NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

How to Connect Call Webinar
March 28, 2022

Garrett Smith
Business Relations Manager
NC Health Information Exchange Authority
House Keeping Items before we start

• We will be recording this webinar

• Please place questions in the chat.

• Please put your phones/computers on mute.
North Carolina Health Information Exchange Authority

Overview of Topics

- Overview of HIEA
- HIE Mandate
- What HIE Is and How HIE Works
- Participation Agreement and Compliance
- Suite of Services
- Questions
Vision for Connectivity

North Carolina set out a vision to create communities of connected health care providers electronically across the state.

• Allow providers to view their patients’ longitudinal health record in real time
• Improve health care quality, enhance patient safety and improve health outcomes
• Consolidate data reporting requirements across the state to ease administrative burdens and create efficiencies by eliminating duplicative data integrations
• Create outbound services to give providers insight to their at-risk patient population
NC HealthConnex by the Numbers

We connect health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.

NC HealthConnex by the Numbers:

- 60,000+ providers with contributed records
- 7,000+ health care facilities live submitting data, including 140 hospitals
- 5,000+ health care facilities in onboarding
- 150 million+ continuity of care documents (CCDs)
- 11 million+ unique patient records with clinical documents
- 80 Electronic Health Record (EHR) vendors live
- 22+ border and interstate HIEs connected via the eHealth Exchange and the Patient Centered Data Home, including connections to the VA and DoD
Modernizing Health Information Exchange

North Carolina’s new, modernized health information exchange, NC HealthConnex, delivers added value to the conversations that are happening at all levels in the health care industry. It breaks down information silos between providers, achieves greater outcomes for patients and creates efficiencies in state-funded programs such as Medicaid.
What Does the Law Mandate?

• January 1, 2023, deadline to connect
• Beyond the Mandate - why is it important to connect?
  • Aggregating patient electronic health information across the care continuum breaks down data siloes and improves the quality of care offered to patients
  • Supporting Medicaid Managed Care and other state-funded programs where closing gaps in care and improving care coordination help lower the cost of care
  • Improving whole person care through the continued development and utilization of a statewide HIE
• In response to N.C. SL 2021-26, the NC HIEA submitted a report to the NCGA that covers:
  • Status of connections and,
  • Recommendations for enforcement
What is Health Information Exchange?

A health information exchange (HIE) is a secure, electronic network that gives authorized health care providers the ability to access and share health-related information across a statewide information highway.
Benefits

- A full “picture” of a person’s health, including ambulatory visits, hospitalizations and medications
- Improved, more accurate and timely medication reconciliation that reduces errors and avoids unnecessary tests
- Access to test results, reducing costly duplicative tests and gaps in treatment
Electronic Health Records
Clinicians enter data into their EHR, and that data is pulled into the HIE.

Data Provided
Clinicians who have care relationships with their patients are able to readily access that data.

Elements Available
Current data elements available in NC HealthConnex include allergies, encounters, immunizations, medications, problems, procedures and results.

Security in Place
All data is protected, stored and accessed only for purposes permissible under federal and state law.
Clinicians enter data into EHR and that data is automatically sent to HIE. Clinicians who have care relationships with their patients are readily able to access that data.
Exchange

How HIE Works

Bi-directional Connection

Electronic Health Record
Clinicians enter data into their EHR, and that data is automatically sent to the HIE.

Data Sent to EHR
Clinicians who have care relationships with their patients are able to readily access that data via their EHR.
What Data Elements Will You Need to Submit?
The NC HealthConnex Data Target

Patient ID
Name
Date of Birth
Address/Phone
Language
Race/Ethnicity
Gender

Date of Visit
Visit Number
Reason for Visit
Patient Class
Place of Service/Facility Name
Care Provider Name/NPI

Vital Signs (height, weight, BP, BMI)
Social and Family History
Allergies
Diagnoses
Problems
Procedures

Laboratory Results
Radiology Results
Medications
Immunizations
Insurance
Plan of Care Appointments/Orders
How Do Providers Meet the Mandate?

There are two steps to determine a practice’s readiness for connection.

