North Carolina Health Information Exchange Authority
Q2 2026 Advisory Board Meeting

MEETING MINUTES

Date: June 2, 2026

Time: 2:00 PM – 5:00 PM

Location: SAS Institute Building A, 100 SAS Campus Dr. Cary, NC 27513

Attendees:

Chair Brent Lamm	Ex-Officio Member Eric Myers
Vice Chair Dr. John Meier	Ex-Officio Member Tom Friedman
Board Member Ryan Craig	Executive Director Sam Thompson
Board Member Laura Gruebel	Speaker: Christy Revels
Board Member Mike Robinson	Speaker: Liris Berra
Board Member Tanya Thompson	Speaker: Dan Pugh
Board Member Ryan Wilkins	Speaker: Matt Schrimer
Martha Wewer (for Secretary Denny)	Speaker: Tracy Zimmerman
Daniel Carnegie (for DHHS Secretary Sangvai)	Speaker: Jess Kuhn

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 17, 2025, board meeting. Board Member Meier motioned to approve the minutes, Board Member Wilkins seconded the motion, and the minutes passed unanimously.

2:03 PM – Q3 Meeting Plan **Sam Thompson**

Executive Director Thompson explained the conflict with the previously agreed upon date for the Q3 board meeting and that the meeting would be moved to September 1, 2026.

2:04 PM – Rural Health Transformation Workgroup Vote **Sam Thompson**

Thompson introduced Janet Oputa - the new RHTP Lead, and explained the idea of a workgroup or steering group for RHTP to put the matter to a vote. The work group will provide strategic input, guidance on program development, feedback loops with rural providers, and help with communications.

NC HIEA would seek 10 members with representatives across provider types (hospitals, nursing facilities, specialty practices, EMS, pharmacy, local health departments) with an emphasis on strong rural representation and flexibility for virtual/in-person participation. The plan would be for the group to meeting four times this year and four next year.

The Board conducted a roll-call vote, with Kimberly Webster serving as acting secretary. The workgroup was approved unanimously. Discussion acknowledged tight timelines and need for faster formation, and board members were encouraged to recommend rural members for consideration.

2:19 PM – Operations Update **Sam Thompson**

Thompson presented updated connectivity metrics for Advanced Medical Homes by tier (AMH Tiers 1–3) and by rural/urban geographic distribution based on members served. A map showed the current connectivity status and beneficiary reach of Advanced Medical Home (AMH)Tier 3 Providers in the state of North Carolina. Discussion centered around rural vs. urban provider size, member attribution differences, and percentage vs. absolute numbers of connected practices. Some members mentioned leveraging MCOs and policy levers to accelerate rural connections.

Thompson also covered legislative priorities for NC HIEA, including a recurring $3.8M funding request, substance use disorder (SUD)/involuntary commitment data authority, patient access authority, EMS data-sharing, DHB representation on the Board, and other statutory changes. Budget updates included funding for digital quality measures, crisis services, rural health transformation grants, and federal matches for major initiatives.

2:43 PM – Roadmap Report **Liris Berra, Sam Thompson, et. al.**

Liris Berra presented NC HIEA's first comprehensive annual progress report tied to the Roadmap 2030. This report covered the first year of progress towards the strategic goals outlined in the Roadmap and established a foundation for accountability and transparency in the initiatives at NC HIEA. Liris reviewed milestones achieved and highlights from projects matching each goal and objective in 2025.

3:47 PM – Break

3:57 – NC*Notify Upgrade **Dan Pugh & Matthew Schrimer**

Dan Pugh and Matthew Schrimer from SAS shared that NC*Notify would be moving from the current ADT alert system to PointClickCare's newer "Insights/Enriched" platform, Advanced Ambulatory. They outlined the benefits of the new platform, including:

- Multi-state alerts (e.g., if NC patients are admitted in VA) and integration with national networks.
- More intuitive UI and dashboarding with a modern interface that integrates with the Clinical Portal
- User-defined cohorts, thresholds, and customizable notifications
- Enhanced reporting and utilization trending
- Better consent and filtering models for future SUD Part 2 data integration

Discussion included user stories, value for Medicaid plans, clinical workflows, high alert volume challenges, and the need to market NC*Notify more effectively to providers.

