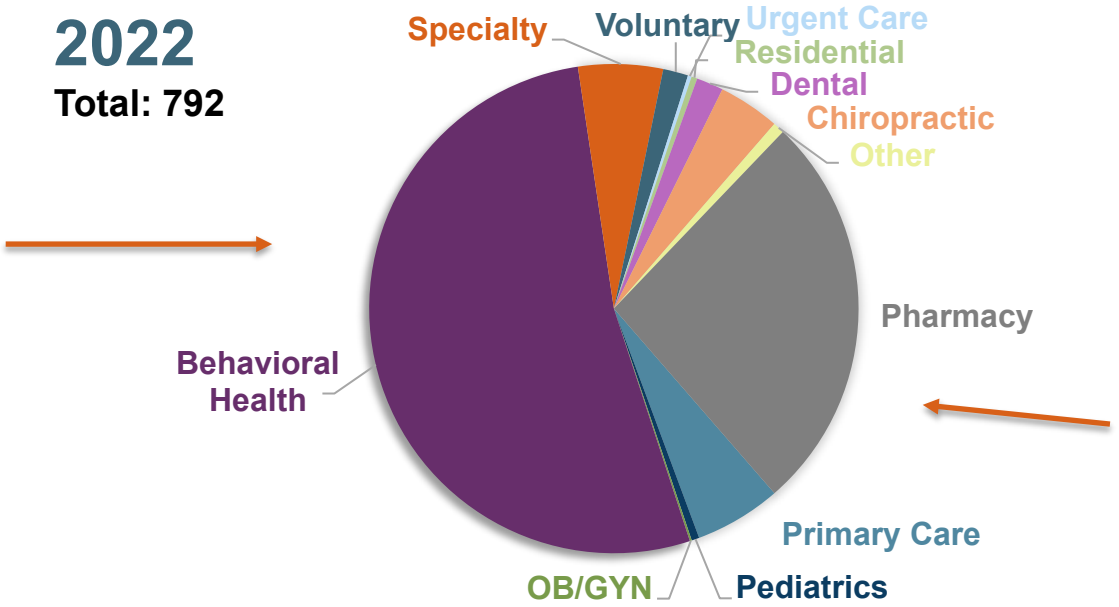
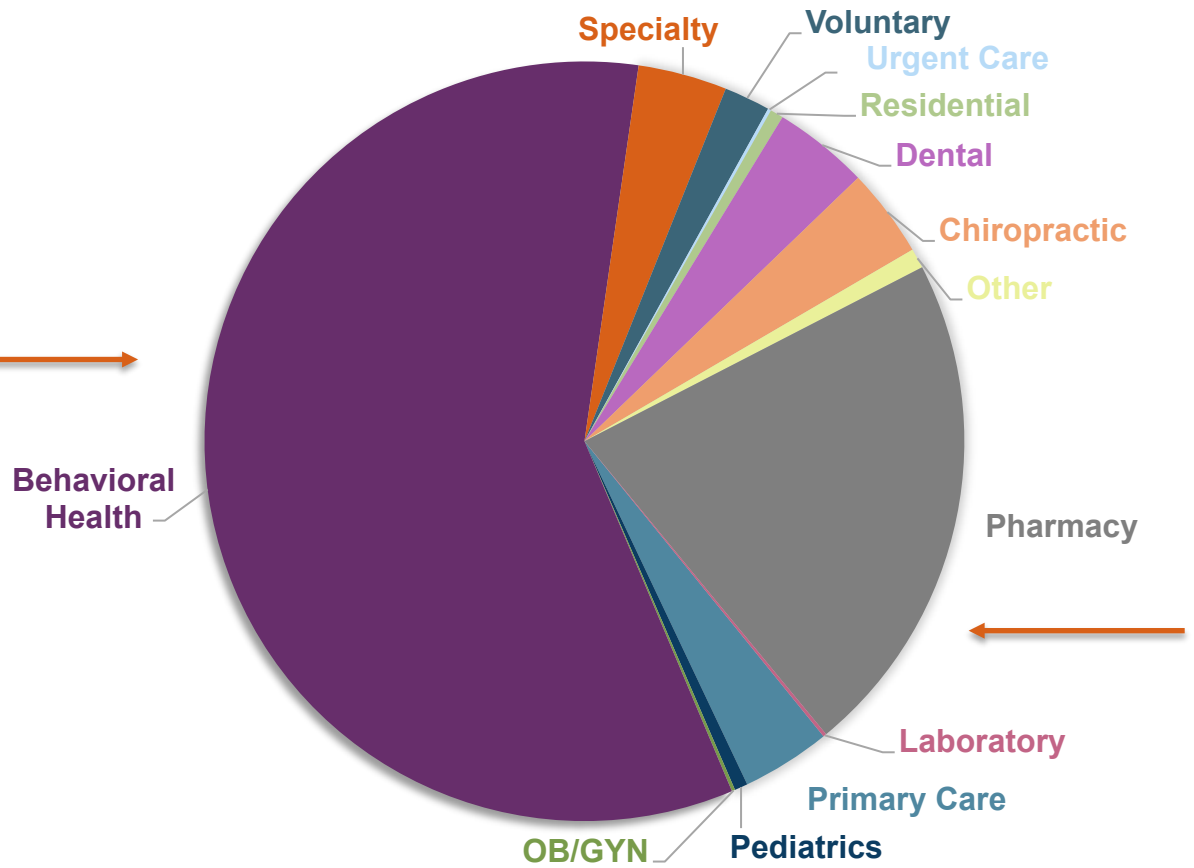
2021
Total: 634



2022
Total: 792



2023 (YTD)
Total: 715



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Specialty Provider Types

- Allergy
- Anesthesiology
- Bariatric Medicine & Weight Loss
- Cardiology
- Dermatology
- Ear, Nose & Throat
- Endocrinology
- Foot & Ankle
- Gastroenterology
- General Surgery
- Hospitalist
- Infectious Disease
- Multi-Specialty Group
- Nephrology
- Neurology
- Nutrition
- Oncology & Hematology
- Orthopedic
- Pain Management
- Plastic Surgery
- Pulmonology
- Radiology & Imaging
- Rheumatology
- Urology
- Vascular
- Wound Care

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Data Connections/Integrations

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Key Metrics

Data Connections – July 31, 2023

- 73 Net New Participants connected
  - Includes 192 Facilities
- 9 EHR migrations completed
  - 4 were migrated from Coastal Carolina HIE (CCHIE)
- 15 connection maintenance tickets closed
- Pharmacy pilots transitioned to data connections team
- Kicking off State Lab Electronic Test and Order Results Delivery (bidirectional) project 3rd Quarter

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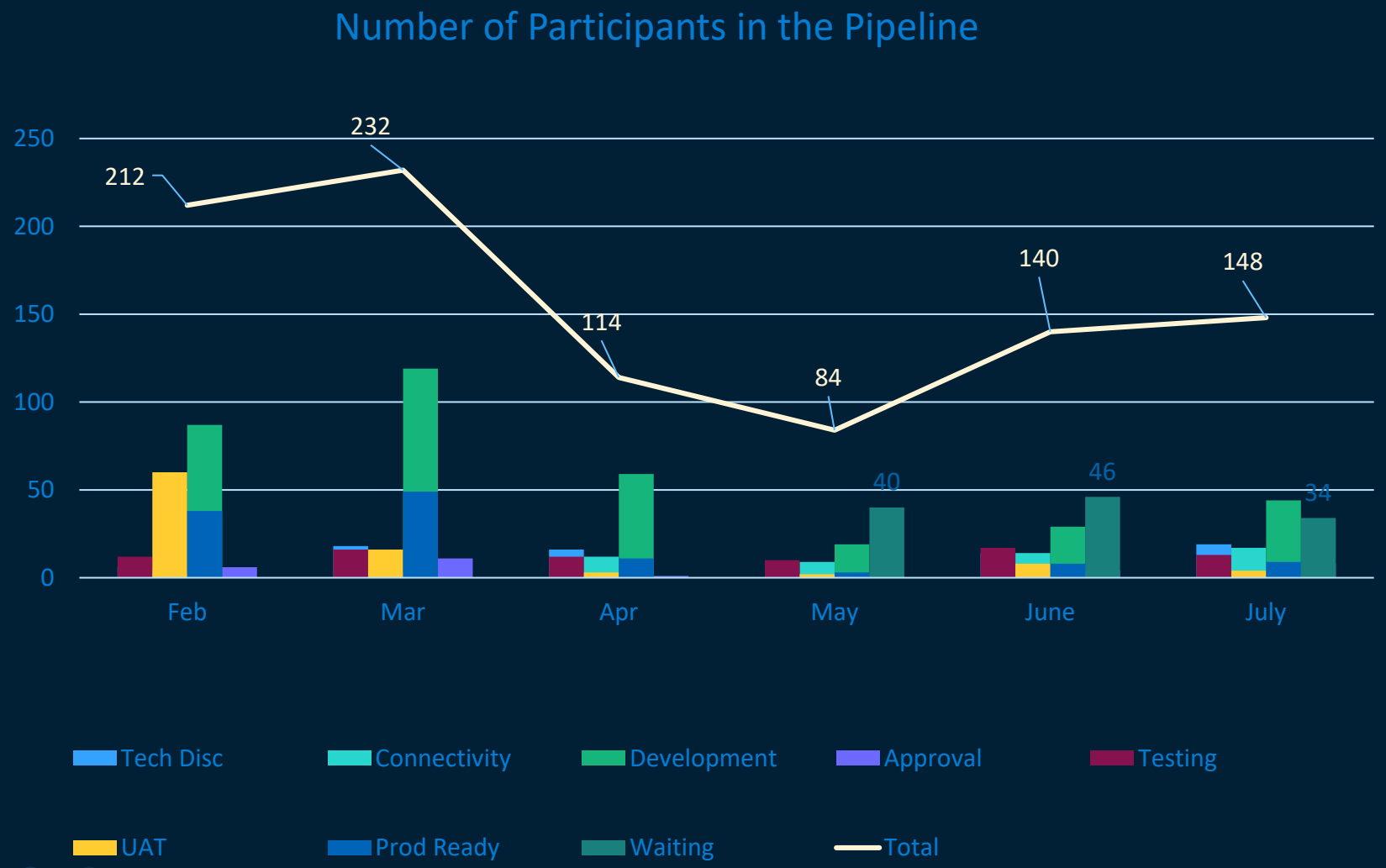
Pipeline Phases



