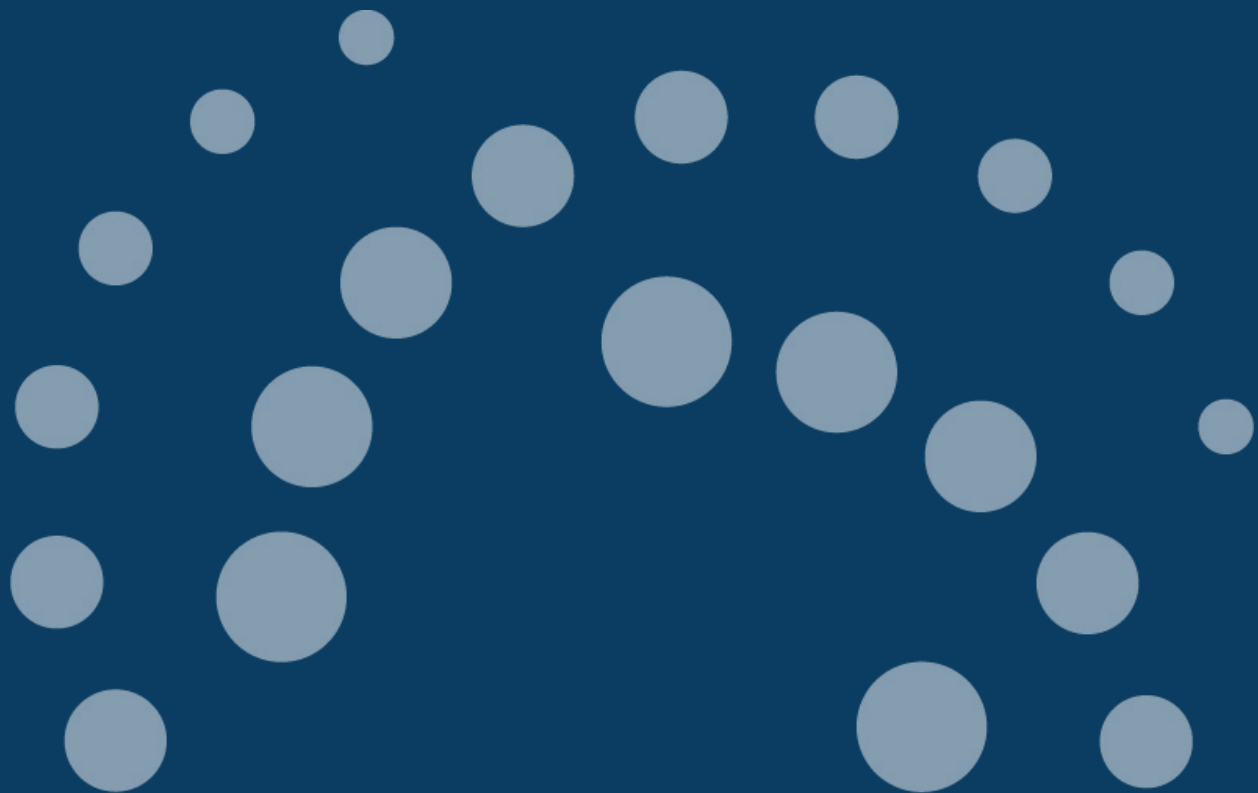


ROADMAP 2030: POWERING A HEALTHIER NORTH CAROLINA 2025 ANNUAL REPORT

North Carolina Health Information Exchange Authority



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UNLESS OTHERWISE SPECIFIED, THIS REPORT COVERS THE PERIOD OF JANUARY 1, 2025, TO
DECEMBER 31, 2025.

A Letter from Our Executive Director



Welcome to the N.C. Health Information Exchange Authority's first ever annual report!

I have spent most of my career doing program evaluation, first in public health and then at NC Medicaid, reporting what's working, what isn't, and whether a program is having its intended impact. So, I was eagerly awaiting this, our first full assessment of the initiatives scoped in our Roadmap 2030. And reading it, **I feel so encouraged seeing all the progress we've made!**

My North Star for measuring NC HIEA's progress is **how we have grown the clinical picture that users can see in NC HealthConnex**. The principal factor in growing that picture is adding new data. This year we successfully added NC Medicaid claims data and Health-Related Social Needs data and advanced our efforts to facilitate the exchange of substance use treatment data regulated by 42 CFR Part 2 (details on p. 22 and p. 14-15, respectively). We also partnered with the N.C. Office of Emergency Medical Services to explore the possibility of exchanging EMS

encounters and with the N.C. Department of Adult Correction to stand up connections that will color in key pieces of the clinical picture (details on p. 15 and p. 26, respectively).

We also added to the clinical picture in NC HealthConnex by combining and applying logic to the data to deliver insight on patients' health. Exciting examples include delivering close-to-real-time information on health-related exceptions to work requirements for Medicaid enrollment and Digital Quality Measures to identify care gaps for NC Medicaid patients, supporting value-based payment for providers and health plans (details on p. 8 and p. 24, respectively).

The scale and depth of the clinical picture is only meaningful if providers, and their partners, are using it to improve care. Steps we are taking to expand use include making NC HealthConnex more accessible via eHealth Exchange, enabling greater access for providers all over the country, as well as providing pathways for patients to access their data, and taking the legal and technical steps necessary to grant Clinically Integrated Networks (CINs) access to NC HealthConnex (details on p. 30).

One factor that gets an unequivocal, massive gold star is the NC HIEA team. None of the complex work described in this report, from architecting the system, to engaging providers, to standing up new connections, happens without their skills and expertise. The work they put in is inspiring. It is my honor to be on the team.

Sam Thompson, Executive Director
N.C. Health Information Exchange Authority

About NC HIEA and NC HealthConnex

The North Carolina Health Information Exchange Authority (NC HIEA) was established by the North Carolina General Assembly in 2015. Part of the N.C. Department of Information Technology, NC HIEA oversees and administers the N.C. Health Information Exchange Network (see N.C. Gen. Stat. § 90-414.7), called NC HealthConnex¹. NC HealthConnex is a secure, standardized electronic system through which healthcare providers share patient health information via integration with their electronic health record systems (EHRs). The law also requires healthcare providers who receive state funds for the delivery of healthcare services (e.g., Medicaid, State Health Plan, recipients of state grants, etc.) to connect to and share patient health data with NC HealthConnex.



Vision: Help North Carolinians lead their healthiest lives by supporting equitable, whole-person health through data exchange services



Mission: Promote the secure and efficient sharing and use of health information to improve healthcare quality and outcomes

In addition to its core functionality, NC HealthConnex offers providers additional services designed to integrate more complete patient information into care delivery.


- **NC HealthConnex Clinical Portal:** A web-based tool for accessing clinical data, giving providers a more complete picture of a patient's health record.

¹ Statewide Health Information Exchange Act., Chapter 90 Article 29B. https://www.ncleg.net/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_90/Article_29B.pdf

- **Direct Secure Messaging:** An encrypted email tool that allows clinicians to send protected health information (PHI) to other providers with whom they share patients.
- **NC*Notify:** NC HealthConnex's event notification service provides Admission, Discharge, and Transfer (ADT) alerts to providers when their patients have received care in other settings or transitioned from one care facility to another.
- **Public Health Reporting:** NC HIEA partners with the N.C. Division of Public Health to support reporting and provider participation in state public health registries, including the N.C. Immunization, Diabetes, and Stroke Registries, and facilitates the electronic exchange of an average of 3,000 lab results each month identifying required reportable communicable diseases and conditions.
- **Controlled Substance Reporting System (CSRS) Access:** A single sign-on within the NC HealthConnex Clinical Portal gives providers access to CSRS to help meet the STOP Act requirements for providers who prescribe controlled substances.
- **Training:** Resources including user guides, on-demand training videos, and in-person and virtual training are available to train participants on NC HealthConnex services.
- **HIE Medicaid Services (HMS):** This program leverages NC HealthConnex data to support NC Medicaid's quality and population health efforts by improving data exchange and facilitating NC Medicaid's use of clinical data.
- **Promoting Interoperability & Meaningful Use:** Full participation in NC HealthConnex can help healthcare organizations meet measures related to the advancement of certified EHR technology utilization and improve interoperability.

NC HIEA Over the Years

2025 marked the 10-year anniversary of NC HIEA's establishment by the North Carolina General Assembly. The accomplishments over these 10 years have laid the foundation for the work that we outline in this roadmap.