1. Does your practice have a Participation Agreement in place?

   1. **The Participation Agreement** is the document that governs the exchange of data between the practice and NC HealthConnex. This contract must be in place before the technical build can begin. Participation Agreements are linked on our website for providers to download, review, sign and return.

2. Does your practice have an EHR that can send CCD or HL7 messages?

   1. **Technology in Place**: The NC HIEA Participation Agreement requests EHRs that are minimally capable of sending HL7 messages, version 2 and higher.
## Attachment 1

**Participant Address for Notice**

<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Alternate Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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</tr>
<tr>
<td>Fax (not required)</td>
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<tr>
<td>E-mail</td>
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</tr>
</tbody>
</table>
Attachment 2

Participant Account Administrator

Staff member who will be the point of contact for the NC HIEA for communications and credentialing NC HealthConnex users in your organization.

Name:

Position Title:

Email Address:

Phone Number:

Mailing Address:

Technical Services Contact

Staff member who will work with our technology vendor to build a connection from your organization to NC HealthConnex.

Name:

Position Title:

Email Address:

Phone Number:

Mailing Address:
## Attachment 3

### Participant Background Information

1. **Type of facility or system**: Please select all that apply below.
   - Hospital, Health System, or Regional HIE
   - Ambulatory/Outpatient Clinic
   - Laboratory
   - Pharmacy
   - Other: Please specify.

2. **Provider type**
   - This field is not required if your organization is a Hospital, Health System, Regional HIE, Laboratory, or Pharmacy
   - Primary Care
   - Dental or Orthodontic
   - Respiratory, Developmental, Rehabilitative or Restorative
   - Pediatrics
   - Residential Facility
   - Speech, Language and Hearing
   - OB/GYN
   - In Home Care, e.g. PCS, CAP/C/DA, etc.
   - Other: Please specify.

3. **Participant Organization National Provider Identifier (NPI):**

4. **How many Participating Entities (PEs) or facility locations does your organization have?**
   - If you have any PEs or more than one facility location, please complete Attachment 4

5. **Is your health system a part of one or more the following?**
   - Yes
   - No
   - Select all that apply and list the name of the organization(s).
   - Health system
   - Regional HIE
   - Accountable Care Organization
   - Clinically Integrated Network

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[NC HealthConnex Logo] Powering Health Care Outcomes
### Substance Use Disorder Treatment Information

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>6. Does your organization or any unit within your organization provide Substance Use Disorder treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. If yes to 6, does your organization fall under 42 C.F.R. Part 2?</td>
<td></td>
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</tr>
<tr>
<td><strong>If unsure, please contact your legal counsel and visit the SAMHSA website at <a href="http://www.SAMHSA.gov">www.SAMHSA.gov</a></strong></td>
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</tr>
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</table>

### Electronic Health Record (EHR Vendor) Information

**Please discuss these questions with your Technical Services Contact**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>8. EHR Vendor:</td>
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<tr>
<td>9. EHR Vendor Product &amp; Version:</td>
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</tr>
<tr>
<td>10. Hosting Location:</td>
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</tr>
<tr>
<td>- On-site</td>
<td></td>
</tr>
<tr>
<td>- Cloud-based</td>
<td></td>
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<tr>
<td>- Hub/server on-site at another location</td>
<td></td>
</tr>
<tr>
<td>- Other:</td>
<td></td>
</tr>
<tr>
<td>11. EHR Vendor Contact Name:</td>
<td></td>
</tr>
<tr>
<td>12. EHR Vendor Contact Email:</td>
<td></td>
</tr>
<tr>
<td>13. EHR Vendor Contact Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 4
Participating Entities & Facility Locations

I. Is Participant executing the Agreement on behalf of one or more Participating Entities, as defined at Section 2.37.

Yes: [ ]  No: [ ]

II. Provide the requested information regarding each Participating Entity as well as each of your organization’s facility locations.

- If you have more than three Participating Entities, please click here to complete the Excel spreadsheet, labeled “Attachment 4,” and submit it with this Agreement.

- Include information for all facility locations that are part of your organization. Only provide the organization NPI for your Participating Entities or facilities; do not list individual provider NPIs.