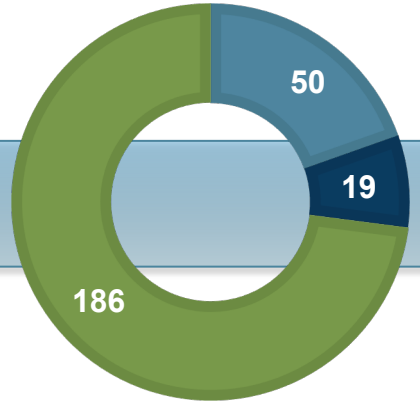
- Max in pipeline was 120 Participants, most left-over from 2022
- Most participants appeared to be in Development early on
- In May, we were waiting on data from half of the Participants

Metrics Update

Enrollment in Services

As of July 31, 2023

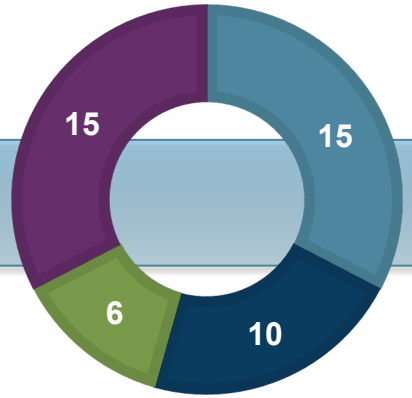
NC*NOTIFY



- 50 Integrations Enrolled
- 19 Integrations in Development
- 186 Integrations Live

186 Integrations Live represents
642 Practices

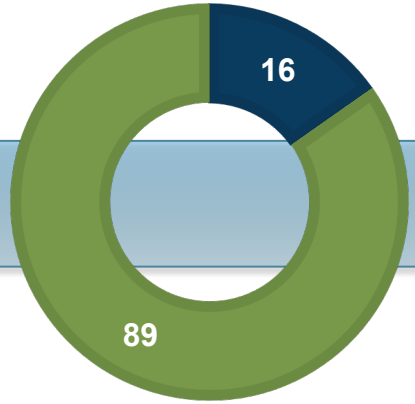
NCIR



- 15 EHRs Enrolled
- 10 EHRs in Development
- 6 EHRs Live
- 15 CVMS to NCIR

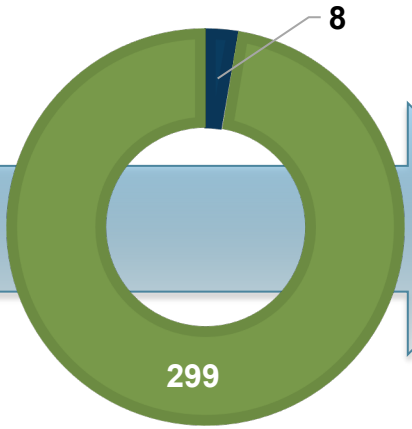
6 EHRs Live represents
471 Practices
10 EHRs in Development represents
183 Facilities

ELR



- No Enrollments
- 16 Feeds in Development
- 89 Feeds Live

DSM



- No Enrollments
- 8 Participants in Development
- 299 Domains Live

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Key Metrics

Data Exchange – July 31, 2023:

- Received: 11.3M CCDs / 38.7M ADTs
- Patient Search: 8.9M patient queries bidirectional
- Document Query: 1.5M document queries bidirectional
- Document Retrieval: 2.1M document retrievals bidirectional
- Portal Accounts 10,348

NC*Notify – July 31, 2023:

Alerts generated: 7.2 M

Patients monitored 9.4 M

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Work Group Updates

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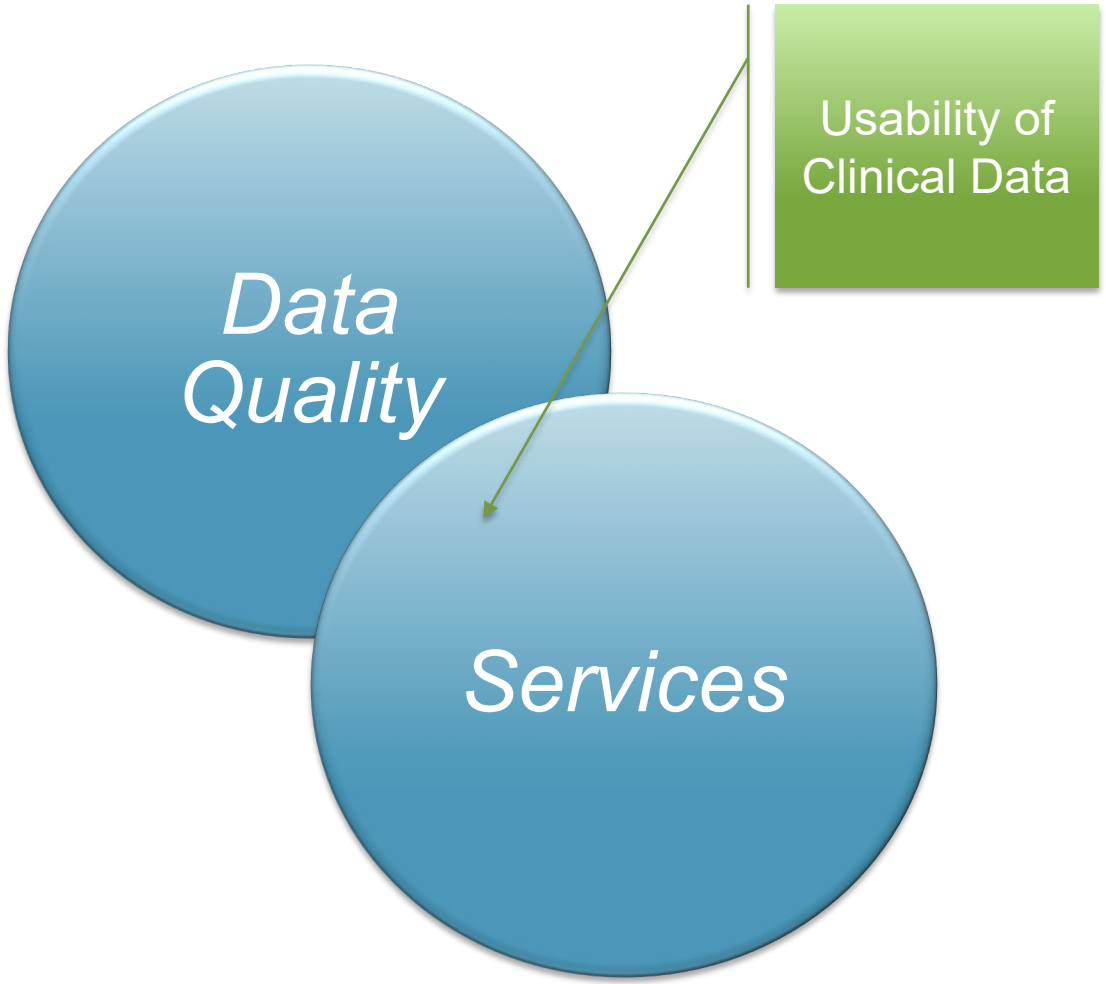
Clinical Data User Group

- Focus on clinical user feedback related to services and data quality
- Launched in early 2023
- Quarterly meeting cadence
- Goal to improve/increase utilization of NC HealthConnex across the care continuum



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1st Meeting August 2023

- Chaired by Dr. Way and Michelle Hunt
- Charter was reviewed/revised
- 17 members across the health care continuum (16 full participants, 1 Submit Only/Covid BAA)
- Members were very engaged and had lots of ideas regarding improving NC HealthConnex.
- Follow-up email included a survey to collect data from members, including:
  - Information about each participant's EHR and how they utilize NC HealthConnex
  - Suggested topics for next user group meeting
- Next meeting will be in November

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Behavioral Health Work Group

- Met June 30, 2023
- Two speakers from behavioral health organizations presented on their use of NC HealthConnex to improve quality of care for their patients
- Answered questions regarding legislative requirements
- Many small BH practices remain concerned about barriers (financial/technical) to participate
- Senate bill would provide $20M in funding for behavioral health EHRs | Healthcare IT News

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Use Case Work Group Update

ACURE4Moms
(Accountability for Care through Undoing Racism & Equity for Moms)

ACURE4Moms
Accountability for Care through Undoing Racism & Equity

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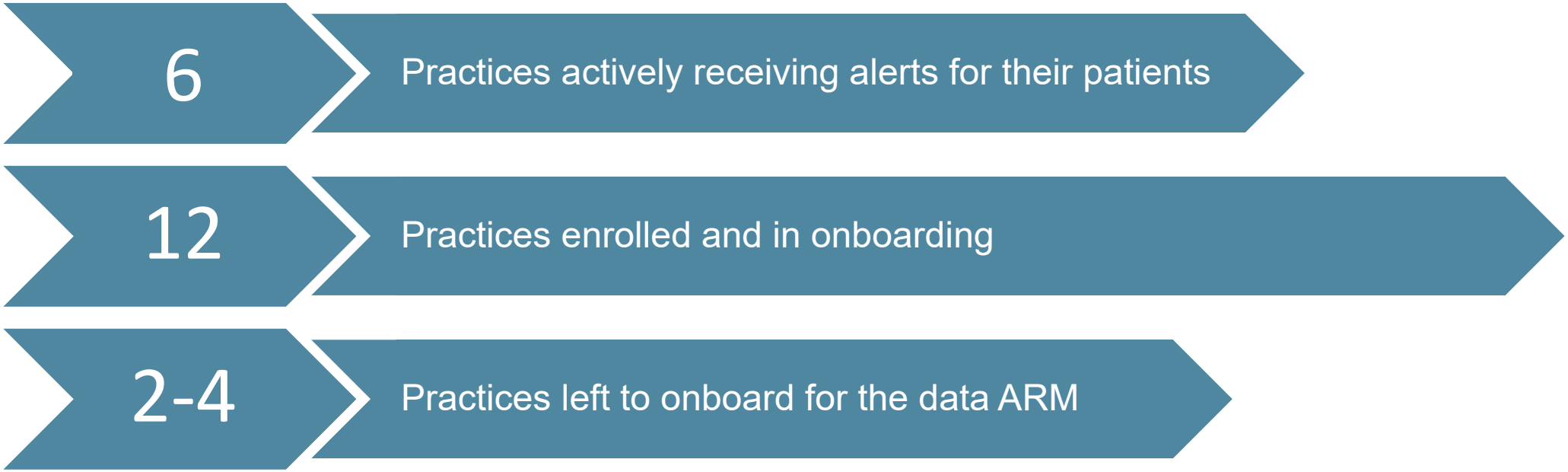
Phase 1 – Maternal Alerts Live July 2023