- 
- 2015** The North Carolina General Assembly created **NC HIEA** to facilitate the creation of a modernized health information exchange to better serve North Carolina's healthcare providers and their patients.
- 2016** Operations began in early 2016 with a focus on connecting providers to NC HealthConnex. Nine months later, **NC HIEA had completed 122 connections for more than 800 facilities, one of the fastest HIEs to gain connections in the country.**
- 2017** NC HIEA launched the **NC HealthConnex Provider Clinical Portal.**
- 2018** NC HIEA launched the **NC*Notify** event notification service.
- 2019** NC HIEA **won a community partnership award for its work to connect neighboring state HIEs within a 48-hour window** as Hurricane Florence approached North Carolina.
- 2020** NC HIEA and the N.C. Government Data Analytics Center **supported the N.C. Department of Health and Human Services' (NCDHHS) pandemic response**, linking COVID-19 labs with vaccines and creating data-driven dashboards for NC Medicaid to understand the trajectory of the disease.
- 2021** NC HIEA made it possible for users to access the **Controlled Substance Reporting System (CSRS)** directly within the NC HealthConnex Clinical Portal.
- 2023** NC HIEA and the NCDHHS launched the **N.C. Stroke Registry** to improve the stroke care continuum in North Carolina.
- 2024** During the **Hurricane Helene response, NC HealthConnex ensured providers could access vital clinical information** for displaced patients. NC HIEA also delivered **critical insights on the location and latest healthcare information of medically vulnerable and missing people**, supporting rapid and coordinated response efforts.

OPERATIONS

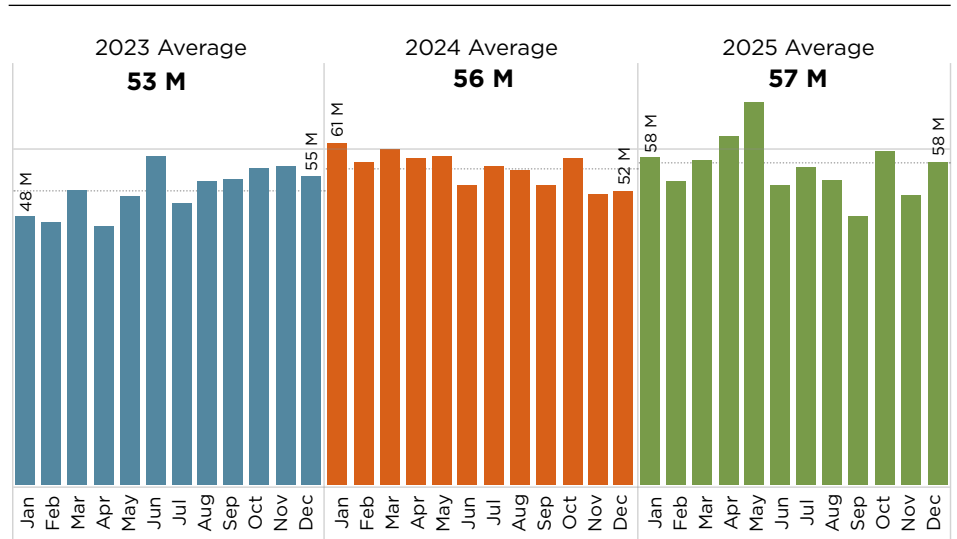
NC HIEA supports statewide connectivity to a comprehensive network of health systems and providers across the state. Currently, all 55 acute care hospitals and over 8,000 healthcare facilities are connected to NC HealthConnex. NC HealthConnex supports high volume health data exchange, with more than 45 million Admission, Discharge and Transfers (ADTs) and 12 million Continuity of Care Documents (CCDs) ingested per month.

In collaboration with technical partners, the SAS Institute and J2 Interactive, NC HIEA ensures reliable system performance, secure data exchange, and continues operations of the NC HealthConnex Suite of Services. These efforts are further supported internally by the Technical Operations, Health Analytics and Business Relations teams, with a centralized Project Management Office that ensures cross-team collaboration and alignment across the organization

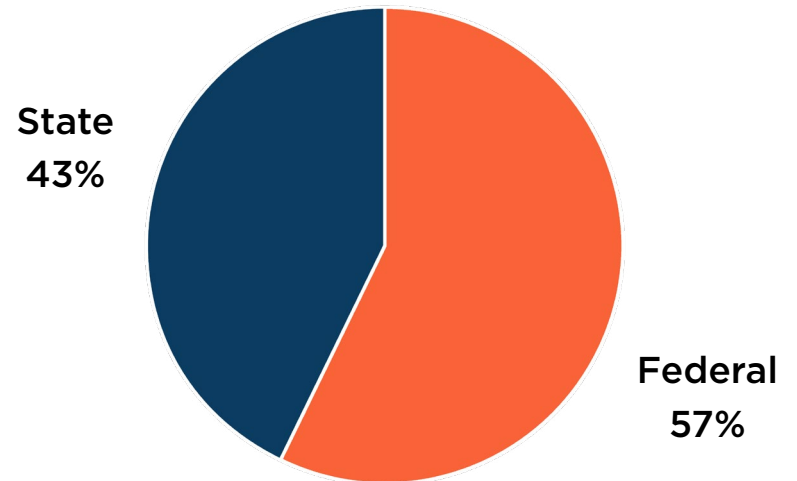
NC HIEA operates at a highly efficient cost of \$2.48 per North Carolinian, which is half the national average (\$4.97 per capita) for statewide health information exchanges.² This operational efficiency is supported with strong federal funding, where more than half (57%) of total funds secured for the federal fiscal year of 2026 (October 2025 to September 2026) will be drawn down from federal sources through partner agencies, such as NC Medicaid. The remaining funds come from state appropriations.

² Kansky, J., & Adler-Milstein, J. (2025). What does HIE Cost...and What Should it Cost? Civitas 2025 Conference.

Health Exchange Incoming Message Volume



Source of Funding



NC HealthConnex By The Numbers (2025)

All 55 acute care hospitals in NC	45M Incoming ADT messages a month	
	12M Incoming CCD documents a month	
40K Logins to the Clinical Portal a month	8,000+ health care facilities	27M Unique patient records

“NC HealthConnex is that bridge that allows us to see what we aren’t able to see. In a geriatric setting, we’ll get patients that move into a facility with no history — nothing on them at all. How am I supposed to know if this person has ever gotten a vaccine? What are they allergic to? NC HealthConnex bridges that gap.”

—Ryan Johnston, Senior Life Solutions



HIE Medicaid Services (HMS) Partnership: NC HIEA partners with the N.C. [Division of Health Benefits](#) (NC DHB) to leverage NC HealthConnex to support NC Medicaid’s quality and population health efforts by improving data exchange. The HMS Early Adopters Program is a way to financially support those organizations that are willing to pave the way for others by participating in hands-on work to advance innovation for three use cases: Digital Quality Measures (dQMs), Health-Related Social Needs (HRSN) Screening, and Care Management data. In 2025, NC HIEA supported our inaugural cohort in the Early Adopters Program and partnered with NC Medicaid to financially incentivize early adopters. Through this partnership, NC HIEA looks forward to supporting and learning from our Early Adopter collaborators as we work together to enhance our partnership with NC Medicaid.

Rural Health Transformation (RHT): The Centers for Medicare and Medicaid Services (CMS) awarded North Carolina \$213 million, with an estimated \$5 million allocated to NC HIEA for year one implementation of the state’s RHT Program. The goal of the RHT program is to advance technology that improves care, secures data and expands access to digital health tools by rural facilities, providers and patients.³ Over the next five years, NC HIEA aims to advance rural health by expanding provider connectivity, delivering technical assistance and strengthening digital capacity across rural organizations.

³ *Rural Health Transformation (RHT) Program | CMS.(2025).* Cms.gov. <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

Supporting H.R. 1: NC HIEA partners with the NC DHB to leverage NC HealthConnex to support new federal work requirements for Medicaid eligibility under the One Big Beautiful Bill Act (OBBBA). Under the OBBBA changes, certain able-bodied adults covered under Medicaid are required to work or participate in other qualifying activities, such as participating in a work training program or volunteering in the community for at least 80 hours per month. However, there are exemptions for certain individuals, including those who are pregnant, those with disabilities, caregivers of young children, and students. The goal of this effort is to leverage clinical data in NC HealthConnex to streamline work requirement exemptions by enabling near real-time checks on key eligibility factors. This will reduce administrative burden for county case workers and help ensure members who qualify for work requirement exemptions are identified quickly and accurately.

Claims Data Available in the Clinical Portal: NC HIEA successfully integrated claims information into the NC HealthConnex Clinical Portal, a web-based tool for access to data submitted to NC HealthConnex. This enhancement enables permissioned stakeholders to view Medicaid claims and encounter data. Combining clinical data already available in the Clinical Portal with claims and encounter data enhances the completeness of patient records and supports more informed decision-making for better care delivery and coordination. This implementation is a first step towards the development of a Payer Claims Database (PCDB) that will ultimately house NC Medicaid’s fee-for-service claims and health plan encounters.