- Incomplete information on this Attachment will delay the process of your agreement.

- After Participant executes this Agreement, it is Participant’s duty to provided updated, accurate information to the NC HIEA about facilities and Participating Entities.
Connection Process

1. **Sign Participation Agreement**
   - Welcome packet sent with patient education, FAQs and talking points

2. **Initial Communication**
   - Invitation to start intake

3. **Enrollment in services (NC*Notify, DSM, etc)**
   - Will be scheduled if our technical team has not already begun working with your EHR vendor

4. **Technical Onboarding Call**

5. **Connection Development and Testing**
   - Participant receives live connection email; additional training provided upon request

6. **Live in Production**

7. **Operations and Support**
   - Ongoing from the SAS Help Desk team

*This process is intended to be followed in order and may involve additional steps not shown in the diagram.*
Patient education materials provided to organization via email in the welcome packet.

Includes:

- Sample notice of privacy practices
- Fact sheet
- Tri-fold brochure order form
- Talking points
- FAQs
- Employee education materials
  - Employee newsletter
  - Leadership emails

* Patients have the right to opt out of having their information shared between providers through NC HealthConnex.

All NC HIEA policies are posted on our website, nchealthconnex.gov.
- The NC HIEA follows the highest information security standards available
- Information is always encrypted and sent over a private network
- NC HealthConnex is compliant with all federal and state privacy and security laws
- Information that identifies patients will not be sold in any way or shared with anyone other than authorized health care providers or organizations that have entered into HIPAA compliant, data-sharing agreements
We take our role of data stewards seriously and expect that our participants will as well.

- Role-based access to control access levels for each authorized user
- Participant Account Administrator (PAA) will be responsible for assigning roles to users; NC HealthConnex Help Desk will provide credentials to these users
- Access to patient information granted if established treatment relationship with the patient
• Authorization assures the confidentiality of health information

• Participant Account Administrator (PAA) will have the authority to assign authorized user accounts; NC HealthConnex Help Desk creates credentials

• No user will be authorized unless PAA has given user required credentials
  • Participating Entity

• **PAA Reference Guide**

*PAAs are not authorized to give user credentials to persons or entities that are not Participating Entities.*
<table>
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<th>Policy</th>
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<tr>
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<td>User Access Policy</td>
<td>April 5, 2021</td>
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<td>Behavioral HealthSensitive Data Policy</td>
<td>Nov. 15, 2018</td>
</tr>
<tr>
<td>Opt-Out Information</td>
<td>Oct. 2, 2019</td>
</tr>
</tbody>
</table>
Suite of Services
Access a Patient’s Clinical Record
• Web-based Portal (uni-directional connection)
• EMR Integration (bi-directional connection)
• Information in the portal has been parsed from the patients’ CCDs for easy viewing, a longitudinal record

Communicate PHI Securely
• DIRECT Secure Messaging (DSM) that is HIPAA compliant and convenient

Additional Integrations
• Controlled Substance Reporting System (CSRS)
• eHealth Exchange
• Patient Centered Data Home (PCDH)

Access NC*Notify ADT Notifications via Clinical Portal
Direct Secure Message

Improves coordination of care between health care providers and their patients by providing the ability to communicate with other health care providers securely.

Messaging can be used for:
- Transitions of care
  - CCD
  - CCD-A documents
- Lab tests and results
- Referrals
- Reports
• NC HealthConnex will help providers meet the STOP Act requirement.

• **Single sign-on** to the NC HealthConnex clinical portal will query the Appriss/CSRS database.