ACURE4Moms
Accountability for Care through Undoing Racism & Equity

- High BP Alerts
- CRITICAL High BP Alerts
- Missed Prenatal Visit Alerts



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Filter by Name or MRN | Any Participant (3) | Saved Custom Filters | Add Filter

All | Not started | In progress | Completed

Notifications count: 61
last updated: 07:57 06/21/23

SPONE SOPINMOMONE (SPAC4M-001)

NCHealthConnex
04/04/2023 08:32 PM
N Maternal Prenatal Visit Alert for Patient with Hypertensive Disorder of Pregnancy
Gestational [Pregnancy-induced] hypertension

SPTWO SOPINMOMTWO (SPAC4M-002)

NCHealthConnex
04/04/2023 04:32 PM
N Maternal Prenatal Visit Alert for Patient with Diabetes
Type 2 diabetes mellitus

SPTWO SOPINMOMTWO (SPAC4M-002)

NCHealthConnex

Spone Sopinmomone

SPAC4M-001

DEMOGRAPHICS

MRN: SPAC4M-001
Date of Birth: 09/19/1994
Gender: F
Address 1: 1 Elsewhere Ave
City: Canda City
State: NC
Zip: 96550

Home Phone: 859-223-8889
Cell Phone: 859-222-8810
Work Phone: 859-333-8810
Primary Care Provider:
NPI: 1322647891
Practice: Southern Pines

MOST RECENT EVENT

Event Date: 04/04/2023 08:32 pm
Admit Date:
Discharge Date:
Organization: NCHealthConnex

Death Indicator:
Hospital Service:
Patient Complaint:
Diagnosis Description: Gestational [Pregnancy-induced] hypertension

ACURE4Moms
Accountability for Care through Undoing Racism & Equity

Filter by Name or MRN | Any Participant (3) | Saved Custom Filters | Add Filter

4.

All | Not started | In progress | Completed

1. Notifications count: 61
last updated: 07:57 06/21/23

3.

2.

SPONE SOPINMOMONE (SPAC4M-001)

NCHealthConnex
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Organization: NCHealthConnex

Death Indicator:
Hospital Service:
Patient Complaint:
Diagnosis Description: Gestational [Pregnancy-induced] hypertension

Extras!

- HIEA team members attended Civitas Networks for Health Conference and the Medicaid Enterprise Systems Conference - August 2023
- HIEA speaking NC HIMSS, Raleigh, October 2-3, 2023
- HIEA Communication Specialist working with team to audit the website and make updates.
- Pages to note:
  - Home Page | NC HIEA
  - For Providers | NC HIEA
  - For Patients | NC HIEA
  - News & Events | NC HIEA
  - NEW! Notices and Alerts | NC HIEA

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Civitas Networks For Health 2023 Conference Overview

- CIVITAS Networks for Health is a national collaborative of member organizations working to use health information exchange, health data, and multi-stakeholder, cross-sector approaches to improve health
- A Focus of the Importance of HIE Partnerships in Public Health Settings Across the Country
- Importance of Data Equity within HIEs
- Robust Conversations and Discussions around TEFCA
- Discussions around FHIR as a Healthcare Data Standard Designed for the Future
- Strengthening and Building Partnerships Between HIEs and Public Health

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Best of Civitas Highlights – Slide Sections

- Public Health Data Strategies (PHDS)
- Health Equity and Social Determinates of Health (SDOH)
- Trusted Exchange Framework and Common Agreement (TEFCA)
- All-Payer Claims Database (APCD)
- Foster Care and HIEs
- WIC and Data Sharing
- Community Based Organizations (CBOs) and Community Information Exchanges (CIOs)
- Disease Investigation

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Legislative Update

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Questions?

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TEFCA Part 2

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What is the Trusted Exchange Framework (TEFCA)?

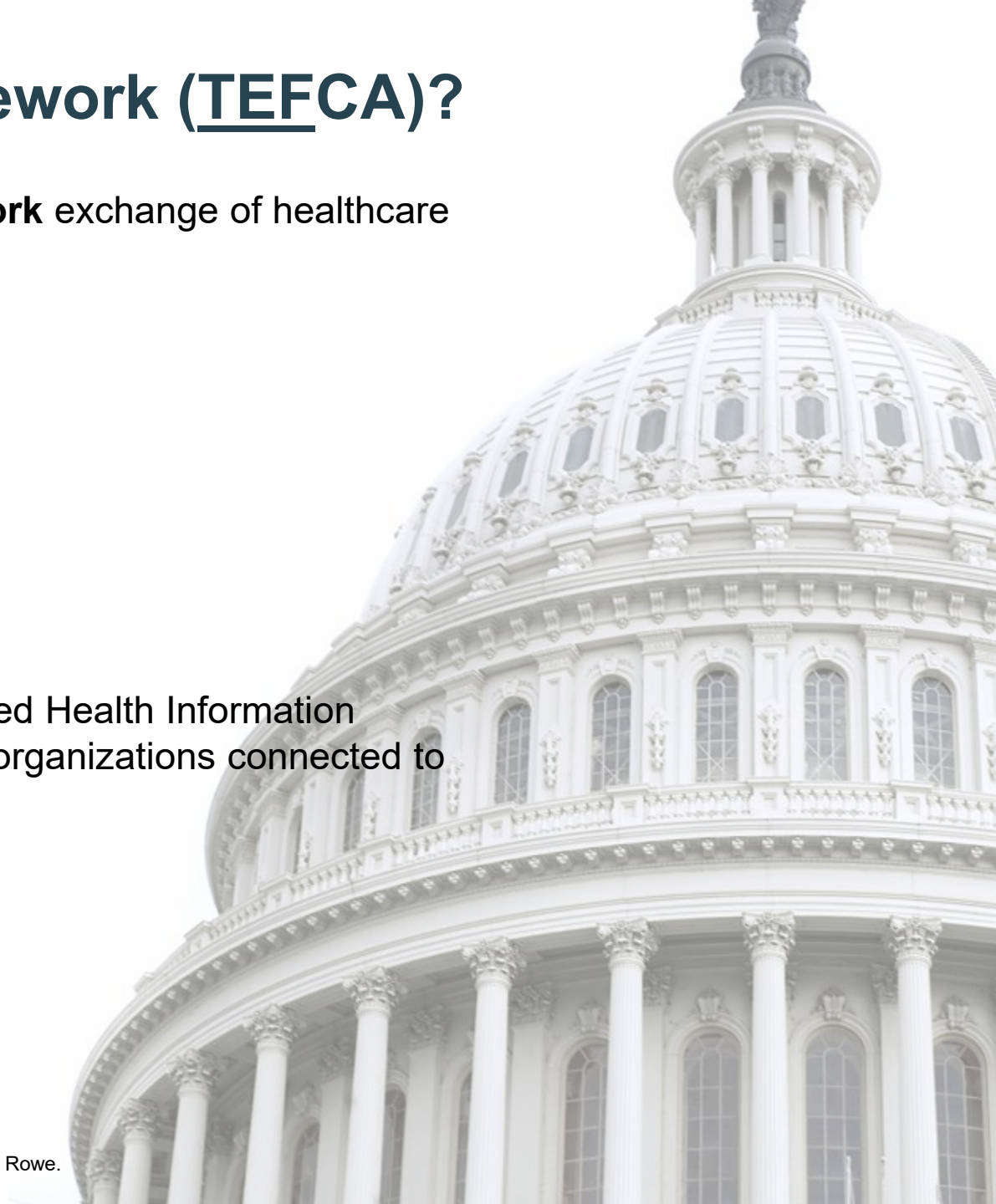
It's a federally endorsed governance framework for **cross-network** exchange of healthcare records.

It's not a network, but a framework providing:

1. Technical & policy agreements
2. Governing structure
3. Federated architecture

Enables healthcare organizations connected to a TEFCA Qualified Health Information Network (QHIN) to exchange patient data with other healthcare organizations connected to other QHINs.