About Roadmap 2030

The [NC HIEA Roadmap 2030](#) builds upon the [NC HIEA Roadmap 2021](#), a three-year strategic plan that charted 31 initiatives across five service areas. In Roadmap 2030, NC HIEA and its Advisory Board focus on four overarching goals that speak to the opportunities on the horizon:

- 1. Broaden exchange capabilities to support equitable, whole-person care**
- 2. Build upon the HIE foundation to remain at the forefront of data quality and emerging data standards**
- 3. Support value-based care and public health priorities alongside agency and organization partners**
- 4. Cultivate stability by expanding HIE services and their utilization**



ENGAGING STAFF IN OUR ROADMAP 2030



During a collaborative roadmap workshop, 36 staff from NC HIEA and our technical partner, the SAS Institute, came together to reflect on their roles, celebrate accomplishments, and identify barriers and opportunities that will shape our next five years. Participants envisioned what success should look like by 2030 and shared tangible aspirations aligned with our mission and roadmap goals. The visions are largely aligned and supported by the work of NC HIEA staff in the accomplishments outlined in this report.



Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

- Objective 1:** Complete Integration with State-Funded Providers, Pharmacies and NC Medicaid
- Objective 2:** Enable State Laboratory Electronic Test Orders and Results
- Objective 3:** Expand Bidirectional Exchange and Provider Clinical Portal Single Sign-On Capability
- Objective 4:** Collaborate with Additional State and Nationwide Systems
- Objective 5:** Incorporate New Data Sources and Types

Remain at the Forefront of Data Quality and Emerging Data Standards

- Objective 1:** Enhance the NC HealthConnex Data Quality Program
- Objective 2:** Expand FHIR/API Services
- Objective 3:** Mature the NC HIEA Risk Management Program
- Objective 4:** Continually Modernize Infrastructure

Support the Value-Based Care and Public Health Priorities of our Agency and Organization Partners

- Objective 1:** Facilitate Data Sharing for Medicaid Operations and Care Management
- Objective 2:** Provide Clinical Data for and Assist with Quality Measurement
- Objective 3:** Leverage NC*Notify for Medicaid, Public Health, and Behavioral Health
- Objective 4:** Inform Care and Transitions for Justice-Involved Populations
- Objective 5:** Build, Enhance, and Support Chronic Disease Surveillance Tools

ROADMAP 2030

Cultivate Stability by Expanding HIE Services and Their Utilization

- Objective 1:** Provide State Health Data Utility Services and Institute Cost Recovery and Sharing
- Objective 2:** Institute Additional Governance and Oversight
- Objective 3:** Promote Training and Support NC HealthConnex Adoption and Use
- Objective 4:** Collaborate with Clinical Research

Goal One: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

The N.C. Health Information Exchange Authority is committed to broadening our exchange capabilities by prioritizing connectivity with state-funded providers, modernizing data exchange with the State Laboratory of Public Health (SLPH), expanding Single Sign-On (SSO) access, and incorporating new data sources such as Health-Related Social Needs (HRSN) data. Through these efforts, we continued to advance a more complete system that supports equitable, whole-person care.

Objective 1: Complete Integration with State-Funded Providers, Pharmacies and NC Medicaid

Prioritizing High Priority NC Medicaid Connections through the Medicaid Provider Reconciliation Project

To meet our goal of maintaining active data connections with 90% of state-serving healthcare organizations that are subject to the HIE Act, NC HIEA must first identify Medicaid serving institutions that are awaiting connection. In 2025, NC HIEA launched our Medicaid provider reconciliation project to tackle this effort. By leveraging Medicaid's provider data, NC HIEA was able to effectively prioritize participants awaiting connection based on several factors including rurality, Medicaid member count, Medicaid claims amount, and participation in NC Medicaid's care management models.

Key care models included NC Medicaid's Advanced Medical Home (AMH) model, a primary care-based program focused on care management, local provider accountability, and population health and the Tailored Care Management (TCM) model which delivers whole-person care management for Medicaid beneficiaries that meet certain criteria, such as patients with serious mental illness, intellectual or developmental disabilities, and/or Substance Use Disorder (SUD).

By prioritizing these organizations, NC HIEA ensures that high impact Medicaid providers that can benefit from NC HealthConnex's rich patient data are connected as soon as possible to facilitate care management for high-risk populations. Substantial progress in provider-reconciliation efforts has been made since the project's inception,

Goal 1: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

deepening our understanding of Medicaid provider connectivity in the state. Since project inception, NC HIEA was able to verify connectivity status of over **2,000 providers** and prioritize connection for over **400 providers** participating in the AMH care management model.

Bringing Network Connectivity to State-Funded Providers

The North Carolina State Health Plan (SHP) is a government-sponsored, self-insured health insurance program managed by the N.C. Department of the State Treasurer, which is also subject to the HIE Act. It covers an estimated 740,000 public-sector employees, such as state workers, teachers, educators and community college staff.⁴ In 2025, NC HIEA explored the possibility of utilizing SHP provider data to inform connection prioritization strategy. In the future, NC HIEA plans to utilize SHP claims and pharmacy data to support population health analyses and deliver Priority Data Elements (PDE) to SHP that include key health data, such as blood pressure, A1c and depression screening to support their quality and population health efforts. Additionally, this effort will include ingesting SHP claims data so it may be displayed in the NC HealthConnex Clinical Portal to provide a more complete view of patients' health.

Objective 2: Enable State Laboratory Electronic Test Orders and Results

An Electronic Test Order and Results (ETOR) service replaces manual, paper-based processes with an electronic, closed-loop process and improves timeliness and efficiencies, getting results back to key stakeholders faster. In 2025, NC HIEA initiated the

State Laboratory of Public Health (SLPH) ETOR pilot, a key modernization effort in which NC HIEA facilitates the routing of electronic test orders (ORMs) and test results (ORUs) between two pilot Electronic Health Record (EHR) systems, Patagonia and CureMD, and local health departments. Since launch, **174 users** have registered for the pilot and **660 orders** have been placed, marking significant progress toward full implementation. Once the pilot phase concludes, this service will expand to additional local health departments, hospitals, and other healthcare entities in close collaboration with SLPH. These efforts will strengthen statewide public health infrastructure, promote real-time data sharing and support better decision-making for improved population health outcomes.



⁴ *Who We Are / NC State Health Plan.* (2024). Shpnc.gov. <https://www.shpnc.gov/who-we-are>

Goal 1: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 3: Expand Bi-Directional Exchange and Provider Clinical Portal Single Sign-On Capability



By the Numbers:

32 Organizations using Single Sign-On

218 Users actively using SSO in 2025

NC HealthConnex participants access consolidated patient health records through direct, bidirectional integration via their EHR or through the NC HealthConnex Clinical Portal via web browser access or via Single Sign-On (SSO) from within their EHR. SSO improves the user experience by integrating directly into the participant's EHR, reducing workflow disruption and allowing an integrated view for providers, ultimately increasing the ability of providers to easily view patient data in NC HealthConnex. In 2025, NC HIEA supported SSO integration across 32 organizations and 218 active users.

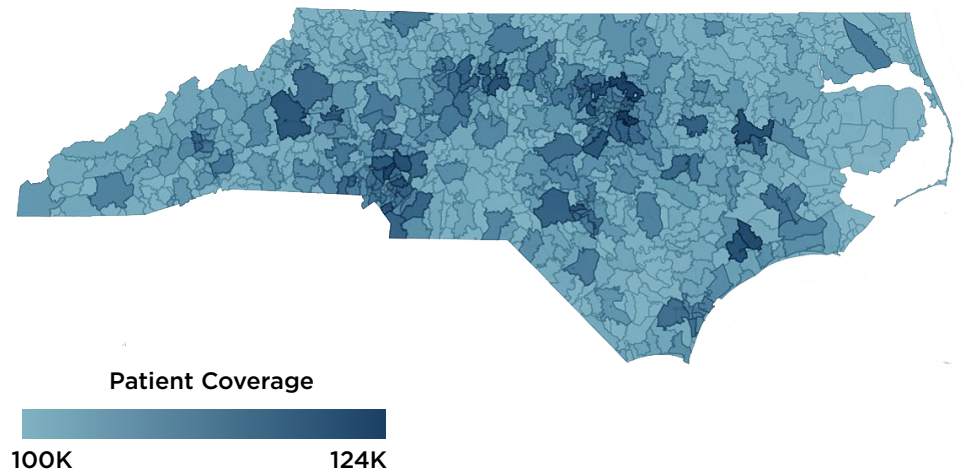
Objective 4: Collaborate with Additional State and Nationwide Systems

Collaborating with Civitas Networks For Health to Assess National Health Information Exchange Patient Coverage

[Civitas Networks for Health](#) is a national collaborative comprised of member organizations working to use health information exchange (HIE), health data and multi-stakeholder, cross-sector approaches to improve health. In 2025, NC HIEA partnered with Civitas and other HIEs to support a national coverage map,

showing where patient data is represented in one or more of the HIEs across the nation. This effort was critical for Civitas to be able to demonstrate where patient coverage gaps may exist for their national efforts. NC HIEA took a similar approach to understand patient coverage in the state of North Carolina by examining unique patient IDs by zip code. The corresponding map demonstrates NC HealthConnex coverage in 2025. Through collaboration with Civitas and other HIEs, NC HIEA learned how peer organizations assess where patients are being served and identify where gaps remain to make informed decisions about where to target future connection efforts.

