

North Carolina Health Information Exchange Authority Q4 2025 Advisory Board Meeting

MEETING MINUTES

Date: December 9, 2025

Time: 2:02 PM – 4:52 PM

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

Attendees:

Chair Brent Lamm	Ex-Officio Member Tom Freidman
Vice Chair Dr. John Meier	Executive Director Sam Thompson
Board Member Ryan Craig	Speaker: Liris Berra (virtual)
Board Member Laura Gruebel	Speaker: Fred Eaker
Board Member Mike Robinson	Speaker: Kevin McAvey
Board Member Tanya Thompson (virtual)	Speaker: Don Branthwaite
Board Member Ryan Wilkins (virtual)	Speaker: Sue Saul
Martha Wewer (for Secretary Piccione)	Speaker: Abel Henson
Daniel Carnegie (for DHHS Secretary Sangvai)	Speaker: Anita Valiani
Ex-Officio Member Eric Myers	Speaker: Jenell Stewart

2:02 PM – Welcome and Call to Order

Chair Lamm

Chair Lamm called the meeting to order and reviewed the draft meeting minutes from the October 30, 2025, board meeting. Vice Chair Dr. Meier motioned to approve the minutes, Board Member Gruebel seconded the motion, and the minutes passed unanimously.

2:05 PM – Operations Update

Staffing

Sam Thompson

Sam provided an overview of staffing developments. A retreat was held in October with both HIEA and SAS teams, during which staff identified three key areas of focus: improving data quality, enhancing stakeholder collaboration and engagement, and supporting overall team success. Additionally, new staff members have been hired for the HMS team, with further recruitment efforts underway.

Operations Update, con't. Metrics

Liris Berra

Liris, NC HIEA QI Specialist, presented updates on performance metrics, specifically focusing on the results of a recent NC*Notify user survey. Although the sample size was relatively small, several insights emerged. User satisfaction with NC*Notify was generally neutral, though the platform was acknowledged for its positive impact on patient care. Responses from Behavioral Health and Independent/Small Providers suggest that integrating Substance Use Disorder and other Behavioral Health data could improve relevance and utility. Additionally, many users were unaware of or not utilizing the Plus-Tier Advanced Alerts. There is an opportunity to better understand user needs and potentially offer more training.

The NC HIEA's next survey will focus on bidirectional connections.

Operations Update, con't. Budgets & Contracts**Sam Thompson**

The Neimand Collaborative has been selected as the public relations vendor, with work beginning in January 2026 and continuing through at least October 2026. Neimand brings experience working with NCDHHS and NC healthcare providers. The engagement aims to improve provider awareness, utilization, and understanding of the NC HIEA's value, using market research to identify gaps and develop messaging and campaigns.

Operations Update, con't. Risk Assessment**Fred Eaker**

Fred presented on Privacy and Security. All risk assessment reports have been finalized and approved by NC HIEA, NCDIT and SAS. A draft of the Corrective Action Plan (CAP) will be delivered to stakeholders by December 19, 2025, which will include formalizing privacy program management, disaster recovery, and addressing discrete gaps.

2:35 PM – Federal Updates: HR1, Rural Health Transformation**Kevin McAvey**

Kevin McAvey, Managing Director of Manatt Health Strategies, reported on the Rural Health Transformation initiative, authorized under HR1. CMS is expected to approve or deny states' applications application by December 31, 2025. The NC HIEA contributed to NC DHHS's proposal, particularly in the technology innovation component.

The HIEA's contributions will focus on expanding rural data connections, improving data quality, and bringing existing connections up to current standards. Technical assistance and reimbursement for Electronic Health Record (EHR) system connection costs will be offered to participants.

2:50 PM – HR1 – Medicaid Eligibility Work Requirements**Sam Thompson**

Sam presented an update on the Medicaid eligibility work requirements under HR1. Under the new requirements, NC DHHS's Division of Health Benefits (DHB) must evaluate Medicaid eligibility biannually.