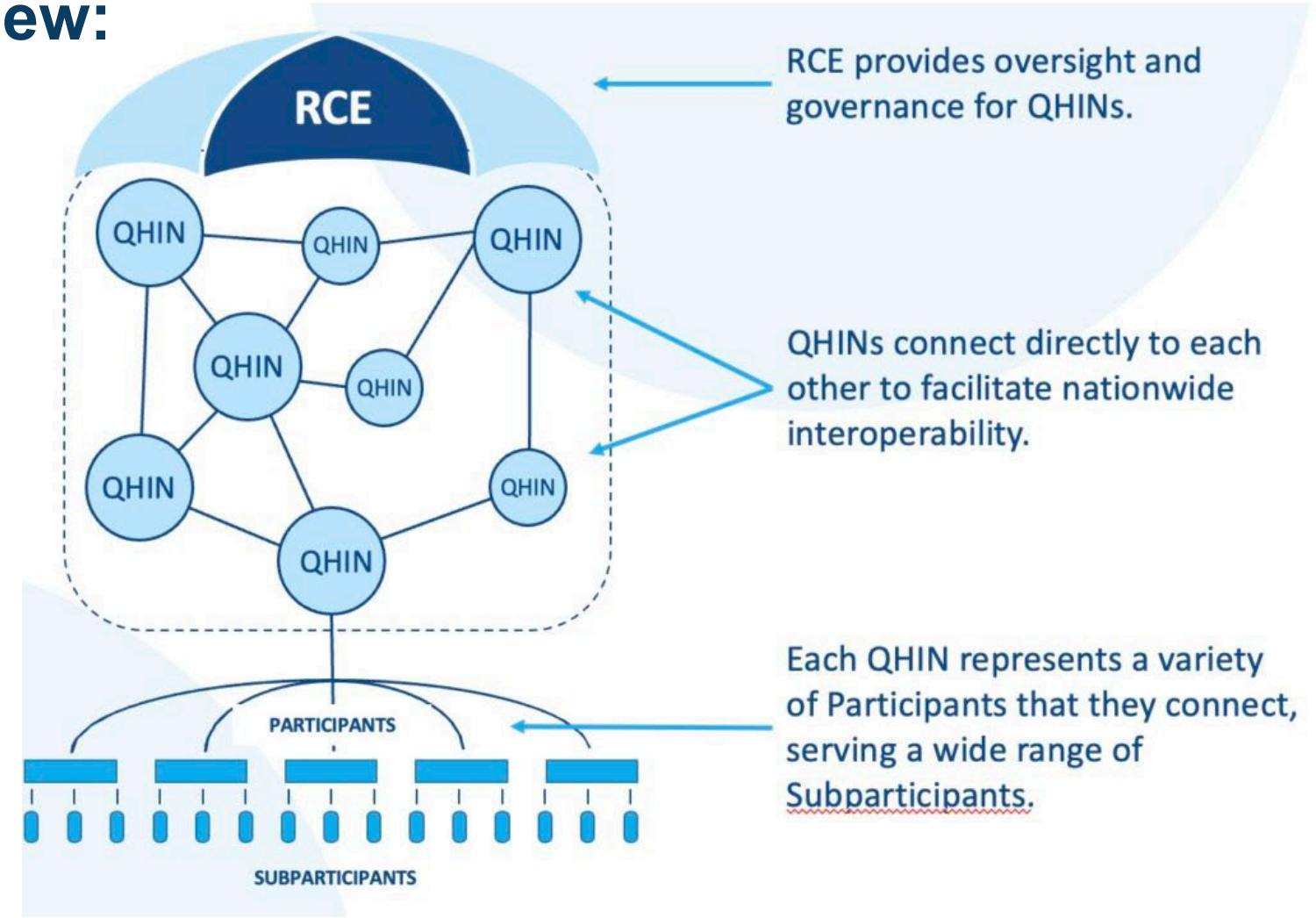
https://rce.sequoiaproject.org/tefca/



Slide from The Great Data Superhighway by Kathryn Bingman, and Lynda Rowe.

TEFCA Framework Review:

Key Terms:
RCE – *Recognized Coordinating Entity*, responsible for governance. The RCE is the Sequoia Network – five year award to manage; Sequoia is also the parent of the eHealth Exchange.
The RCE oversees **QHINs -** *Qualified Health Information Networks* which are organizations that will implement the data sharing



Current QHIN applicants: **CommonWell Health Alliance**, **eHealth Exchange**, Epic, Health Gorilla, Kno2, **KONZA**, MedAllies

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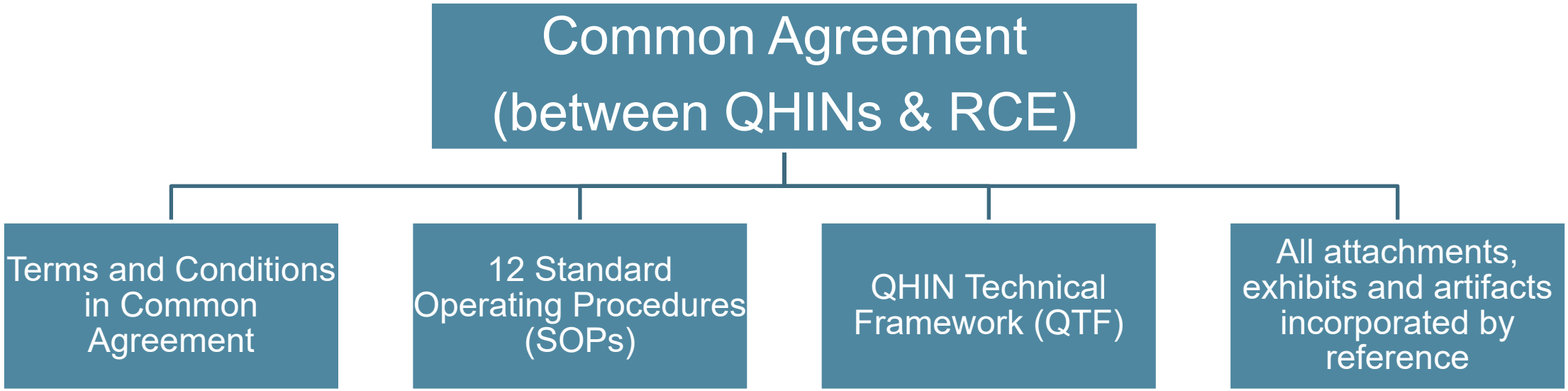
Legal Considerations: Common Agreement



*certain required “flow down terms” must be included in the QHIN-Participation agreements

* See next slide for SOPs

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Legal Considerations: Common Agreement

TEFCA Common Agreement Standard Operating Procedures (SOPs) Applicable to Participant (HIEA) and Subparticipants (HIEA participants who elect to participate)
Exchange Purpose
IAS Exchange Purpose Implementation
Types of Entities that Can be a Participant or Subparticipant in TEFCA

Other TEFCA Common Agreement Standard Operating Procedures
Advisory Groups
Conflict of Interest
Dispute Resolution
Means to Demonstrate US Ownership and Control of a QHIN
QHIN Cybersecurity Coverage
QHIN Onboarding & Designation
QHIN Security Requirements for the Protection of TEFCA Information (Rev. 1)
TEFCA Governing Council
Transitional Council

Note: Participation in TEFCA is voluntary

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Legal Considerations: Selecting a QHIN

Selecting a QHIN:

- All agreements include required flow-down terms
- All agreements require compliance with applicable TEFCA SOPs
- Some QHIN-Participant agreements may vary
- HIEA has met with two QHIN applicants – eHealth Exchange and KONZA

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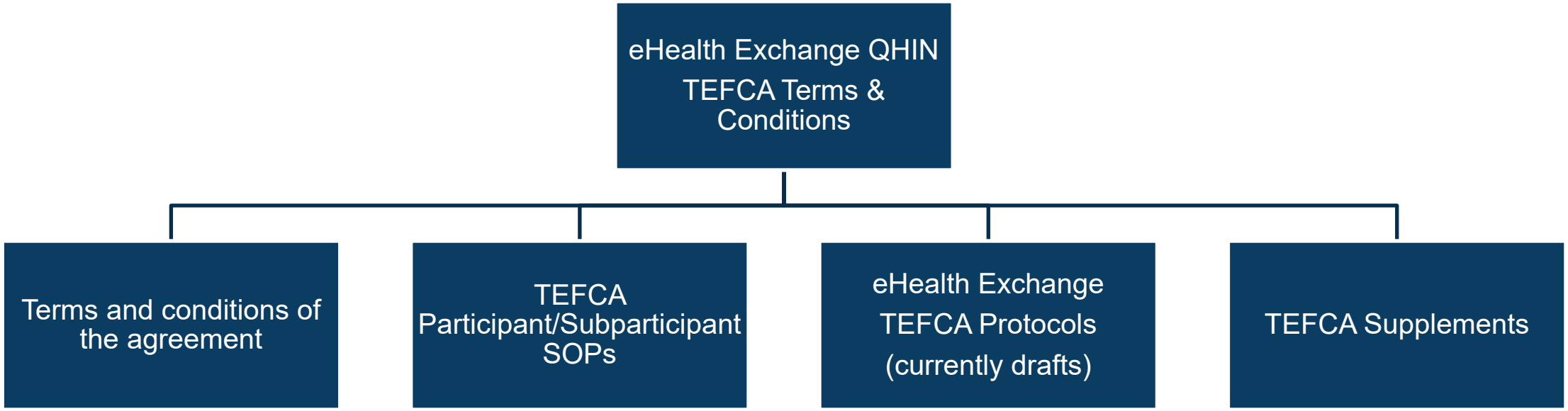
Legal Considerations: eHealth Exchange QHIN



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Legal Considerations: HIEA responsibilities

Develop policies required by Common Agreement and QHIN-Participant Agreement

- Common Agreement: Section 11.2 (required flow down)
  - written privacy policy describing privacy practices with respect to Individually Identifiable information that is Used or Disclosed pursuant to this Common Agreement.
- eHealth Exchange Participant Agreement: Section 9.4
  - Maintain policies and procedures to allow individuals to revoke required consent or authorization

Review Existing HIEA Agreements for Possible Amendments

- Participation agreements
- Department of Health and Human Services
- Department of Adult Corrections
- SAS

DURSA v. Common Agreement: Terms

RCE Common Agreement required flow down terms **similar** to DURSA terms
6.1 Cooperation and Non-Discrimination: Cooperation
7.1 Confidentiality and Accountability: Confidential Information
8.2 RCE Directory: Utilization of the RCE Directory Service
9.4 Responses
10 Individual Access Services
12.2 Security: TI Outside of the US
13.2.2 Compliance with Specific Obligations: Responsibility of Signatory
13.3 Compliance with Specific Obligations: Flow-Down Rights to Suspend

RCE Common Agreement required flow down terms **different** from DURSA terms
6.2.1 Non-Discrimination: Prohibition Against Exclusivity
6.2.2 Non-Discrimination: No Discriminatory Limits on Exchange of TI
9.2 Uses
9.3 Disclosures
9.5 Special Legal Requirements
11.1 Privacy: Compliance with the HIPAA Privacy Rule
11.2 Privacy: Written Privacy Policy
12.3.2 Vertical Reporting of TEFCA Security Incidents
12.1.4 Security: Participants and Subparticipants
13.1 General Obligations: Compliance with Applicable Law and Framework Agreements
13.4 Compliance with Specific Obligations: Survival for Participants and Subparticipants