4:16 PM – Project Updates: Neimand Collaborative **Tracy Zimmerman**

Neimand Collaborative partners with NC HIEA 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. Zimmerman presented results of recent in-depth internal interviews and the Neimand Strategy Lab – a focus group of participants and providers connected to NC HealthConnex.

The key finding from the interviews was that most providers know about NC HealthConnex but use it inconsistently; workflow friction and trust in data quality were key barriers cited. Messages being tested emphasize patient outcomes, full patient picture, and improved coordination rather than generic benefits. A full communications strategy will be developed from these findings.

4:32 PM – Project Updates: SUD/IVC Data Exchange **Sam Thompson**

Thompson presented an overview of efforts to improve data exchange for Substance Use Disorder (SUD) treatment and the Involuntary Commitment (IVC) process, following requests from Representative Reeder for recommendations and potential legislative opportunities. Barriers to sharing SUD data include federal consent requirements, limited adoption of electronic consent platforms, and laws preventing CFR Part 2 facilities from transmitting data to NC HealthConnex. There are also challenges in exchange of IVC-related data as health and justice systems operate separately, limiting access to timely information for decision-making.

Thompson proposed a 12-month planning process that would define legal, technical, operational, and financial requirements for a statewide data-exchange strategy. This would involve building statewide consent management infrastructure, expanding data submission from SUD facilities, and developing standardized, machine-readable IVC data that can be shared in near real time with authorized providers. This work would involve broad stakeholder engagement and rely on federal matching funds, which require state appropriations and certain statutory updates.

Specific requests to Rep. Reed also included establishing NC Medicaid as a voting member of the NC HIEA Advisory Board. Next steps include incorporating Representative Reeder's feedback and preparing for the Medicaid planning process pending the availability of state funds.

4:47 PM – Project Updates: HIE Medicaid Services **Jess Kuhn**

HMS Lead Jess Kuhn provided an update on the HIE Medicaid Services project, including QPHE Use Cases and HR1. NC HIEA is building a Payer Claims Database to store Medicaid claims and encounter data to go live in fall of 2026 and support beneficiaries when they change health plans. HMS is also refreshing its federal funding requests and it's Operational Advanced Planning Document (OAPD) was approved by the Centers for Medicare and Medicaid Services (CMS) for Federal Fiscal Year 2028. HMS is continuing to engage participants for its Early Adopters program across the Digital Quality Measures (dQM) and Health-Related Social Needs (HRSN) Screening use cases. The team is also hiring five new roles.

To streamline the process of Medicaid eligibility renewals through H.R.1 and reduce manual effort for county case workers, NC HIEA will evaluate seven health-related work-exemption indicators and share these results with the NC FAST eligibility system through a new API. The

team has drafted the API specification and Audit Extract File and continues collaborating with DHB to finalize the exemption criteria.

4:54 PM – Project Updates: Research Protocols **Liris Berra**

Liris Berra presented updates on the development of a governance framework for the disclosure of health data for academic research purposes. Proposed models include direct governance by NC HIEA or trusted third-party linkage through the N.C. Longitudinal Data Service, serving as an intermediary. Another proposed protocol would be a delegated academic research partnership with the NC HIEA working with an academic partner such as the University of North Carolina.

4:56 PM – New Business **Chair Lamm**

Chair Lamm called for New Business. None was brought forward.

4:56 PM – Adjourn **Chair Lamm**

Board Member Mike Robinson made a motion to adjourn, it was seconded by Vice Chair Meier, and it passed unanimously. Chair Lamm adjourned the meeting.

09/09/2026