NC HealthConnex Patient Coverage by Zip Code



Goal 1: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 5: Incorporate New Data Sources and Types

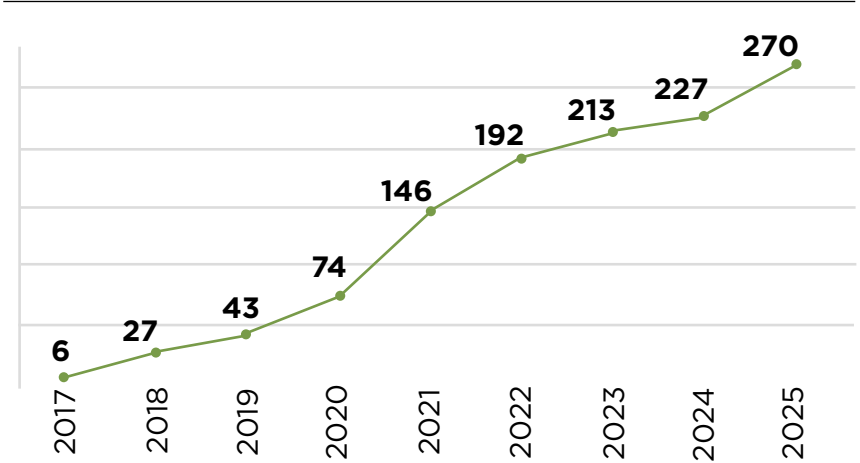
Currently, NC HealthConnex can receive data elements such as patient demographics, visits, medical history, diagnoses, procedures and medical results. Yet many types of health-related data in other systems pose value to NC HealthConnex users and partners. In 2025, NC HIEA made strides to expand not only the data available but also the providers who access the data to promote the utilization of the NC HealthConnex Suite of Services.

Increasing Behavioral Health Provider Access to NC HealthConnex

Since 2017, NC HIEA has seen a significant increase in the total number of behavioral health providers that have signed participation agreements, which places them in queue to be connected. While some behavioral health providers can access certain NC HealthConnex Services, federal laws and regulations prevent NC HIEA from receiving certain types of mental health or substance use disorder (SUD) data without patient consent related to disclosures of such data.⁵ Unauthorized disclosure of these data could have significant and negative consequences for patients, and providers that disclose them without consent. Efforts to allow for patient consent and secure integration of this data into NC HealthConnex are being explored for future implementation. This foundational effort will allow providers to access a more complete understanding of the care delivered to some of their most complex patients and improve population health analyses and services for behavioral health populations. As of December 2025, over **270 organizations** and **700 behavioral health facilities** are currently connected to NC

HealthConnex. As NC HIEA moves towards facilitating the safe exchange of SUD data, connecting behavioral health providers will be of the utmost priority.

Running Total of Behavioral Health Providers Live in Production



“One of the best ways we can avert crisis admissions or law enforcement interventions for our patient population is to make sure we’re leveraging the combination of HIE data, our AI processing, and focus on those high-risk patients, especially people who have a gap in a psychotic medication.”

—Jerold Greer, Daymark Recovery

5 Code of Federal Regulations. (2026). 42 C.F.R. § 2. <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2>

Goal 1: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Integrating Health-Related Social Needs Screening Data

Health-related social needs (HRSN) are social and economic needs that individuals experience that affect their ability to maintain their health and wellbeing, such as housing, transportation and food.⁶ Complete and up-to-date data on a patient's HRSN can help them get connected to the resources they need to thrive, inform providers' clinical decision-making and help policymakers evaluate the effectiveness of programs and policies focused on HRSN. NC HIEA is working with NC Medicaid to collect standardized HRSN screening information from providers' EHRs, making that data available to other healthcare organizations, health plans, and NC Medicaid. In 2025, the team developed the [HRSN Screening User Guide](#) which outlines how organizations can share HRSN screening data using Admission, Discharge and Transfer (ADT) messages, an effort that builds upon work led by the N.C. Department of Health and Human Services (NCDHHS) Data Office, and in collaboration with Duke Health and University of North Carolina (UNC) Health.

NC HIEA launched the inaugural [Health-Related Social Needs Screening Use Case](#) cohort with **eight organizations** via the HMS Early Adopters Program, to expand the types of HRSN screening data being collected to better meet NC Medicaid and provider needs. This inaugural HRSN cohort worked with NC HIEA to identify HRSN screeners that were being used in practice to collect data across **four priority domains**: food, housing, utilities and transportation. NC HIEA began working with these organizations to ensure standardized data mapping of screening

questions and answers were used to support data exchange. As NC HIEA recruits additional cohorts for the HRSN Screening Use Case, these providers' data will be made available in the Clinical Portal, further enriching the data available to improve providers' ability to deliver equitable, whole person care.

Engaging Emergency Medical Service Providers

Emergency Medical Service (EMS) providers are often the first point of contact for patients entering the healthcare system, yet they frequently operate with incomplete patient information. Limited access to medical histories, medications and recent encounters can make time critical decisions more challenging. Recognizing this, NC HIEA is committed to increasing EMS providers' awareness and use of the NC HealthConnex Clinical Portal. As of December 2025, over **150 facilities** across **50 EMS organizations** have access to the NC HealthConnex Clinical Portal. Furthermore, in 2025, NC HIEA partnered with the Office of Emergency Medical Services to identify a path for integrating EMS encounter data into NC HealthConnex, allowing patient information from EMS responses to be viewed as part of a more complete, longitudinal record rather than isolated events.

“The NC HealthConnex Clinical Portal can make a life and death difference being able to have at your fingertips access to information that we never would have been close to seeing before like allergies, medications, and urgent care visits.”

—Justin Stewart, Rockingham County

⁶ U.S. Department of Health and Human Services. (2023). HHS call to action: Addressing health-related social needs in communities across the nation. <https://aspe.hhs.gov/sites/default/files/documents/3e2f6140d0087435cc6832bf8cf32618/hhs-call-to-action-health-related-social-needs.pdf>

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

The N.C. Health Information Exchange Authority is committed to providing a secure, modern platform that aligns with evolving healthcare technology policies and standards to seamlessly share data. Through the development of a data quality roadmap, improvements in our patient matching and exploration of our data governance vision, NC HIEA made strides to ensure we remained at the forefront of data quality standards.

Objective 1: Enhance the NC HealthConnex Data Quality Program

Developing a Strategic Data Quality Roadmap

In 2025, NC HIEA aimed to strengthen the reliability, consistency and usability of the health data it stewards through the development of a strategic data quality roadmap. With the support of our technical partner, the SAS Institute, 20 stakeholders across seven organizations were interviewed and current processes were examined with a lens toward data quality. The goal was to identify current strengths and opportunities for improvement in the NC HIEA data quality lifecycle. Based on these insights, NC HIEA is working to develop a set of business drivers that will shape the future framework and define the metrics and strategic actions needed to achieve our 2030 goals.

Excerpt from the NC HIEA's Data Quality Score Card

Strength: Data Quality Addressed at Data Source

Testing process during onboarding enforces desired data quality levels before new connections go live.



Opportunity: Data Quality Business Rules

No evidence of centralized or automated data quality business rules.

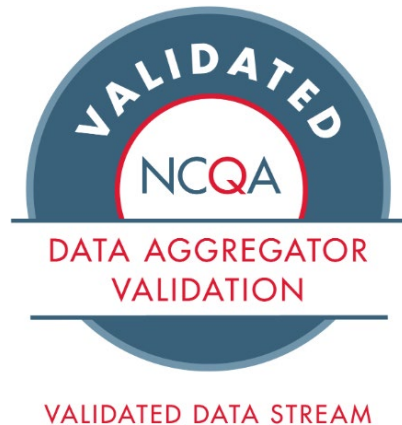


Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Achieving The Highest National Standard for Clinical Data Quality

In 2025, the North Carolina Health Information Exchange Authority (NC HIEA) achieved a major milestone through the [National Committee for Quality Assurance \(NCQA\) Data Aggregator Validation](#) program, ensuring that NC HealthConnex is a single, trusted source of clinical data for payers like NC Medicaid and its prepaid health plans. Participation in this program validates that data flowing through NC HealthConnex meets rigorous NCQA standards for accuracy and reliability, enabling providers and payers to confidently use this information for quality reporting and value-based care. NC HIEA successfully doubled participation in the 2025 cohort, with **four organizations and over 1,400 facilities successfully earning validation** after undergoing a rigorous, end-to-end look at the quality and integrity of their data and the procedures used to manage and safeguard it. These accomplishments were made possible by NC HIEA's commitment to continuous improvement. Improvements made in the 2025 cohort included:

- Development of dashboards to monitor message flow and system activity in a timely manner and track trends over time, and
- Improvement of data quality reports to catch issues faster, address them and track data accuracy over time.



Advancing Metric-Driven Decision Making

Metrics are essential for identifying trends and addressing issues within data quality, system performance and operational efficiency. In 2025, NC HIEA made meaningful progress toward unifying our metrics work across the organization by clarifying what metrics are available, where deeper understanding was needed and where new measures should be developed.