• Creates an additional pathway for providers to access the state’s prescription drug monitoring program.
Exchange

Neighboring Connections via National Networks

- Atrium Health CareConnect HIE (Charlotte, North Carolina)
- Carolina eHealth Network (South Carolina)
- Coastal Connect HIE (North Carolina)
- Cone Health (North Carolina)
- DaVita (national)
- eTHIN (East Tennessee)
- Florida HIE Services (Florida)
- GaHIN (Atlanta, Georgia)
- GRACHIE (Augusta, GA)
- healthconnect Alaska (Alaska)
- MedVirginia (Richmond, Virginia)
- OCHIN (Portland, Oregon)
- PULSE (Patient Unified Lookup System for Emergencies)
- SCHIE (South Carolina)
- Sentara Health (Northern Virginia)
- VA HIE (Veterans Administration), DMIX (U.S. Department of Defense)
- Vidant Health (North Carolina)
NC HealthConnex Clinical Portal: User Testimonials

“At the Open Door Clinic, we see many patients that have visited the ED and have been hospitalized for chronic medical conditions. The documents we receive directly from NC HealthConnex allow us to have all of the information we need at our fingertips. There is no interruption of workflow to request records, rescheduling patients until we have all of the information we need or even having to track down specialist referral notes. Those providers are in the system and are sending the data that we need via NC HealthConnex! The other side to this is the ED and hospital providers have access to the information we are sharing since our doctors are not on call at all hours. The continuity of care is incredible! We love it!”

Clinical Director for the Open Door Clinic dba Urban Ministries of Wake County

“I was able to confirm that a patient of mine who had several outstanding referrals to different care organizations had not rescheduled her appointments as planned. This saved time for me and the medical records staff from having to log into three separate Epic systems to get the same information.”

Independent Physician’s Office

“I use the portal to look up labs, test results, consult notes from other providers for quality reporting. This data is provided to insurance companies and other agencies. I also use it to see if the patient has changed practices or has seen specialists. It provides an accurate picture of where the patient has been in their health care journey while saving valuable time and research.”

FQHC Case Manager
What is NC*Notify?

A subscription-based service based on admit and discharge messages (ADTs) that notifies providers as their patients receive services across the NC HealthConnex participant base - spanning geography, health care systems, acute and ambulatory care settings.

Statewide Impacts:
- 667 participants live
- 8.3M patients monitored
- 1.8M average alerts sent per month
How Does It Work?

Subscriptions

Subscribers establish their cohort of patients for whom they want to receive alerts.

Monitoring Feeds

All clinical data feeds coming into the HIE are monitored for a matching event or clinical data of interest to the subscribers. These events can then be pushed directly to the subscriber or made available on the web portal.

Receiving Notifications

Subscribers can receive notifications for events or data that match their patients via their preferred method.

- Batched notification files in delimited or HL7 format.
- Near real-time notifications via HL7 messages.
- Web-based NC*Notify dashboard via NC HealthConnex portal.
What Notifications Are Available?

**Admission, Discharge, or Transfer** – Notification of any visit in the NC HealthConnex network.

**COVID-19 alerts** – Notifications of a COVID-19 test and the result.

**High utilizer alert** – Notification of at least 2 ED visits in 90 days or at least 4 inpatient admissions in 12 months.

**Dental alerts** – Providers are alerted when patients visit the emergency department for dental care.

**Care team change alert** – Providers are informed when a new organization has subscribed to their patient.

**Diabetes diagnosis alert** – Providers are alerted upon a new diabetes and/or pre-diabetes diagnosis for patients they are monitoring.

**Chronic care management alert** – Providers receive an alert when a patient meets the Centers for Medicare and Medicaid Services' chronic care management services criteria.
Use Case Reports

“The emergency ADT feed from NC*Notify I reviewed yesterday was timely, and when I went into HealthConnex to pull the CCD, I was able to get some valuable information regarding the physical condition of the client, which could then be shared with the direct care staff in the program as the guardian failed to let us know when she dropped the child off for treatment.”
- Behavioral Health Agency

“A large hospital system is utilizing NC*Notify to gain insights into other facilities in their system that are not on the same EHR, as well as for feeding downstream care management dashboards.