Note: DURSA is the Data Use Reciprocal Support Agreement for the eHealth Exchange participants

https://ehealthexchange.org/wp-content/uploads/2023/01/DURSA-TEFCA-Highlights-and-FAQ-1-5-202334-Read-Only.pdf

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DURSA v. Common Agreement: Exchange Purposes

TEFCA Exchange Purposes Note: this is a voluntary framework	**DURSA Exchange Purposes**
Individual Access Services *(currently required)*	Individual's right to access own health information
Treatment *(currently required)*	Treatment
Payment	Payment
Health Care Operations	Healthcare Operations
Public Health	Public Health
Government Benefits Determination	Social Security Disability Benefits Determination
	Life Insurance Applications
	Encounter Alerts
	Approved but not implemented yet: -Prescription Drug Monitoring Program Pilot -Immunization Notifications -Consumer Access to Health Information

https://ehealthexchange.org/wp-content/uploads/2023/01/DURSA-TEFCA-Highlights-and-FAQ-1-5-202334-Read-Only.pdf

https://ehealthexchange.org/use-cases/

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Technical Considerations - TEFCA versus eHealth Exchange

	eHX	TEFCA
Technical		
IHE	Yes – XCPD, XCA	Initially XCPD, XCA
FHIR	No	2023 Optional, eventually required
Content		
CDA 2.1	Yes	Yes
USCDI	No	Initially V1
Purpose of Use		
Treatment	Yes	Rollout
Individual Access	No	Rollout (Not Applicable)
Payment	No	Future
Operations	No	Future
Public Health	No	Future

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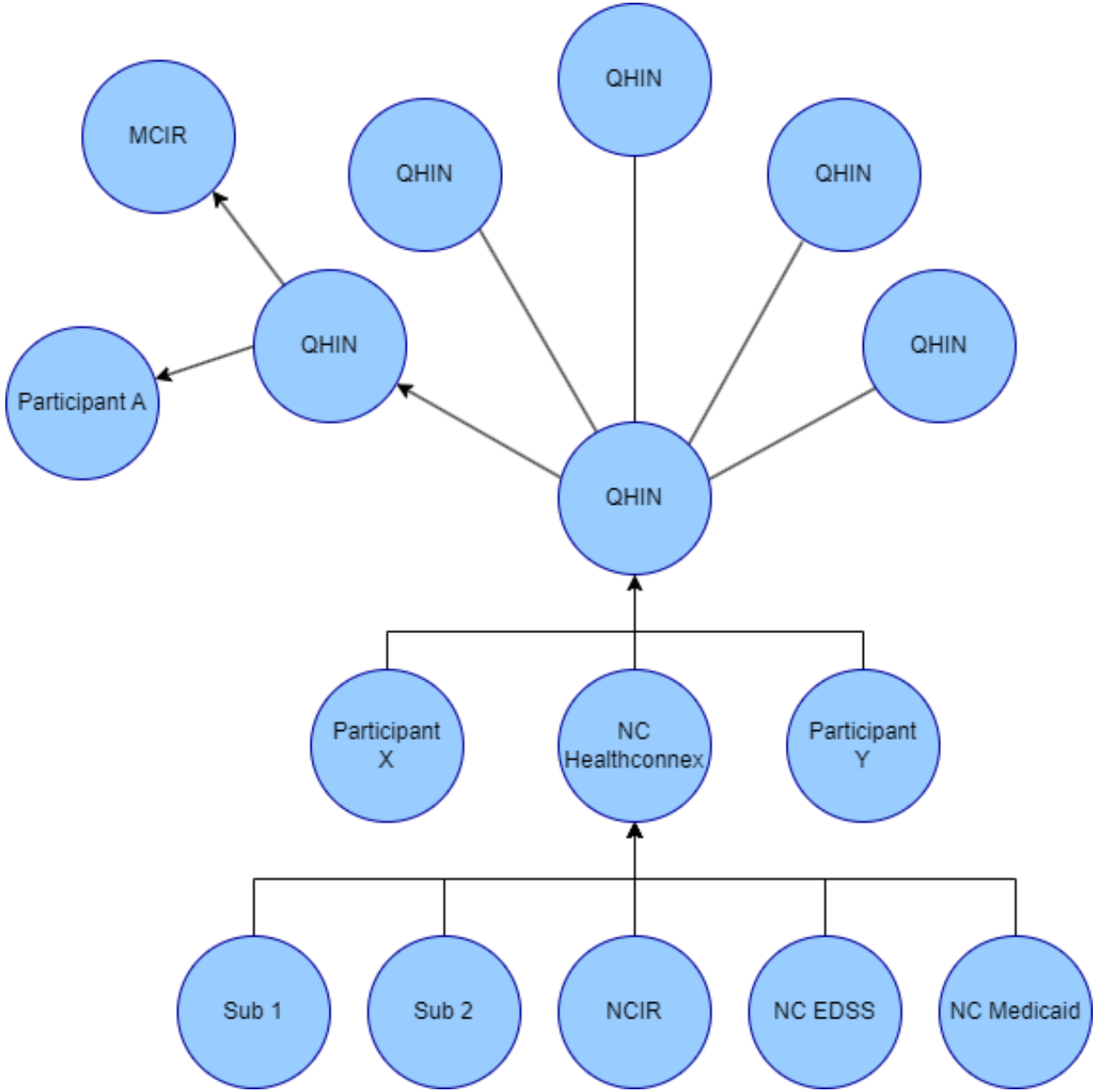
TEFCA Roles - Requestor

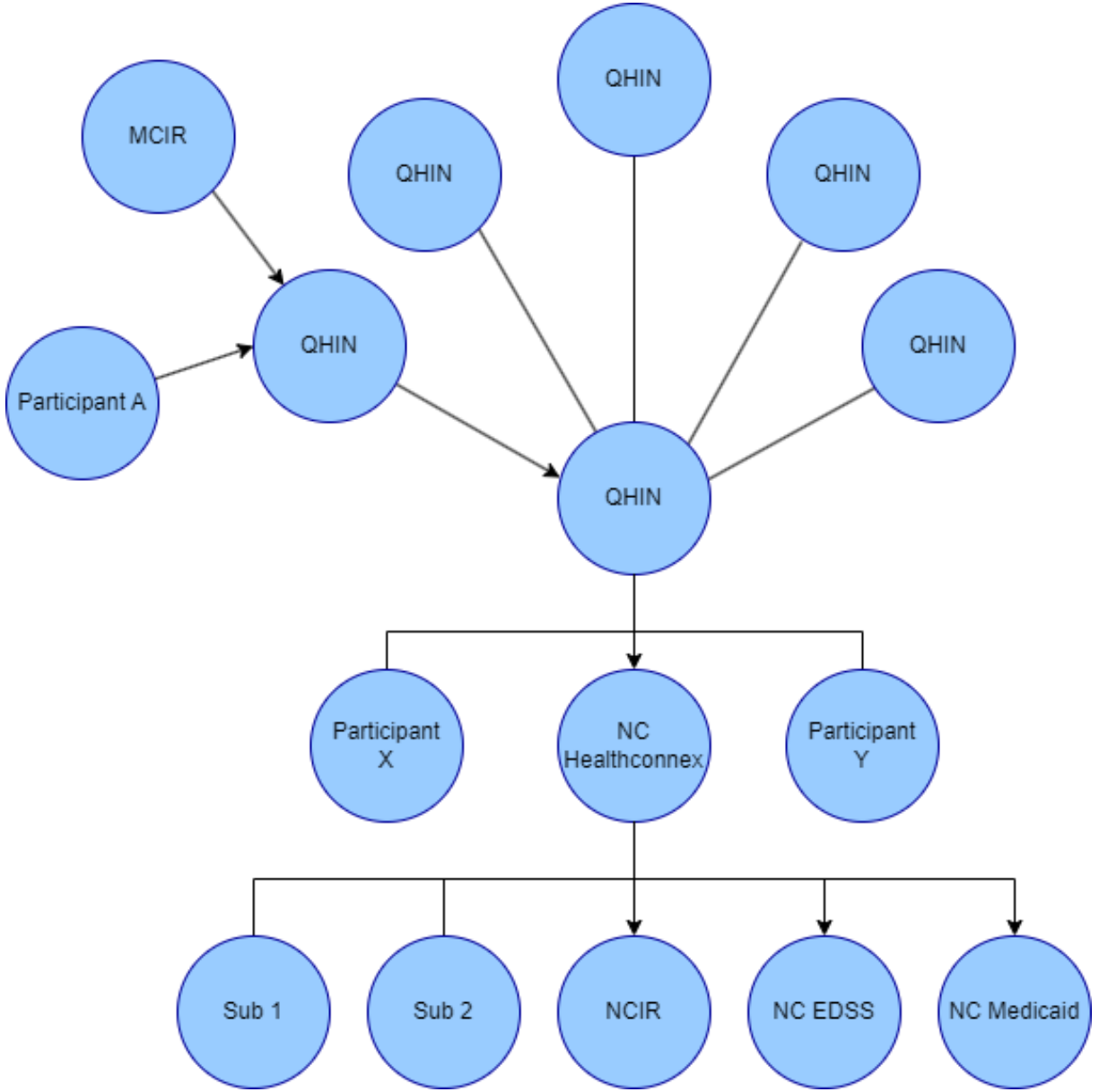
Queries initiated by
HIE or sub participants



Note: Graph is illustrative only. No commitments from DHHS Divisions

TEFCA Roles - Responder

Queries sent to HIE



Note: Graph is illustrative only. No commitments from DHHS Divisions

TEFCA Technical Considerations

1. **Allow Intersystems (ISC) and other HIEs time to fill the technical functionality gaps.**
   - Two HIEs with intent to participate in TEFCA both use Intersystems: Alabama One Health and Manifest Medex (California regional HIE).
   - eHealth Exchange (one of the QHINs) also uses Intersystems.