As part of this effort, we identified **nine critical metrics** that would be improved by understanding and refining definitions, calculation methods and data sources to ensure consistent interpretation. We also began expanding our ability to filter data across multiple strata, such as participant organization, provider type and visit volume, to allow for more granular insights. These improvements lay a strong foundation for transparent, reliable reporting and support more informed, data-driven decision making in 2026 and beyond.



Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Encouraging Standardization of Data Exchange Through USCDI Version 3 Adoption

The [United States Core Data for Interoperability \(USCDI\)](#) is a standardized set of health data classes and associated data elements for nationwide, interoperable health information exchange, set forth by the Office of the National Coordinator for Health Information Technology. A USCDI Data Class is an aggregation of Data Elements by a common theme, such as vital signs. A USCDI Data Element is the most granular level at which a piece of data is represented for exchange, such as heart rate or respiratory rate.⁷ These standards help ensure that providers have consistent, reliable information when caring for patients.

NC HIEA receives data in a variety of formats, primarily through ADT and CCD transactions, that may or may not meet USCDI standards. In 2025, NC HIEA established clinical data targets aligned with USCDI v3 to support industry movement toward standardized data exchange and to encourage continued adoption by participants and their EHR systems.

These targets define expectations for key data elements within ADT and CCD messages to improve data quality, completeness and interoperability across the network. Furthermore, in response to the U.S. Department of Health and Human Services' [HTI-1 Final Rule](#), which requires all certified health IT systems to adopt USCDI v3 standards, NC HIEA supported providers and EHR vendors preparing for the transition. Early collaboration with NC HIEA was essential to ensure a smooth upgrade and prevent disruptions to organization's data feeds.

⁷ Office of the National Coordinator for Health Information Technology. (2025). United States Core Data for Interoperability (USCDI). <https://healthit.gov/wp-content/uploads/2025/03/USCDI.pdf>

Piloting USCDI Behavioral Health Elements to Reduce Crisis Outcomes Through Data Exchange

NC HIEA, in partnership with the N.C. Division of Mental Health, Developmental Disabilities and Substance Use Services, along with Coastal Horizons, and Integrated Family Services, was awarded funding from Chickasaw Federal Health to implement the [ReCODE](#) Behavioral Health Care Project.

This initiative will enable bidirectional data exchange between a behavioral health provider and a mobile crisis team by leveraging their shared EHR and NC HealthConnex. The project aims to support seamless information sharing, reduce follow-up times and strengthen the overall crisis response infrastructure. The project will also test USCDI+ Behavioral Health (USCDI+BH), which is an expanded set of behavioral-health-specific data elements that go beyond the basic USCDI list that were created to support better information sharing for mental health and substance-use-related care. The testing of these elements in a real-world environment will support the standardization of critical information and ultimately improve interoperability so that all providers involved in a crisis may access the same, structured data.

Example USCDI + BH Data Elements

- Peer Coaching or Mentoring
- Harm Reduction Activities
- Recovery Planning
- SDOH Problems/Health Concerns
- SDOH Interventions

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Refining Patient Matching Capabilities

Accurate patient matching is essential for NC HealthConnex to function effectively. It ensures that health records from different providers are correctly linked to the right individual, supporting high-quality data. The process involves two layers:

1. Incoming data is linked by our system, HealthShare, where automatic linkage is performed based on patient IDs, demographic data, and other data elements, and
2. Incoming data that could not be linked is linked manually by analysts at NC HIEA.

In 2025, NC HIEA worked to ensure that our patient matching capabilities promote accurate and efficient links through various efforts including promoting strong provider data entry practices and by performing approximately **400K manual matches**.

NC HIEA also partnered with colleagues at SAS, J2 Interactive and InterSystems to form an interorganizational team with the goal of decreasing the NC HIEA's 40 million patient manual review worklist by identifying and implementing potential improvements in the existing process. This group, dubbed the Tiger Team, launched their efforts with three key steps:

1. Evaluate matching environments and their technical specifications to improve system performance
2. Remove from the matching process, patient records from high volume sources that did not provide sufficient demographic data for matching or sources that are no longer active contributors
3. Update the matching system and rebuild it step-by-step

HSPI TEAM SPOTLIGHT

Sue Saul has been with NC HIEA since 2020. Sue has a BS in Management Information Systems and a Master of Public Administration with more than a decade of experience working in non-profit and government environments.



What does the Health Share Patient Index (HSPI) team do?

HealthShare is the warehouse where our patient records get matched. Patient matching is what our team does, it is the process of accurately linking a person's health records across providers and systems. "It's the heart of everything... if you don't have all the patient's demographics, then you're not going to have their labs, their visits, their tests ... it's really where everything begins, it enables the rest of our work."

What's one accomplishment you're proud of this year?

In the aftermath of Hurricane Helene, the HSPI team was asked to help locate missing persons by searching health records for any evidence of recent medical encounters. For families who had lost contact with loved ones in the storm, a confirmed doctor's visit provided critical reassurance.

"There was an urgency, as though you were out there on the field looking for those people. I really felt blessed that I was able to help that way... you don't always have that opportunity."

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 2: Expand Fast Healthcare Interoperability Resources (FHIR)/Application Programming Interface (API) Services

NC HIEA is working to move beyond traditional “push-and-pull” exchange of full patient summary records by adopting the Fast Healthcare Interoperability Resources (FHIR) standard, which allows providers to request only the specific pieces of information they need, making health information easier to access, use and share across different systems.

In 2025, NC HIEA initiated the development of a FHIR Roadmap that will define the steps that need to be taken to enable successful FHIR queries. Guided by said roadmap, NC HIEA began essential system upgrades (Red Hat Enterprise Linux), making necessary underlying technical and configuration changes for successful FHIR use cases. Upon successful FHIR enablement, 5 projects have been identified for future FHIR implementation.

Objective 3: Mature the NC HIEA Risk Management Program

NC HIEA worked to strengthen its risk management practices to align with leading privacy and security standards. In November 2025, the organization completed its annual risk assessment, which included a review of systems and processes managed by the N.C. Department of Information Technology (NCDIT)’s Enterprise Security and Risk Management Office (ESRMO) and technical partner, the SAS Institute. Lack of a disaster recovery solution that meets geographic-separation standards was identified as an opportunity for improvement.

While the system can be recovered if the primary environment experiences an outage, the current backup environment is not located far enough away to satisfy required distance criteria for full disaster-recovery compliance. A strengthened disaster recovery solution would help ensure rapid restoration during major outages, protecting data and maintaining service continuity. This enhancement is also a critical component on the path to achieving HITRUST certification, which requires these proven safeguards. NC HIEA is working closely with ESRMO and SAS to develop corrective and preventive action plans; these efforts support the continued maturation of the agency’s risk management program and reinforce its commitment to safeguarding sensitive health information.

Objective 4: Continually Modernize Infrastructure

Optimizing the Participant Onboarding Experience

In order to become connected to NC HealthConnex, providers engage with NC HIEA through a multi-step onboarding process. The current onboarding process has several steps that may be difficult for some providers to navigate. (To learn more about our current onboarding process visit our [How to Connect](#) page.)

To improve the overall process, NC HIEA launched the Optimizing Participant Onboarding (OPO) project to streamline participant onboarding and improve efficiency while maintaining high data quality standards. This initiative aimed to improve onboarding timelines, clarify roles across multiple teams, and streamline technology systems. The project leverages a People-Process-Technology framework to ultimately reduce onboarding time from months to weeks, enhance participant engagement

Goal Two: Remain at the Forefront of Data Quality and Emerging Data Standards

and ensure timely access to NC HealthConnex services.

In 2025, NC HIEA partnered with Manatt to dive deep into the onboarding process. A total of **10 interviews** were conducted as part of a discovery phase to understand the steps, inputs and anticipated outcomes to support onboarding participants. Focused process design sessions with key internal and vendor stakeholders were held to understand steps needed to simplify workflows, clarify roles and drive efficiencies across people, processes and technology. In addition to these internal efforts, recently onboarded participants were engaged to validate and refine the redesigned process in real-world conditions.

