North Carolina Health Information Exchange Authority
Q2 2025 Advisory Board Meeting

MEETING MINUTES

Date: June 17, 2025

Time: 2:00 PM – 4:50 PM

Location: SAS Institute Executive Business Center 7, 100 SAS Campus Dr. Cary, NC 27513

Attendees:

Chair Brent Lamm
Nitya Ganapathy (for Christie Burris)
Board Member Ryan Craig
Board Member Laura Gruebel
Angela Morando (for Secretary Piccione)
Board Member Mike Robinson
Board Member John Meier
Board Member Ryan Wilkins
Board Member Tanya Thompson
Board Member Tom Freidman
Board Member Vijay Ramanujam (designee)
Daniel Carnegie (for ClarLynda Williams-Devane)
Executive Director Sam Thompson
Deputy General Counsel Regina Cucurullo
Speaker: Steve Chen
Speaker: Robert Cockerill
Speaker: Sophia Cole
Speaker: Katherine Lucas
Speaker: Kelly Crosbie
Speaker: Keith McCoy

2:01 PM – Welcome and Call to Order **Chair Lamm**

Chair Lamm called the meeting to order and reviewed the draft meeting minutes from the March 19, 2025, board meeting. Board Member Dr. Meier motioned to approve the minutes, Board Member Thompson seconded the motion, and the minutes passed unanimously.

2:04 PM – Helene Response Debrief **Sam Thompson**

Sam Thompson, NC HIEA Executive Director, emphasized the need for cross-team collaboration and streamlined permissioning during emergencies. Progress working with DPS was hindered by data-sharing limitations. There is no central tool for tracking missing individuals post-disaster. Sam will co-present at the Civitas conference on the role of HIEs in disaster response.

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2:29 PM – Current Exchange of Priority Data Elements with Medicaid and GLP-1 Analysis

Speakers: **Jess Kuhn, Robert Cockerill, Sophia Cole, Katherine Lucas**

Medicaid, CCNC, and the Tribal Option receive monthly HIEA data extracts (diagnoses, vitals, labs) for quality and HEDIS measures. Medicaid's analysis of GLP-1 prescriptions showed a 400% increase in

prescriptions and a 500% rise in spending after the August 2024 approval of three obesity medications. Analyses indicated improved clinical outcomes. Board members inquired about reductions in ED/specialty visits and overall costs. Medicaid confirmed these reductions from claims and in-patient/ED visits but noted incomplete NC HealthConnex data. A multi-payer analysis was discussed.

2:43 PM – 2025 Security Risk Assessment and HITRUST Certification **Peter Gallinari**

Fred Eaker, NC HIEA's Program Manager, provided background on the internal risk assessment underway in preparation for HITRUST certification. The NC HIEA's last assessment was in 2022, and both that one and the current one aligned with standards from the National Institute of Standards and Technology (NIST).

Peter Gallinari, compliance specialist for the NC HIEA, explained that this assessment will identify gaps, drive Corrective Action Plans (CAP), and result in a smoother process towards the HITRUST certification planned for 2026. Board members emphasized the importance of this work given the volume of PHI and the high risk of health data breaches.

3:03 PM – Operations Update **Sam Thompson**

Sam discussed moving the meeting date for the Q3 AB Meeting.

Metrics handouts were shared showing use of the Clinical Portal and NC*Notify, queries, etc.

Unfortunately, none of the proposed legislative updates are happening this year because there is not yet a state budget. Legislative Liaison Angela Morando shared that the items requested by the NC HIEA were in SB 509 which went to appropriations. It made it into the Senate budget, but the House and Senate are at a standstill.

Due to lack of federal support for TEFCA, the HIEA is not pursuing it this year.

The State Fiscal Year begins July 1, and with no state budget for this year, the NC HIEA will receive $15,584,205 in base appropriations. The HIEA will not be receiving the nonrecurring $3,800,000 funding it had received over the prior two years.

3:28 PM – Break

3:41 PM – Supporting Behavioral Health **Kelly Crosbie and Dr. Keith McCoy**

Kelly Crosbie, director of the Division of Mental Health, Developmental Disabilities, and Substance Use Services, presented on Certified Community Behavioral Health Clinics (CCBHCs), an integrated care model combining behavioral health and primary care. North Carolina currently has seven CCBHCs, all non-state-run, and early outcomes are promising.

Dr. Keith McKoy highlighted the Collaborative Care Model (CoCM), where primary care providers manage behavioral health cases in partnership with psychiatrists and care managers.

Sam Thompson emphasized the importance of connecting smaller behavioral health providers to NC HealthConnex, noting they report higher utility once connected. Michelle Hunt discussed simplifying behavioral health data targets and challenges with Part 2 Data compliance.

Supporting Behavioral Health, con't. Behavioral Health Implementation Plan **Steve Chen**

Steve Chen from Manatt Health Strategies presented on improving engagement and connectivity among

behavioral health (BH) providers by enabling the exchange of 42 CFR Part 2 Data, which the NC HIEA does not currently accept.

Manatt reviewed how peer HIEs across the U.S. manage Part 2 Data exchange. The key challenge is not the data itself, but the regulatory requirements and consent management. Stakeholders emphasized the need for secure, compliant consent solutions and clear communication with providers.

Two use cases were prioritized:

- Allowing Part 2 providers to access broader health data
- Enabling other providers to access Part 2 data for care coordination

4:50 PM – New Business **Chair Lamm**

The next meeting, Q3 was scheduled for September 30, 2025, at SAS. It will need to be rescheduled.

4:50 PM – Adjourn **Chair Lamm**

Dr. Meier made a motion to adjourn, Board Member Gruebel seconded the motion, and it passed unanimously. Chair Lamm adjourned the meeting.

11/17/2025