2. **Partner with participants to understand their use cases to clearly define requirements.**

3. **Use case requirements are needed to understand infrastructure capacity needs.**

4. **Wait for additional value add opportunities:**
   - Watch for a more robust TEFCA network (VA/DoD is the largest out of state NC HealthConnex data consumer and they are at a wait and see stance.)
   - FHIR utilization
   - Voluntary vs Required
   - Is there a large demand from North Carolina providers?

Note: The NC HIEA will add awareness and interest questions to annual survey.

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TEFCA Baseline Requirements

Technical

- Development to fill technical requirements gaps
- Additional infrastructure to support demands
- Data requirements verification and cleanup (USCDI v1, US@ address standards)

Note: USCDI – United States Core Data For Interoperability

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HIEA and NC Medicaid:

Paving the path for quality and population health

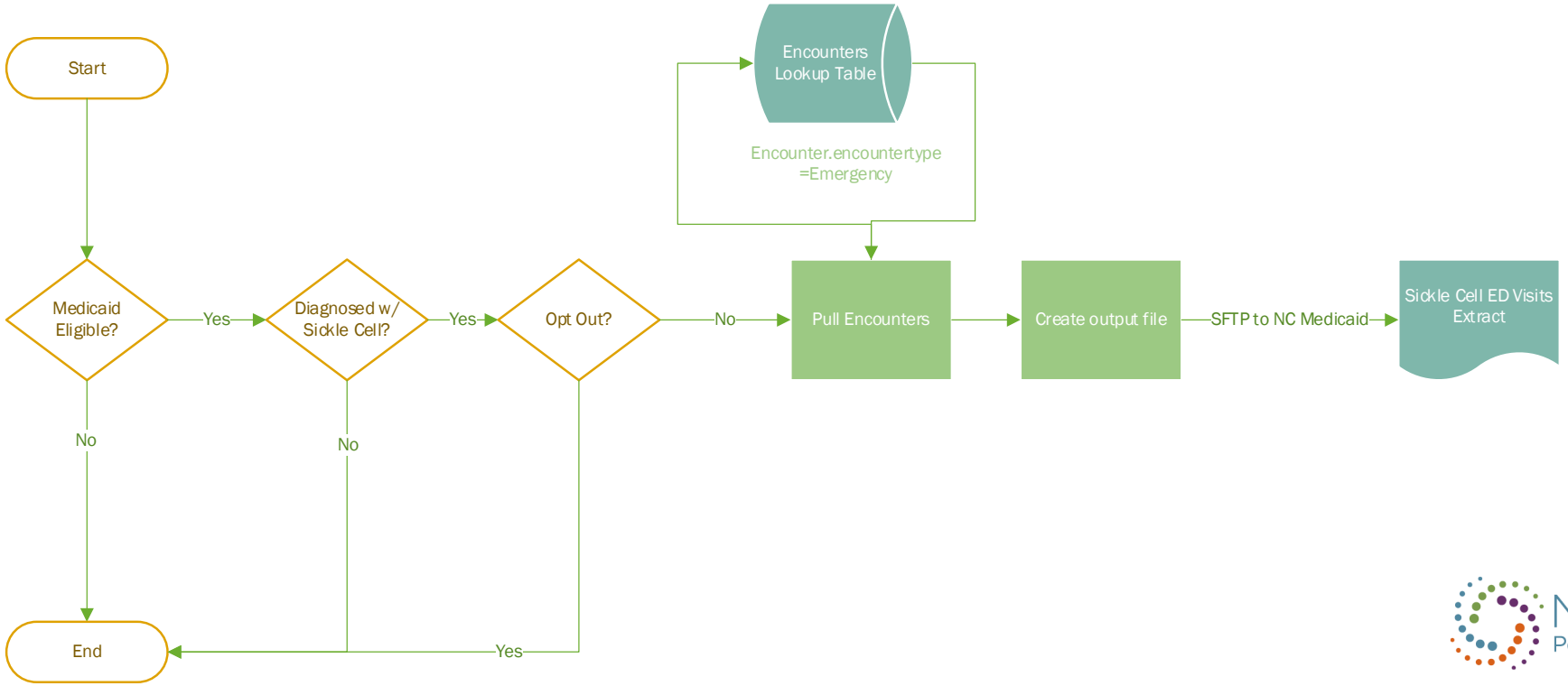
September 11, 2023

Agenda

1. HIE / Medicaid partnership updates: completed, in progress, and future
2. Recap: NC Medicaid's vision for leveraging NC HealthConnex
3. Overview of Data Aggregator Validation (DAV) program
4. Improving quality measurement by building on DAV
    1. NC Medicaid provider workgroup activities
    2. DAV as a foundation for future improvements
5. Summary
6. MESC 2023 key take aways

Complete: Medicaid Sickle Cell Patient Survey

- In production July 2023
- Identification of ED visits for Medicaid patients with Sickle Cell for follow-up outreach
- Flat file delivery via SFTP 3 times a week



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Current Work in Progress

Project	Expected to Complete
Data Aggregator Validation	Q4 2023
Additional rollout of Priority Data Elements to the LME/MCOs (Tailored Plans)	Q4 2023
Exploratory Data Analysis for clinical / claims	Q1 2024

Future Work

Currently Scoping:

- Data quality improvements for quality measures
- dQMs
- Supporting data exchange – Medicaid payer and providers
- SDOH
- Annual DAV recertification

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Social Determinants Of Health Data Exchange Proof of Concept

Partnership:

- UNC
- Duke
- Mission Health
- Wake Med
- DHHS Data Office
- NC Medicaid

Goals:

- Identify a standard that can be used across systems
- Focused on: Food, Housing, Utilities, and Transportation
- Determine best options for data exchange
- Scope roll-out to support Medicaid

Hospitals Collect and Receive Social Needs Data, but Usage Varies - Health IT Buzz Health IT Buzz

https://www.crisphealth.org/wp-content/uploads/2022/06/Sharing-SDoH-Assessment-Data-with-CRISP-12.13.21.pdf

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NC Medicaid's Vision for Leveraging NC HealthConnex

A Quick Refresher: NC Medicaid's Vision for Leveraging NC HealthConnex

- With the transition to managed care in 2021, NC Medicaid's role in data exchange for quality improvement and population health has shifted
- NC Medicaid's current challenges:
  - Incomplete data in certain areas
  - Decentralized data exchange
  - Practices face increasing administrative burden
- Where NC Medicaid hopes to leverage NC HealthConnex:
  - Quality measurement
  - Health-related resource needs screening data
  - Data exchange for care management

NC Medicaid's Future Leveraging NC HealthConnex

Challenges with Our Current Process	Potential Future Using NC HealthConnex
1. Administrative burden	1. Reduces burden associated with sending data and reporting to multiple sources
2. Siloed patient health information	2. Real-time access to patient health information from multiple sources at the point of care
3. Lag in data availability and variability in care gap reports	3. Near-real-time care management and quality measure data, decreased variability in care gap reports
4. Operational complexity and lack of cross-system communication	4. Standardized, accurate, and timely data pulled in from multiple sources with minimal human interaction

How Do We Get There?
DAV as a Foundation

Data Aggregator Validation Program

What is the DAV program and why do we need it?

The NCQA Data Aggregator Validation program evaluates clinical data streams to help ensure that health plans, providers, government organizations and others can trust **the accuracy of aggregated clinical data** for use in Healthcare Effectiveness Data and Information Set (HEDIS®) reporting and other quality programs. **Besides data accuracy, DAV program eliminates the need for primary source verification (PSV) during the HEDIS audit process** and simultaneously provides valuable data with peace of mind to partners.

The DAV program assesses two sets of standards:

- **Process, System and Data (PSD) standards**: Assesses the processes, policies and procedures for ingesting, managing and aggregating data.
- **Output Data Integrity (ODI) standards**: Assess the organization's adherence to the NCQA Continuity of Care Document (CCD) Implementation Guide and primary source verification (PSV) by testing and reviewing CCD output files.

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DAV Program Logistics

- DAV program lasts 22 weeks (July 2023-December 2023)
- Annual process
- In 2023 NC HIE has:
  - two participating health systems:
    - Duke Health
    - UNC Health
  - 4 clusters comprised of Inpatient and Outpatient for each health system

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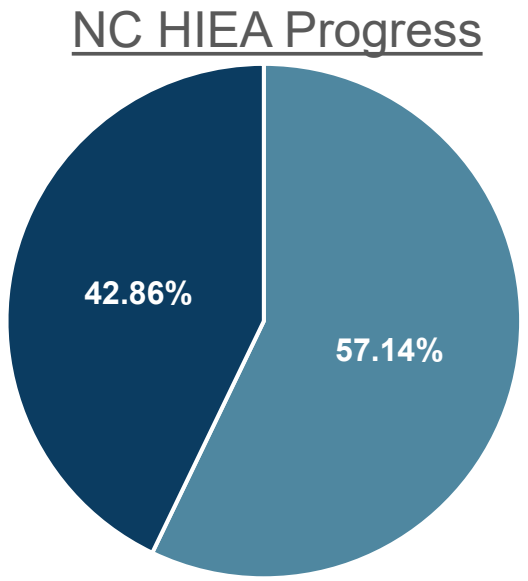
Data Aggregator Validation Milestones

- Current State (as of 9/11/2023)
  - 82 days remaining for the cohort
  - 11 program weeks remaining
  - 10 weeks of Primary Source Verification(PSV) remaining
- NC HIEA completion rate is 57.14% for the cohort
  - July 28th completion of Data Submission Log (DSL)
  - Aug 3rd Clusters approved
    - Epic Inpatient
    - Epic Outpatient
  - Aug 8th Validation Access Tool (VAT) completion and supporting documents approved
  - Aug 22nd Virtual Review meeting completed
  - Sept 1st Virtual Review follow-up completed
- Future State (*pending)*
  - Output Data Integrity
    - ODI 2.0 submitted
    - ODI 3.0 (PSV) in planning phase



NC HIEA has successfully completed Process, System and Data (PSD) Standards. NCQA Auditors praised us on our well-prepared documentation during the virtual review meeting and required minimal clarifications. Overall, ***progress to date is around 60% with 11 weeks remaining.*** *Remainder of the process will be concentrated on Primary Source Verification (PSV).*

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Value add for Medicaid

- Provides assurance to NC Medicaid prepaid health plans that NC HealthConnex data is accurate and reliable
- The impact:
  - NC Medicaid can require PHPs to use NC HealthConnex data instead of collecting clinical data directly from providers
  - Providers and care managers can rely on NC HealthConnex data to support clinical decision making (care gap reports) rather than relying on PHPs for the data
- Provides an important foundation for NC Medicaid's goals

Value Add for NC HealthConnex Participants

- Validated data streams undergo a rigorous, end-to-end look at the quality and integrity of data and the procedures used to manage and safeguard it.
- Provides accuracy on Data & Quality Reporting by reducing the burden of regulatory compliance. (Primary source verification for HEDIS® reporting will be eliminated).
- Improves the trust, reliability and quality of data exchange between Participants and the HIE.
- Value based care delivery across all patient populations improves significantly with validated data which can also be leveraged for health equity.
- Reduction of time and effort spent on manual data validation. Reduces need for chart reviews and removes additional needs for data validation.
- Leveraging validated and automated data will lead to significant increase of data contribution for performance measures.