Understanding Pain Points around NC*Notify User Experience

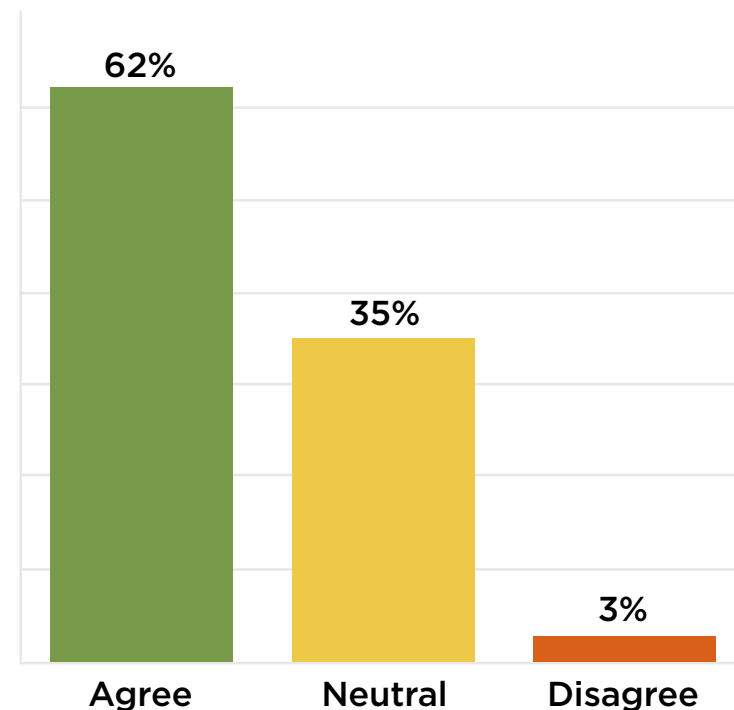
In 2025, NC HIEA conducted a focused NC*Notify user survey to better understand how day-to-day users experience the service and where improvements are most needed, including feedback from Plus-Tier users who have access to a dashboard to monitor NC*Notify alerts. Overall, **60% of respondents** reported that NC*Notify helped their organizations improve patient care, reinforcing the value of the service. Among dashboard users, many found it helpful for quickly identifying patients who need follow-up care.

From this survey, NC HIEA identified opportunities for improvements including:

- features of the NC*Notify dashboard
- data timeliness
- document quality
- reporting capabilities

These findings will guide upcoming enhancements to strengthen usability and overall service performance of the NC*Notify service. NC HIEA will include updates on improvements in future reports.

NC*Notify has helped me improve patient care in my organization



Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

The N.C. Health Information Exchange Authority is committed to advancing data-driven tools and partnerships that strengthen value-based care and public health efforts statewide. Through expanded Medicaid partnership efforts, improved quality measurement capabilities and enhanced population health surveillance, NC HIEA made meaningful progress toward supporting our agency and organizational partners.

Objective 1: Facilitate Data Sharing for Medicaid Operations and Care Management

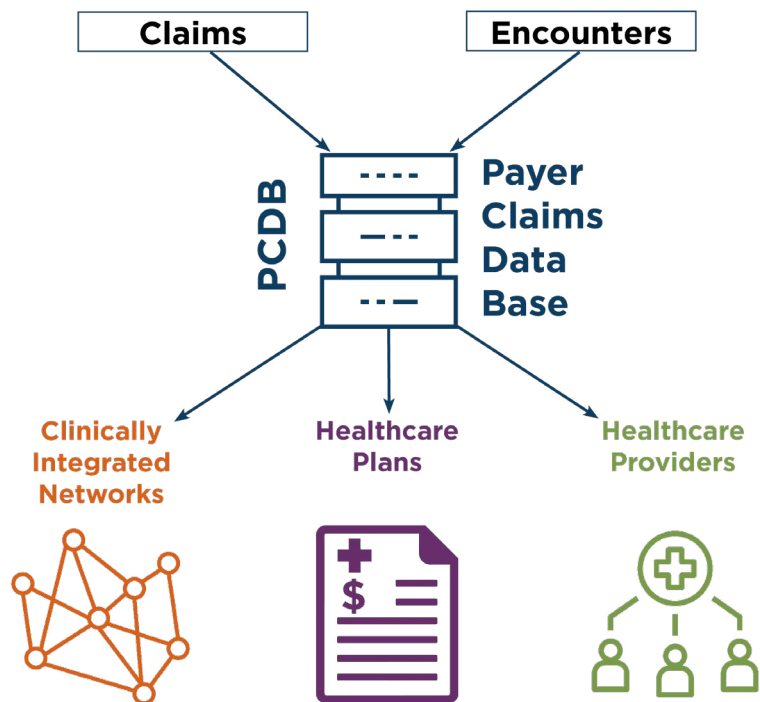
Launching the Payer Claims Database (PCDB) to Improve Care Management

Claims data contain rich information on demographics, diagnoses, procedures, and patterns of patient adherence, all of which help improve outcomes, evaluate utilization, and reduce duplication of tests, treatments, and services. When combined with the less latent clinical data available in NC HealthConnex, claims data provide a more complete picture of a patient's experience across providers, settings and time, enabling care managers to spot gaps, coordinate follow-up, and target support more effectively than clinical data alone. In 2025, NC HIEA, in collaboration with NC Medicaid, met a major milestone by making claims data available in the NC HealthConnex Clinical Portal for all users.

This implementation is a first step towards the development of a **Payer Claims Database (PCDB)** that will ultimately house NC Medicaid's fee-for-service claims and health plan encounters. Currently, health plans, providers and clinically integrated networks (CINs) must maintain multiple one-to-one interfaces to send claims and encounters data to providers to support care management and transitions of care. By creating the PCDB and housing this information in one centralized location, NC HIEA aims to facilitate an **over 90% reduction** in the number of interfaces required for care management data

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

exchange, simplifying the data sharing process and enabling more efficient access to member data. Once built, the goal is to leverage the PCDB infrastructure for other claim types, such as those from the State Health Plan and commercial payers.



Facilitating Seamless Transitions of Care

Patients switch health plans for many reasons, such as a change in their eligibility or finding a plan with benefits they value more. Ensuring that complete, accurate information follows them to their new health plan is essential to maintain continuity of care.

In 2025, NC HIEA, in partnership with NC Medicaid, designed the Transitions of Care (TOC) Use Case that aims to improve the quality and efficiency of data exchange for member transitions of care. When patients switch plans, the original plan must send member TOC data (including claims and encounters) to the receiving plan. Currently, this requires all plans to maintain one-to-one interfaces with each other. In the future, NC Medicaid will send claims, encounters, and eligibility information to the new PCDB, storing care data in one central location and establishing a source of truth for all plans. When a member is assigned to a new plan, the PCDB will compile the needed data and send it to the receiving plan. This data exchange process will improve the efficiency of TOC data exchange by reducing the number of interfaces needed to exchange data between health plans and increase data quality by ensuring TOC data transmitted to plans during transitions of care is the same held by NC Medicaid.

Designing a Health-Related Social Needs Screening Data Insight Report

In collaboration with NC Medicaid, NC HIEA completed early designs for an HRSN Screening Data Insight dashboard that will ultimately display a set of metrics and data views derived from HRSN screening information submitted to NC HealthConnex. The report will show key indicators such as the number of patients with HRSN screening data, which organizations and facilities are submitting data, the distribution of positive responses across HRSN domains, and the proportion of Medicaid beneficiaries with a completed screening. The report will also allow users to view these metrics by demographic characteristics, including race, ethnicity, age and geography, to support population health analyses and support NC Medicaid operations.

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

Objective 2: Provide Clinical Data for and Assist with Quality Measurement

Supporting Data Quality Improvements to Build High Quality Digital Quality Measures

Quality measures help assess the processes, outcomes, structures and patient experiences that indicate whether high quality care is being delivered. Digital quality measures (dQMs) are emerging as a new standard, using standardized digital data from multiple sources to more accurately evaluate care and health outcomes and identify gaps in patients' care in much closer to real time.⁸ To develop high quality dQMs, the data elements that comprise these measures must also be accurate, complete and consistent.

In 2025, NC HIEA launched the [Digital Quality Measures \(dQM\) Use Case](#) to build the capability to calculate a selected set of NC Medicaid's high priority quality measures by combining administrative data with clinical information from providers' EHRs. Cohort 1 of the dQM Use Case includes **five early adopter participants** focused on improving data quality for **three priority measures** related to blood pressure, diabetes and depression screening. NC HIEA is supporting these providers through targeted data quality improvement efforts. This foundational work is essential to support quality measurement long term. NC HIEA developed an internal data quality improvement dashboard to actionably highlight data elements that are needed for the three dQM priority measures. For example, in the context of a quality measure related to

hypertension, both diastolic and systolic blood pressure readings are needed, along with accurate units of measure and essential encounter details to correctly analyze the information and calculate an accurate dQM result that is truly representative of patient care. Without a thorough understanding of the accuracy, completeness and consistency of these data elements, building a quality measure for blood pressure would not be meaningful.

Participants in the dQM cohort will receive recommendations to improve data quality on selected data elements, collaborate with NC HIEA to improve data quality and monitor progress during their cohort participation. These efforts will lay the groundwork for scalable, statewide improvements in data quality enabling more meaningful measurement of care quality throughout the state.



⁸ Centers for Medicare & Medicaid Services. (2024). Quality Measures. <https://www.cms.gov/medicare/quality/measures>

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

Advancing Quality Measurement with Priority Data Elements (PDEs)

NC HIEA regularly delivers Priority Data Element (PDE) files to NC Medicaid, the five Standard Plans, four Tailored Plans, the Eastern Band of Cherokee Indians (EBCI) Tribal Option, and Community Care of North Carolina (CCNC) for population health purposes. These beneficiary level files include demographic and clinical data spanning observations, diagnoses, procedures, problems, labs and medications for key clinical concepts. Data elements related to body mass index, blood pressure and diabetes management are included in the files and help strengthen quality measurement that supports population health initiatives statewide. The team is actively working to expand the list of data elements provided via these monthly files to include additional clinical concepts of interest, such as cancer screenings and mental health follow-ups.