Clinical data from NC HealthConnex will help identify beneficiaries who may be exempt from work requirements, such as those who are pregnant, have substance use disorder diagnoses, or suffer from complex medical conditions. NC HIEA data will supplement DHB's claims data. Caseworkers will use NCFast to query NC HealthConnex and will receive back binary flags indicating whether any of the exceptions apply to the respective beneficiary.

3:09 PM – 10-Minute Break**3:22 PM – Architecture Overview****Don Branthwaite**

Don Branthwaite, NC HIEA IT Architect, presented an overview of the NC HealthConnex system architecture. The system is built on the HealthShare platform developed by InterSystems Corporation, which includes several key components: HealthConnect (interface engine), Unified Care Record (data aggregator for longitudinal patient records), HealthShare Patient Index (identity resolution), and HealthInsight (a SQL-like data repository for analytics). The system also supports integration with external services such as eHealth Exchange, NCIR, ELR, and DHHS. Board members expressed interest in learning more about upcoming features in future versions of HealthShare and the NC*Notify platform.

3:53 PM – Patient Matching**Sue Saul**

Sue Saul, NC HIEA MPI Analyst, explained the patient identity resolution process, a critical component of NC HealthConnex that ensures accurate data linkage across healthcare records. Matching is primarily

based on demographic data. The system employs two distinct algorithms: a deterministic approach, which matches records based on MRN and facility identifiers without considering demographics, and a probabilistic approach, which uses weighted demographic fields to generate a match score. These scores determine whether records are linked, flagged for manual review, or not linked at all. The algorithm and matching rules are regularly adjusted based on patterns observed during manual reviews. Sam noted that patient matching outcomes affect all downstream services.

4:12 PM – AES Overview**Abel Henson, Anita Valiani, Jenell Stewart**

NC HIEA's Analytics & External Services team presented an overview of their current initiatives and service offerings, emphasizing their role in building and maintaining strategic partnerships with other state agencies and external stakeholders.

Business use cases proposed by partners are vetted through NC HIEA's Use Case Workgroup, which evaluates each proposal based on data feasibility, budget, and timeline. One of the team's flagship projects is the Stroke Registry, developed in collaboration with NC DHHS's Division of Public Health (DPH). The dashboard provides insights into stroke management, outcomes, and prevalence by county, race, age, and gender. Board Member Thompson emphasized the need for full data submissions from healthcare organizations, regardless of payor type, to ensure comprehensive population-level insights.

The team also supports NCDETECT, a disease tracking tool developed during the COVID-19 pandemic. NC HealthConnex supplies the data, while NCDETECT builds and maintains its own dashboards. Daily file transfers are reviewed by public health officials and used to monitor COVID and flu-like symptoms.

Internally, the System Health Check dashboard enables ad-hoc data discovery without impacting the production environment. It provides metadata such as table descriptions, structure, size, row counts, and indices to guide appropriate querying for specific use cases.

The team also developed an internal coverage map based on zip code data, to contribute to Civitas' national coverage map. This tool helps visualize NC HIEA's reach within North Carolina and across the country.

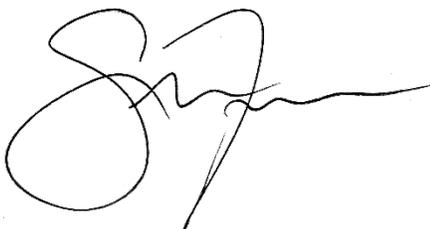
To support Medicaid workstreams, the team created DQM/DQI dashboards focused on data quality improvement. These dashboards track data flow into the analytics environment, identify quality issues, and provide profiles and scores for healthcare organizations.

4:52 PM – New Business**Chair Lamm**

Chair Lamm called for New Business. None was brought forward. Meeting planning for 2026: Doodle polls coming soon and will be scheduled in consideration of other workgroups.

4:53 PM – Adjourn**Chair Lamm**

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



3/23/26