“With services like NC*Notify, the entire care team can have much-needed information to keep patients safe during the riskiest times: when they transition between one care entity and another.”
- FQHC Participant

“Patient care has largely been synchronous with a scheduled appointment. Now, our real-time data gathering from the HIE has allowed us to prepare for a remodel of our system to asynchronous real-time knowledge-based care, where our providers’ workflows are disrupted 24/7, giving them immediate, actionable knowledge to make their care plans living documents as our patients navigate the healthcare ecosystem around us.”
- Behavioral Health Services Provider
Promoting Interoperability (PI)

- **Weight:** 30% for MIPS APM and 20% of Traditional MIPS
- **Reporting period:** continuous 90 days minimum
- **Patient population reporting requirement:** all patients
- **Points:** 10-40 points per measure
- **Promoting Interoperability:** Total maximum points of 100
- **Bi-Directional Interface:** worth 40 of the 100 total points – single greatest point measure

Source: CMS Final Rule, November 2019
# Promoting Interoperability (PI)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Maximum Points</th>
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<tr>
<td>e-Prescribing</td>
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<tr>
<td><strong>Bonus</strong>: Query of Prescription Drug Monitoring Program (PDMP)</td>
<td><strong>Bonus</strong>: 10 Points (5 points in 2020)</td>
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<tr>
<td>Health Information Exchange</td>
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<td>20 points</td>
</tr>
<tr>
<td></td>
<td>Support Electronic Referral Loops by Receiving and Incorporating Health Information</td>
<td>20 points</td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
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</tr>
<tr>
<td></td>
<td>Health Information Exchange (HIE) Bi-Directional Exchange</td>
<td>40 Points</td>
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<tr>
<td>Provider to Patient Exchange</td>
<td>Provide Patients Electronic Access to Their Health Information</td>
<td>40 points</td>
</tr>
<tr>
<td>Public Health and Clinical Data Exchange (Attest YES to 2; or YES to 1 and Exclude 1)</td>
<td>Report to two different public health agencies or clinical data registries for any of the following: 1. Immunization Registry Reporting (must be bi-directional) 2. Electronic Case Reporting (not available for practices) 3. Public Health Registry Reporting (NC HealthConnex Diabetes Registry) <a href="#">Enrollment Form</a> 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting (not available for practices)</td>
<td>10 points</td>
</tr>
</tbody>
</table>
Meet Lisa

How can NC HealthConnex help Lisa and her family?
Meet Lisa

- 5-year-old girl who suffers from Type 1 diabetes and two other chronic comorbidities
- Lisa lives in a rural county in North Carolina but has frequent visits with a variety of clinical specialists across the state.
- Lisa’s family and care team are struggling to keep up with all her varied health care information across her care continuum.
Lisa’s Relationship to the Diabetes Registry

- Lisa is living with Type I diabetes.
- Lisa’s encounter data will populate the NC DHHS’s DPH NC HealthConnex Diabetes Registry to help NC DHHS’s DPH better understand and provide support to North Carolinians living with Type I or Type II diabetes.
Lisa’s Relationship to the Clinical Portal

- Lisa’s care continuum extends across the state of North Carolina.
- Lisa’s providers are often in different networks but are able to leverage NC HealthConnex’s Clinical Portal to see all of Lisa’s encounters, medications, allergies, diagnoses, etc.
- Full and in-depth view of Lisa’s longitudinal patient record.
• Lisa recently had an ER visit while on vacation in another part of the state.

• After receiving information via NC HealthConnex’s NC*Notify file, Lisa’s PCP reached out to Lisa’s parents to ensure that everything was okay with Lisa.

• Additionally, Lisa’s PCP imported historical events received from NC HealthConnex’s NC*Notify into her own analytics tool and can therefore see if this was an isolated incident.
Additional Training

Training & Resources

To Access Video Training

Participants can register [here](#) for Module 1, NC HealthConnex Overview. Registration is required in order to receive the link to Module 1. This training will last approximately 12 minutes.

Adobe Flash is required by the software being used to process your registration for the HIEA training courses. Please click the following URL to test the Flash Plug-in software on your computer or laptop: [www.webinato.com/confetest/](#)

Please also follow the instructions below to ensure that you have Flash access enabled for your browser. We hope that you enjoy the NC HIEA training and your learning experience.
Questions?

Reminder: Please use the Q&A feature in your chat function of the WebEx feature.
Thank you!

For more information visit,
www.nchealthconnex.gov
Tel: 919-754-6912
E-mail: hiea@nc.gov