



North Carolina Health Information Exchange Authority Clinical Data User Group Charter

Purpose. The North Carolina Health Information Exchange Authority (NC HIEA) Clinical Data User Group (CDUG) serves as an open forum for active NC HealthConnex users to (1) share experiences (2) identify challenges (3) and provide input on (a) system improvements, (b) data quality, and (c) usability of the NC HealthConnex Suite of Services.

Scope. The Clinical Data User Group will focus its work in alignment with its purpose by engaging users in the following activities:

- **Sharing Experiences:** Providing real world perspectives from across organizations on the use of NC HealthConnex data and services, including effective workflows, common pain points, and opportunities for enhancement.
- **Identifying Challenges:** Surfacing barriers related to data exchange, system navigation, workflow integration, and/or other issues that impact the clinical, operational, or administrative use of NC HealthConnex.
- **Providing Input on System Improvements:** Recommending enhancements to NC HealthConnex technology, tools, and processes, and advising the NC HIEA on ways to strengthen the overall NC HealthConnex Suite of Services.
- **Usability:** Identifying ways to make NC HealthConnex easier and more intuitive for end users, while recommending approaches to increase utilization, streamline workflows, improve satisfaction, and strengthen user training.
- **Data Quality:** Providing input on strategies to strengthen data completeness, accuracy, consistency, and timeliness across organizations, and promoting data entry best practices that support stronger data validation and overall data quality.

The Clinical Data User Group will not focus its work on:

- Technical troubleshooting for issues specific to individual organizations or EHR systems related to systems outside of NC HealthConnex.
- Operational, budgetary, or policy decisions for the NC HIEA.
- Connection prioritization strategies that affect individual organization status in the connection queue.

Membership. CDUG membership is open to any individual from an organization that has a full participation agreement and actively utilizes NC HealthConnex. The forum brings together a diverse set of users across organization types, specialties, and sizes, along with representatives from the NC HIEA and SAS. CDUG membership may include, but is not limited to, front-line clinical providers and care teams such as medical providers, clinicians, behavioral health providers, EMS personnel, urgent care staff, care managers, and social workers, along with clinical and administrative support roles including referral coordinators, medical records staff, reporting analysts, public health staff, and other operational users of NC HealthConnex. To ensure that CDUG members meet the requirements HIEA staff will review that interested representatives have the necessary agreements in place for utilization of NC HealthConnex.



Structure and Responsibilities. The CDUG will consist of the following roles and responsibilities.

- **CDUG Advisor(s):** Provide strategic guidance and help ensure alignment with leadership and other governance groups.
- **CDUG Lead:** Develop meeting agendas, guide discussions, and ensure adherence to CDUG charter.
- **Core Members:** Contribute actively, participate in discussions and decisions, represent the needs of users of the NC HealthConnex Suite of Services.
- **Ad Hoc Extended Contributors:** Participate as needed to support specific topics and share subject-matter expertise.
- **Ad Hoc Working Groups:** Meet as needed to review, test, and assess upcoming changes to NC HealthConnex.

Meetings. The CDUG shall meet virtually on a quarterly basis. CDUG meetings for the calendar year will be published on the NC HIEA website workgroup landings page: <https://hiea.nc.gov/about-us/workgroups>. An annual in-person event to allow for deeper engagement may be offered at the discretion of the NC HIEA. The meeting agenda will be provided at least 7 days before a scheduled meeting and meeting notes will be provided within 7 days after a scheduled meeting.

Decision Making Process. The CDUG will aim to reach decisions through open discussion and shared agreement among Core Members. When consensus cannot be reached during a scheduled meeting, the CDUG Lead may call for a simple majority vote of Core Members present or extend an opportunity to vote to larger membership via email communication. CDUG Core Members and Ad Hoc Working Groups may provide recommendations, but final decisions rest with the NC HIEA.

Deliverables. The CDUG Lead will collaborate with CDUG Core Members to develop an agreed upon deliverable. Examples of key deliverables may consist of recommendations to NC HealthConnex leadership, a prioritized list of system improvements, data quality concerns log, and/or usability feedback summaries.

Charter Review Process. This charter is effective April 20, 2026 and will be reviewed annually. Interim updates may be proposed by the CDUG Sponsors or CDUG Lead.