North Carolina Health Information Exchange Authority

Advisory Board Meeting

MEETING MINUTES

Date: June 7, 2023

Time: 2:00 p.m. – 5:00 p.m.

Location: SAS Executive Briefing Center
820 SAS Campus Drive, Cary, NC

Attendees:

Dr. William G. Way (Chair)
Dr. Cardra Burns (Sec. Kinsley designee)
Christie Burris (NC HIEA Exec. Director)
Carol Burroughs
Dr. Neal Chawla
Regina Cucurullo (NC HIEA Legal Counsel)
Torre Jessup (Sec. Weaver designee)
Dr. Tammy Kiger
Brent Lamm
Dr. Richard Pro
Carolyn Spence
Lauren Wiggs

Speakers:
Kathryn Horneffer
Jess Kuhn
Sam Thompson
Dr. Rachel Urrutia
Rebecca Whitaker

2:05 pm **Welcome and Call to Order** **All Members & NC HIEA Staff**

Meeting called to order by Chairman Way at 2:05 p.m.

Housekeeping Items **Chairman Way**

Chairman Way reviewed the draft meeting minutes from the March 2, 2023, meeting at 2:06 PM. Brent Lamm moved to approve the draft minutes; Carolyn Spence seconded the motion, which passed unanimously.

Chairman Way then invited Dr. Rachel Urrutia to present.

2:09 p.m. **Guest Presentation: ACURE4Moms**

Dr. Rachel Peregallo Urrutia, MD MSCR,
Associate Professor, UNC Department of OB-GYN

Dr. Urrutia presented on ACURE4Moms, which stands for “Accountability for

Care through Undoing Racism and Equity" and was created to help address the US maternal mortality crisis and maternal health racial and ethnic disparities within North Carolina. The study is funded by PCORI and Duke Endowment-funded study partners.

Comparable studies include the Accountability for Cancer through Undoing Racism and Equity (ACCURE) study focused on cancer where the UNC SHEPS Center and Heart Health Now (HHN).

ACURE4Moms seeks to identify interventions that can decrease the racial disparities in maternal health and includes a community-based doula support component.

The study includes four arms consisting of 40 practices distributed equally across the arms: (1) standard care (control), (2) data-intervention-only (data), (3) community-based doula support-only (doula), and (4) data interventions with doula support (data+doula). The practices represent multiple counties across the state.

Dr. Urrutia entertained questions at the end of her presentation.

2:30 p.m. **Guest Presentation: NC Healthcare Transformation Collaborative**

Rebecca Whitaker, PhD, MSPH
Research Director, Duke Margolis Center for Health Policy

Rebecca Whitaker presented on the NC Healthcare Transformation collaborative. The NC Medicaid Health Care Transformation achieved relatively good results based on work that was done during COVID to implement primary care payment reforms, telehealth availability, social service data sharing, and public health/health care outcomes. However, health care systems remain stressed with staffing shortages and rising costs. Continuing health reform efforts requires multi-stakeholder engagement and alignment.

Whitaker entertained questions at the end of her presentation.

3:00 p.m. **Break**

3:13 p.m. **Guest Presentation: NC Medicaid Program Evaluation**

Katie Horneffer, MPH
Monitoring and Evaluation Lead – Program Evaluation, NC Medicaid

Jess Kuhn, MPH
Quality Measurement Lead – Program Evaluation, NC Medicaid

Sam Thompson, Deputy Director, Program Evaluation, NC Medicaid, introduced the topic by stating that the goals of program evaluation are to improve data exchange between providers and payers and the presentation represents

proposals in progress within NC Medicaid.

Jess Kuhn shared that in 2021, Medicaid began to transition to a managed care model with private Prepaid Health Plans (PHPs) carrying out processes on behalf of Medicaid in a decentralized way. Tailored Plans will launch in fall 2023. The current challenges include incomplete, non-standardized, and duplicative data elements, such as blood pressure measurements and A1C values. The current goals include improving accuracy and completeness of quality measures and near real-time data exchange of quality measures.