US Physician Practices Spend More Than $15.4 Billion Annually To Report Quality Measures

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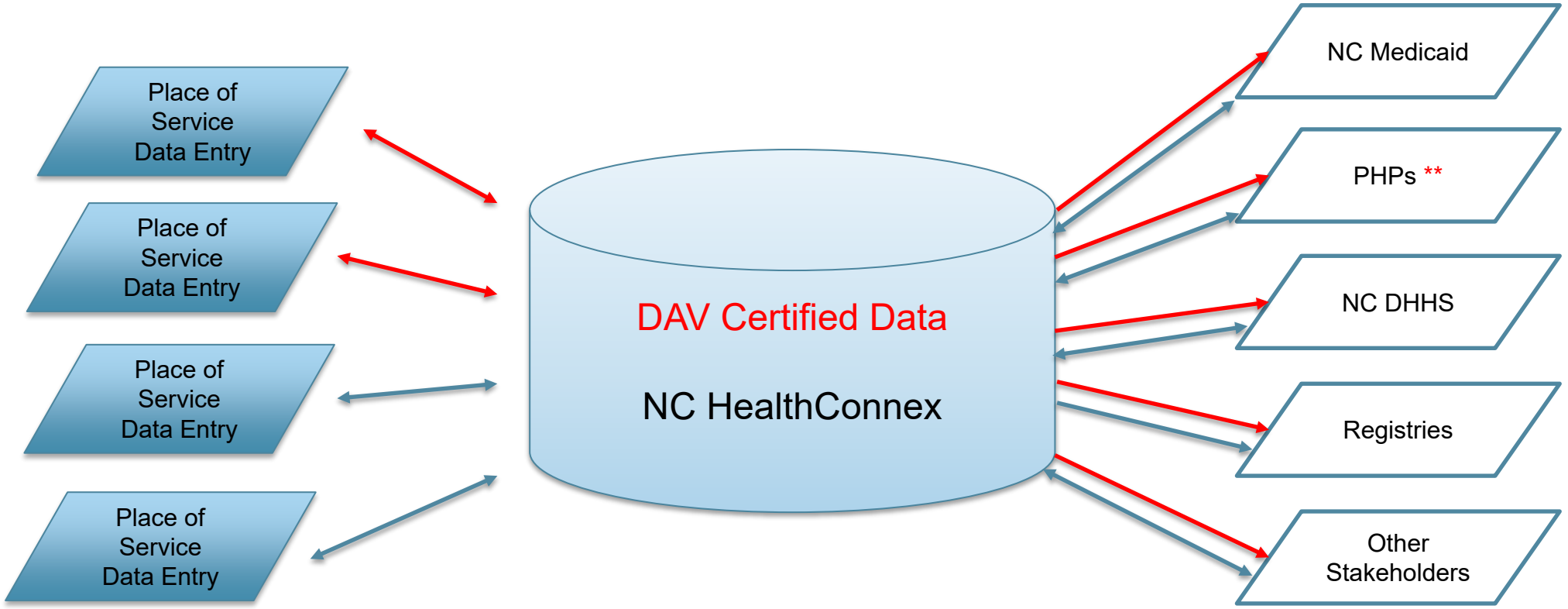
Summary



A reliable, **DAV-Certified** NC HealthConnex will serve to reduce administrative burden on providers. Healthcare data entered a single time at the POS will flow to all the requisite recipients.

** NC Medicaid can require PHPs to use NC HealthConnex data instead of collecting clinical data directly from providers.

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Building Off DAV Foundation: Medicaid Provider Workgroups

- Initial focus on primary care providers (wider range of health systems)
- Builds off of gaps or challenges identified during the DAV process
- Specific focus on 3 high-priority quality measures and ensuring all data elements are available/standardized
- Pilot solutions with providers (e.g., EHR updates)
- Guide changes to NC Medicaid policy (e.g., incentivizing providers to document in a certain way, inform approach to data elements used in quality measurement)

Summary

- DAV program lays the foundation for Medicaid efforts to accomplish key data exchange goals:
  1. Improve near-real-time exchange of key data elements between entities
  2. Improve accuracy, completeness, and timeliness of DHB's quality measurement
  3. Reduce administrative burden
  4. Support care managers with complete, timely, and accurate data to inform their clinical decision-making and outreach
- Starting with quality measurement…
  - But the foundation of improving the quality/standardization of data that providers submit to NC HealthConnex can be applied to other use cases:
    - Health-related resource needs
    - Data to support care management activities

Medicaid Enterprise System Conference
MESC 2023

Key Take Aways:

- Many states are working with their own State's HIE(s) to monitor and improve population health
    - Hawaii – Building an Integrated Analytics Module (IAM)
    - Washington – As part of COVID Response, now leveraging their statewide HIE OneHealthPort to support PDMP, Syndromic Surveillance, and immunization registry
- Fragmented or siloed data continues to be a challenge nationwide
- NC's Medicaid/HIEA partnership looks to be paving the way

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Thank You
Dr. Bill Way, Donette Herring, and Carolyn Spence!

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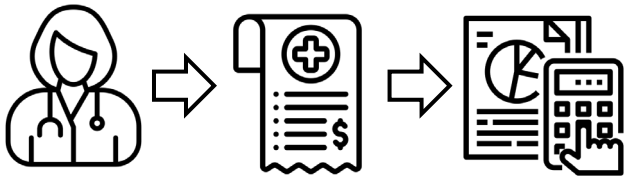
Appendix

Quality Use Case #1: Early Evidence in the Controlling High Blood Pressure (CBP) Measure

The 2020 national average for Medicaid HMOs for Controlling High Blood Pressure was 55.9%.

Traditional

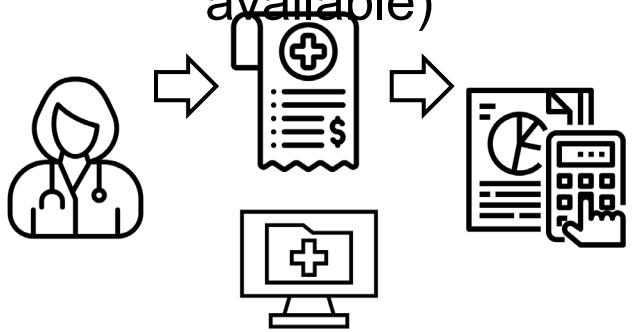
Only administrative (claims and encounter) data are used for quality measurement



2020 CBP Rate:
4.58%

Supplemental Data from HIE

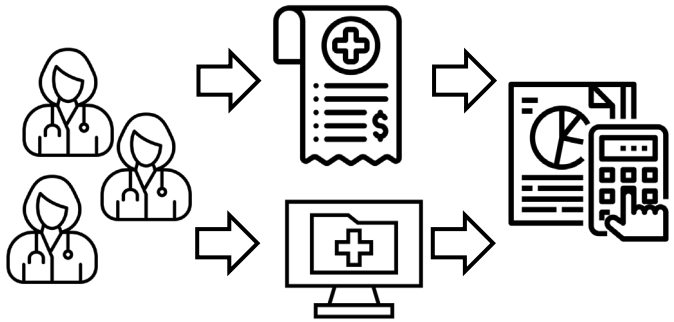
Traditional data is combined with electronic clinical data via NC HealthConnex (as available)