By the Numbers:

11 organizations receiving PDEs
1,080 files delivered in 2025

Objective 3: Leverage NC*Notify for Medicaid Public Health and Behavioral Health

NC*Notify can drive timely population health and care management actions to improve healthcare delivery and patient outcomes. Specifically, expansion of the service could result in faster provider follow-up after an emergency visit, reduced hospital readmission rates or faster identification of a public health outbreak.

NC*Notify advanced alerts are a set of health alerts that are designed specifically for these purposes. NC HIEA currently offers five enhanced alerts.

Total Advanced Alerts Sent In 2025



Providers are alerted when a patient has frequent visits to emergency departments or is at high risk for readmission.

145K



Providers are informed when a new organization has subscribed to their patient.

100K



Providers receive an alert when a patient meets the Centers for Medicare and Medicaid Services' chronic care management services criteria.

38K



Providers are alerted when patients visit the emergency department for dental care.

18K



Providers are alerted of a new diabetes and/or pre-diabetes diagnosis for patients they are monitoring.

8K

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

Leveraging NC*Notify to Advance Maternal Health Equity Through Participation in the ACURE4Moms Study

Maternal mortality rates in the United States are three times higher for Black birthing patients compared to white birthing patients, yet evidence-based interventions to reduce these inequities remain limited.⁹ To help address this gap, NC HIEA began serving as the data partner for the Accountability for Care through Undoing Racism and Equity (ACURE4Moms) study in 2023. This five-year initiative, led by UNC Chapel Hill in partnership with 40 healthcare facilities connected to NC HealthConnex, aims to improve outcomes for Black mothers and infants by addressing systemic bias within healthcare processes.



The Maternal Early Warning System, powered by NC*Notify, launched in 2024 and expanded in 2025. The first set of alerts, derived from information available through NC HealthConnex, notified providers when a patient with physical, mental or social risk factors for low birthweight missed a prenatal appointment or had elevated blood pressure during a visit. In 2025, the final round of alerts rolled out, including one designed

to identify patients who may benefit from aspirin therapy during pregnancy. In total, **over 43K maternal health alerts** were sent to participating healthcare providers in 2025.

⁹ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. CDC Foundation. <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>

Objective 4: Inform Care and Transitions for Justice-Involved Populations

NC HealthConnex may improve health outcomes by ensuring care across the continuum for justice-involved populations, including those in sentencing, currently serving time, or who are post-release from jails, youth correctional facilities, or prisons. In 2025, NC HIEA made strides to prepare for data linkage of the N.C. Department of Adult Corrections (NCDAC) EHR called the Healthcare Electronic Record for Offenders (HERO) and the Offender Population Unified System (OPUS), which is a larger operational system that supports NCDAC, to NC HealthConnex. Teams collaborated across multiple organizations to outline what information needs to be shared and how systems can align, helping ensure that the people providing services have a clearer picture of a patient's needs and history, ultimately improving care and outcomes. This work will bring the two data environments into a shared structure that will support better coordination in the future. As of December 2025, **66 users** that serve justice-involved populations have access to the NC HealthConnex Clinical Portal.

“Sometimes people are just poor historians, and they don't tell you about their health. You go to NC HealthConnex and see that there's existing allergies like penicillin. So that's a safety net, because if they had gotten sick or gotten an infection, we would know not to give them that drug... it keeps them safe.”

—Nurse, Wake County Jails

Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

Partnering to Improve Health and Stability for Wake County's Familiar Faces

In 2025, the Use Case Workgroup approved a project proposal from the Wake County Behavioral Health Department to integrate NC HealthConnex data with Wake County's Familiar Faces platform. A "Familiar Face" is a vulnerable individual with complex needs who frequently interacts with crisis safety net systems such as hospitals, mental health or SUD crisis services, emergency medical services, homeless services, and the criminal justice system. This health data would be integrated as part of their pilot, along with housing and criminal justice data. The goal of Wake County's program is to deliver a scalable pilot application that improves the health and well-being of the county's most vulnerable population (Familiar Faces) by breaking down the silos of care across providers. The goals of the Familiar Faces Use Case are:

1. Test how aggregated shared data helps pilot partners connect providers and community resources in support of high utilizers of their services
2. Facilitate improved collaboration and care coordination between providers and community partners
3. Gain insights and data to drive decisions on expanding the program and gain financial and community support

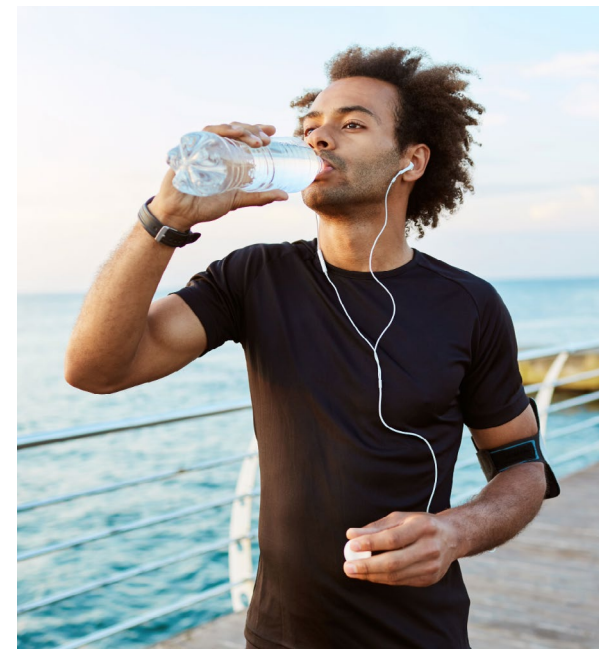
NC HIEA looks forward to continuing to explore this use case and support Wake County in pursuit of implementation of the Familiar Faces project.

Objective 5: Build, Enhance, and Support Chronic Disease Surveillance Tools

Leveraging NC HealthConnex Data to Assess Forever Chemicals Exposure Risks in North Carolina Drinking Water

NC HIEA reviewed a new use case through the Use Case Workgroup after receiving a request from the Centers for Disease Control and Prevention (CDC) to explore potential health impacts of per- and polyfluoroalkyl substances (PFAS), or "forever chemicals," in North Carolina drinking water.

The project seeks to determine whether NC HealthConnex clinical and claims data can be used to identify health issues among residents who may have been exposed to PFAS. If deemed feasible, findings will help inform future guidance for affected communities in North Carolina. This work highlights how NC HealthConnex can support data-driven public health surveillance.



Goal Three: Support the Value-Based Care and Public Health Priorities of Our Agency and Organization Partners

Supporting the Statewide Stroke and Diabetes Registries

NC HIEA is proud to continue to maintain the statewide stroke and diabetes registries. Developed in partnership with the N.C. Department of Health and Human Services (NCDHHS), the N.C. Stroke Registry supports the state's efforts to improve the stroke care continuum by identifying areas where interventions may be needed.

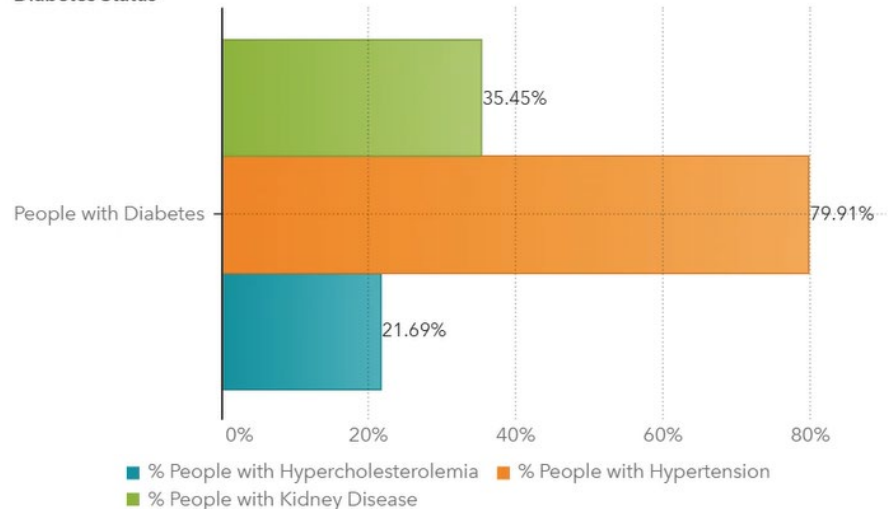
The registry leverages demographic and clinical data on stroke patients from more than **10,000 healthcare facilities** connected to NC HealthConnex. This data is used to create a visual dashboard of the prevalence of stroke by county and zip code, to track analysis on comorbidities, and to identify trends based on demographics such as race, gender and age.

Similarly, the N.C. Diabetes Specialized Public Health Registry, developed in partnership with the N.C. Division of Public Health is a population health tool for monitoring the clinical care and outcomes of North Carolinians diagnosed or presenting with signs or symptoms of diabetes. The registry uses relevant data submitted to NC HealthConnex to create dashboards for tracking the prevalence of diabetes and identify population health trends.