Kuhn shared that the partnership between Medicaid and the NC HIEA is intended reduce administrative burden by reducing duplicative reporting, enabling real-time access to health information at the point of service, enabling real-time indicators of performance and care gaps, and improving analytics by addressing incomplete data elements and poor data quality from multiple sources.

Kuhn then explained that Medicaid quality measures are used for multiple purposes and aligns with CMS digital quality measures which emphasizes interoperability, standardized data definitions, and summarized patient clinical information. NC HealthConnex is currently being leveraged to improve the control of high blood pressure (CBP) from 4.58% to 20% by supplementing the traditional data set with clinical data from the HIE. Additional improvement will include delivering reports in near real-time rather than annually.

Data quality improvements would reduce inconsistent and incomplete measures. Administrative burden could be reduced if providers reported directly to NC HealthConnex, which in turn reports back to PHP and Medicaid.

The current quality measurement improvement plan involves (1) exploration of data in NC HealthConnex and data validation through NCQA; (2) iterative design and implementation with multiple stakeholders; (3) and transformation by operationalizing and providing real-times reports.

Kuhn entertained questions at the conclusion of her presentation.

Kathryn Horneffer then presented on the value of Social Determinants of Health (SDOH) data, explaining how Medicaid currently receives some SDOH screening information from PHPs and AMHs, but the data may be incomplete and only available in other silos of information inaccessible by Medicaid.

A proposed solution involves both the PHP and AMHs sending data to NC HealthConnex so all care management stakeholders have access to the data, including Medicaid. The plan for this solution is similar to quality measurement improvement plan, with data exploration emphasizing consistent usage of LOINC codes, a withhold arrangement with PHPs to move towards interoperability, iterative design with multiple stakeholders, and data exchange and integration.

Horneffer entertained questions at the conclusion of her presentation.

4:07 p.m. **NCHIEA Operations Updates** **Christie Burris**

Burris provided an overview of the Statewide Information Exchange Act, Article 29B to clarify the mission, vision, and permitted purposes of NC HealthConnex for members of the board who may be new or may need a refresher.

Since 2015, the NC HIEA has grown and connected over 10,000 healthcare facilities across the state. Several milestones include Diabetes Registry, migration to Intersystems HealthShare, implementation of NC*Notify, pandemic response, Medicaid partnerships, Stroke Registry, and ACURE4Moms.

In 2018, the HIEA identified four pillars: foundation (technology, patient-matching, analytics environment), data exchange services (ADTs and CCDs), population health and analytics (NCDETECT, disease registries), and near real-time notifications (multiple delivery mechanisms for NC*Notify). Since then, these aspects of the HIE have been enhanced and matured.

Burris described the current priorities for the HIEA: data connections (incoming demographic and clinical data across the state), infrastructure (server and HealthShare upgrades; FHIR services), provider relations and outreach (training, education, relationship-building), DHHS partnerships (WIC, Sickle Cell), strategy and policy (TEFCA, HDU), data quality (ADT audit, data targets, normalization, NCQA DAV), operations and maintenance. Each of the priorities serves the goal of whole-person care: improved outcomes and reduced costs, and better healthcare.

Burris then provided an overview of and answered questions related to the Trusted Exchange Framework (TEFCA), which consists of technical & policy agreement governance structure and a federated architecture. TEFCA is similar to eHealth Exchange but instead of individual EHRs, QHINS are connected to share data nationally.

Burris then provided an update on NC HealthConnex metrics. CVMS was removed from the report because it will be decommissioned this year and COVID vaccinations will be reported directly to NCIR.

Burris provided a legislative update to the Advisory Board.

Burris review upcoming meetings date for the Advisory Board, the Behavioral Health Work Group, Use Case Work Group, and the Clinical Data User Group. All board members are invited to participate.

Burris entertained questions at the conclusion of her updates.

4:52 p.m. **New Business** **Chairman Way**

Chairman Way asked that any future topics be sent to him for inclusion in the next meeting.

The next meeting is in September.

4:53 p.m. **Adjourn** **Chairman Way**

Chairman Way sought a motion to adjourn the meeting at 4:53 p.m. Spence made the motion, with a second by Lamm. The motion passed unanimously.

Christie Burris

Christie Burris

09/13/2023