2020 CBP Rate:
20%

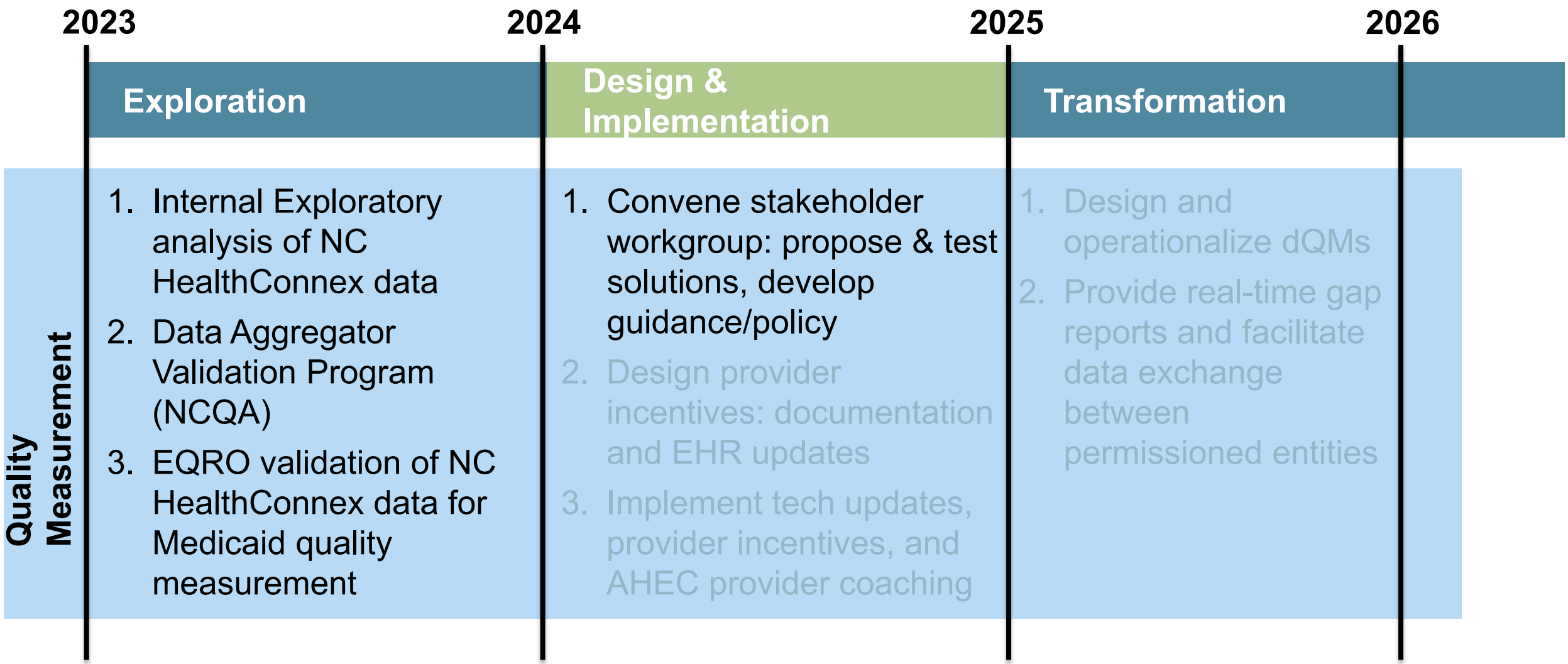
Improvements in HIE Submission

An increasing number of providers/practices connect to the HIE and share patient data

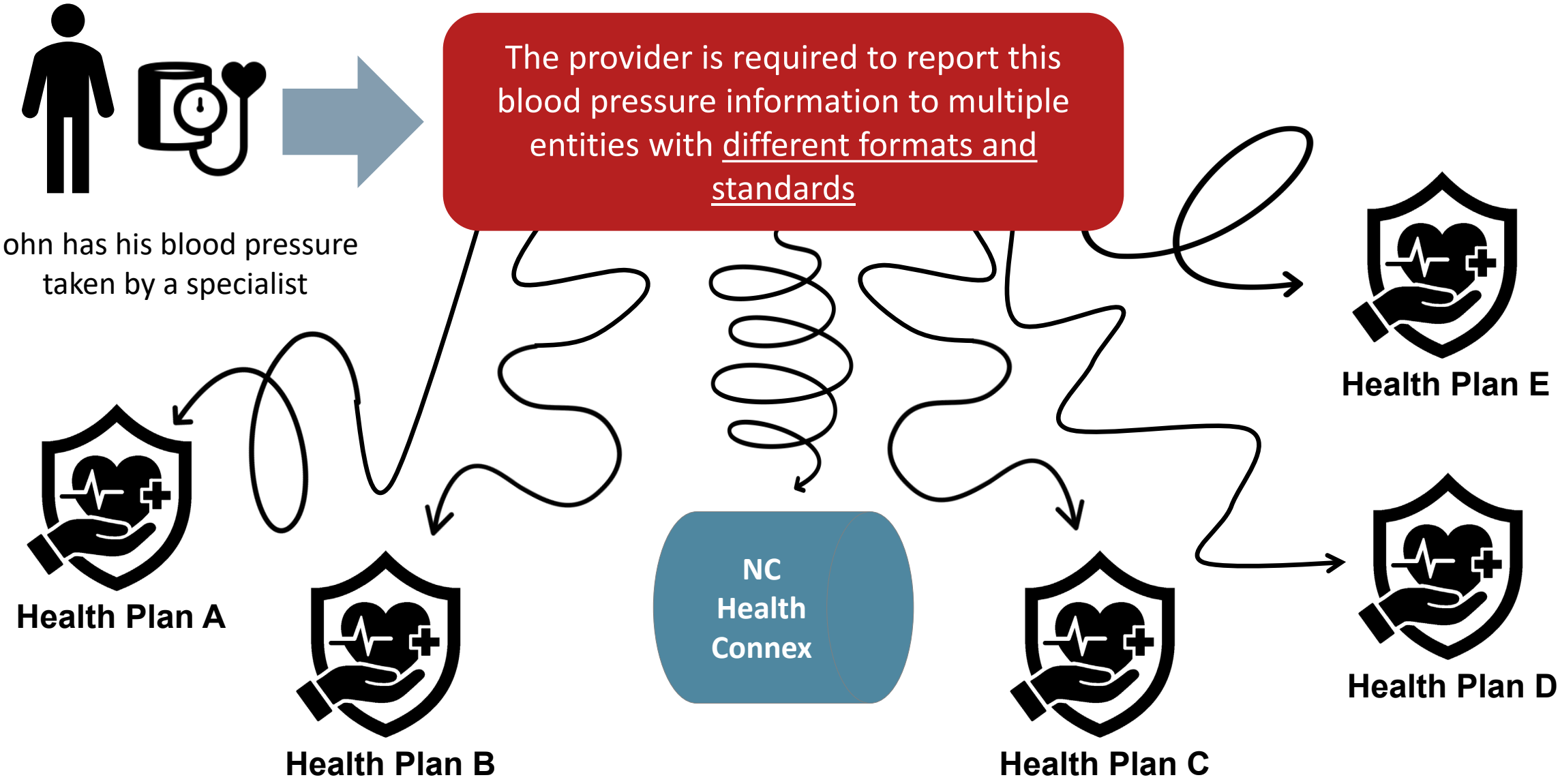


2022 CBP Rate:
40.92%

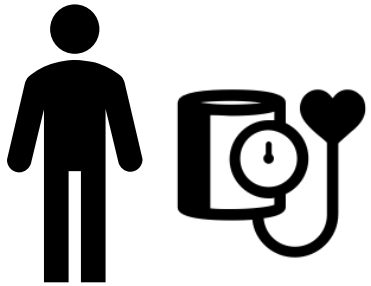
Workplan: High Level Overview (Quality Measurement)



Example 1: Reporting Burden (Problem)



Example 1: Reporting Burden (Solution)



John has his blood pressure taken by a specialist

The provider is ONLY required to report this blood pressure information to NC HealthConnex with a single format and standard

NC Health Connex

DHB will also receive the same standardized clinical data as the health plans

Health Plan A

Health Plan B

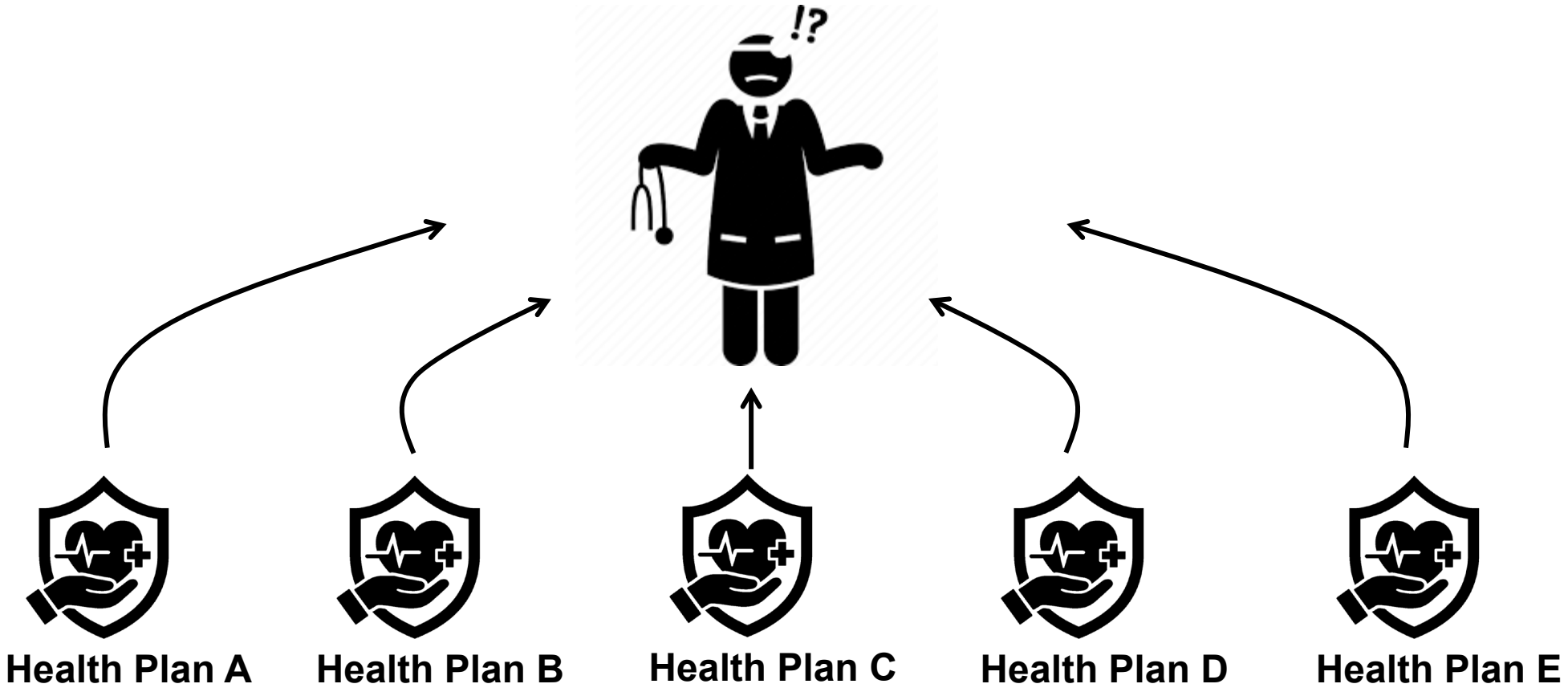
Health Plan C

Health Plan D

Health Plan E

Example 2: Gap Reporting (Problem)

Providers receive different care gap reports from each health plan with varying logic and formats



Example 2: Gap Reporting (Solution)

Providers receive ONE standardized gap report from NC HealthConnex that covers all of their members