View From The N.C. Diabetes Registry

Comorbidity Prevalence

Diabetes Status



Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

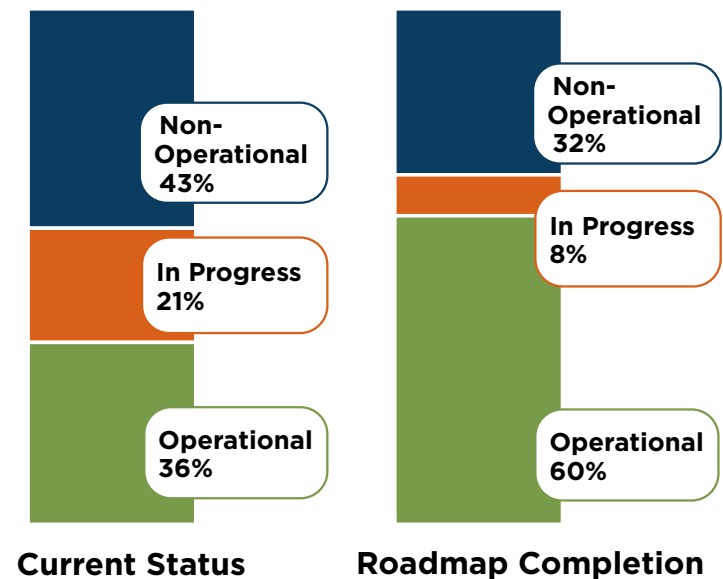
The N.C. Health Information Exchange Authority is committed to strengthening statewide health data utility (HDU) services, enhancing both current and future governance structures, and increasing meaningful use of NC HealthConnex. By assessing HDU capabilities, advancing governance maturity, expanding training and outreach, and laying the groundwork for collaboration with clinical research partners, NC HIEA made significant progress toward cultivating stability through expanded HIE services and their utilization.

Objective 1: Provide State Health Data Utility Services and Institute Cost Recovery and Sharing

NC HealthConnex Health Data Utility Assessment

In 2025, NC HIEA completed an internal assessment using the Consortium for State and Regional Interoperability (CSRI) HDU Capability Model, a nationally developed framework that helps states understand where they are in building a strong, reliable health data utility (HDU). This tool allows HIEs to examine capabilities across different domains such as providers, payers, public health, researchers, patients and shared services. NC HealthConnex achieved an overall Capability Index score of **77 out of 100** with **81%** of foundational capabilities already in place. The highest performing domain was public health with 100% foundational capabilities, called gates, being operational.

Health Data Utility Capability Status



Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

Currently, 36% of the capabilities outlined in the model are operational, 21% are in progress, and 43% are nonoperational. If all Roadmap 2030 strategies are completed, the overall index score could increase with 60% of capabilities operational. This assessment confirms that NC HealthConnex is on a strong path toward full HDU maturity guided by Roadmap 2030.

Exploring Access To The Clinical Portal For Clinically Integrated Networks

A key function of an HDU is the ability to responsibly share data elements that support better care across the system. To help advance this work, NC HIEA is exploring a legal pathway that would allow Clinically Integrated Networks (CINs) and Accountable Care Organizations (ACOs) to access the NC HealthConnex Clinical Portal for care coordination. CINs and ACOs work closely with practices and providers on the ground and having the right information at the right time helps them identify needs sooner and support more effective, connected care for the patients they serve.

Objective 2: Institute Additional Governance and Oversight

While NC HIEA works to strengthen governance across the organization, we explored what an ideal future state would look like with key staff in the organization. NC HIEA is committed to expanding our governance model to promote transparency and remain aligned with the NC HIEA's vision and mission.

Use Case Workgroup

The Use Case Workgroup (UCW) is a forum to discuss new and innovative uses of HIE data and to provide NC HIEA

with recommendations, approvals, denials, and prioritization of projects. The primary purpose of the UCW is to provide expert review of NC HealthConnex use cases allowable within the statutory permitted purposes. Each proposal requires significant effort prior to workgroup review, including technical assistance to fully explore requirements, legal review to ensure the project meets the permitted purposes and has a legal pathway to move forward, and financial estimates to ensure the stakeholder has the funds to support the work, along with other considerations. Workgroup reviewers ensure that the proposed use cases are broadly applicable to the North Carolina healthcare community and weighed against other mission critical priorities.

In 2025, UCW announced a new chair along with five new members from a diversified healthcare community to help bring broad vision to the workgroup. The workgroup also received a total of **three use cases** and approved the Familiar Faces Project for further exploration. As we look ahead to 2026 and beyond, available staffing and funding will continue to shape our ability to take on new, resource-intensive projects.

“Whole person care doesn’t start and stop with clinical health; it includes social factors too... like making sure someone’s utilities are running so they can keep their medications cold. Success in our governance is building a framework in which we can support whole person care, to include use cases beyond HIPAA covered entities.”

—Jenell Stewart, Assistant Director, Health Analytics and External Services

Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

Clinical Data User Group

NC HIEA underwent a revamp of the Clinical Data User Group to a more user-centered community. In 2025, we launched an interest form and broadened our recruitment efforts to reach a wider range of users, successfully engaging **40 new members**. This expanded participation reflects our commitment to inclusivity and collaboration. Looking ahead to 2026, we will focus on codesigning a new charter with our members, ensuring that the group's purpose and priorities align with what users truly want to accomplish. This next phase will set the tone for a dynamic, user-driven approach that fosters shared learning and innovation.

Objective 3: Promote Training and Support NC HealthConnex Adoption and Use

NC HealthConnex Training Excellence

NC HIEA offers a comprehensive suite of training options to support providers in using the NC HealthConnex Suite of Services effectively. These resources include both on-demand video modules and live interactive sessions, designed to accommodate different learning preferences and busy clinical schedules. NC HIEA also offers a series of quarterly events aimed at answering questions from current and interested participants and exhibits at conferences across the state to engage with participants in-person. In 2025, NC HIEA engaged in process improvement work to simplify the process for requesting trainers. Training can now be scheduled directly with a trainer via a bookings link.

NC HIEA offers **six critical trainings** including:

- NC HealthConnex Introduction
- Clinical Portal Demo
- NC*Notify Overview and Dashboard Demo
- Participant Account Administrator Quarterly User Account Audit Training
- Opt-Out and Patient Education Training
- How to Connect



By the Numbers:

58 live trainings delivered

314 provider engaged in quarterly events

In 2025, NC HIEA held a case manager training in partnership with NC Medicaid as well as the [Area Health Education Centers \(AHEC\)](#), whom aim to strengthen the healthcare workforce by improving, recruiting and training professionals in rural and underserved areas. Over 90 care managers attended this session, recognizing the critical role they play on the ground each day coordinating care, supporting patients and making real impact across communities. NC HIEA staff provided attendees with a deeper understanding of how NC HealthConnex and its services can strengthen their daily work and enhance the delivery of high-quality case management.

Goal Four: Cultivate Stability by Expanding HIE Services and Their Utilization

Advancing NC HealthConnex Awareness through Digital Marketing

NC HIEA finalized a contract with Neimand Collaborative to be its public relations vendor. The goal of this partnership is to increase awareness of NC HealthConnex, increase adoption and utilization of services offered and cultivate positive impressions and relationships with healthcare providers in North Carolina. With their existing relationship and overlap of work with the N.C. Department of Health and Human Services, N/Collaborative is uniquely suited to reach this audience with the mission and vision of NC HIEA. N/Collaborative has planned four phases of work that will be spread over two fiscal years, including:

- Discovery & Research – identifying healthcare providers current awareness of our brand and services
- Message & Strategy Development – creating a message framework, best strategies, tactics and message channels based on the research
- Digital Marketing & Stakeholder Engagement – a multi-channel strategy that integrates paid and digital media
- Monitoring & Continuous Improvement – tracking campaign performance in real-time and performing post-campaign evaluations

Objective 4: Collaborate with Clinical Research

In 2025, NC HIEA has made progress in developing research protocols that will enable our organization to ethically and safely partner with research institutions to improve health outcomes for North Carolinians.

To ensure these protocols reflect the needs of all stakeholders, interviews were conducted with data contributors, researchers and other HIEs. These conversations provided valuable insights into stakeholder preferences, operational challenges and best practices for balancing research utility with privacy, contributor trust and regulatory compliance. This work lays the foundation for meaningful collaborations that advance health research while safeguarding data and community interests. Some of our key lessons learned include the need for:

1. Strong, Transparent Governance
2. Defined Approved Data Use Policies
3. Strong Privacy Policies
4. Ensuring Secure Access for Researchers
5. Clear Request Stewardship









By the Numbers:

7 interviews conducted

3 HIEA research models reviewed

For Additional Information

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-  X(Twitter): [@NCDIT](https://twitter.com/NCDIT)
-  Facebook: [NCDIT](https://www.facebook.com/NCDIT)

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