

**North Carolina Health Information Exchange Authority
Advisory Board Meeting**

MEETING MINUTES

Date: March 21, 2022

Time: 2:00 p.m. – 4:30 p.m.

Location: Virtual

Attendees:

Dr. Harriett Burns

Dr. Cardra Burns (Sec. Kinsley designee)

Christie Burris (NC HIEA Exec. Director)

Carol Burroughs (GDAC Director)

Dr. Neal Chawla

Timothy Ferreira

Donette Herring (Vice Chair)

Dee Jones

Secretary James A. Weaver

Dr. Richard Pro

Eric Snider (NC DIT Legal Counsel, NC HIEA)

Carolyn Spence

Dr. Donald Spencer

Dr. William G. Way (Chair)

2:00 p.m.

Welcome and Call to Order

All Members & NC HIEA Staff

Meeting called to order by Chairman Way at 2:00 p.m.

Housekeeping Items

Chairman Way

Chairman Way reviewed the draft meeting minutes from the March 8, 2022, meeting. Tim Ferreira moved to approve the draft minutes; Dee Jones seconded the motion, which passed unanimously.

Chairman Way next welcomed Jolie Ritzo, Senior Director for Network Engagement, CIVITAS Networks for Health, to provide a presentation on the emerging Health Data Utility Model.

2:05 p.m. The Health Data Utility Model

Jolie Ritzo, CIVITAS

Jolie Ritzo shared with the group an overview of the emerging Health Data Utility model and how Health Data Utilities (HDUs) can break down silos, combine data to enhance data, deliver data back to clinicians and other providers in the field, create comprehensive data sets, foster whole-person care and reduce provider burden.

Chairman Way asked for comments on payer involvement with the CIVITAS Network and how this participation will enhance services provided by CIVITAS.

Ritzo clarified that Regional Health Improvement Collaboratives are required to have payer representation. She stated that where Regional Health Improvement Collaborative have been effective is that they do have multi-stakeholder representation of diverse perspectives.

Dr. Chawla asked for clarification on the difference between HDUs and HIEs.

Ritzo responded that early on HIEs were used more for moving just clinical data. Over time HIEs have expanded on the type of data they are moving to include data sets inclusive of social care, public health and some HIEs are working with claims data. The evolution from primarily clinical to broadened data sets reaches a great group of business partners or stakeholders and overall community resulting in HDU model.

Burris added that North Carolina's HIE is unique among its peers. For example, the vision for NC HealthConnex is outlined in the HIE Act, and as a state actor the NC HIEA currently does significant work with NC DHHS (e.g., Medicaid, ongoing work in response to the pandemic and in support of public health). In these respects, NC HIEA already operates as an HDU.

Dr. Harriet Burns asked for comment on how the HDU concept can address the challenge of bringing together stakeholders and partnerships.

Ritzo stated that CIVITAS thinks about HDUs as a resource "owned" by the community for the community's benefit, which requires multi-stakeholder governance in order to increase the opportunity for inclusivity of a broader set of perspectives.

Chairman Way next introduced Morgan Lambe to lead discussion on current and future NC HIEA metrics.

2:50 p.m. NC HIEA Metrics

Morgan Lambe, SAS

Lambe provided an overview of current and newly proposed operational measures that monitor the health of NC HealthConnex from interface traffic to onboarding status.

Dee Jones asked that the State Health Plan work with NC HIEA on the data definitions to ensure participation numbers are aligned.

Note: Slides presented at the March 21, 2022 meeting did not correctly report State Health Plan membership metrics. A retraction is noted on publicly-available slides from this meeting. NC HIEA expects to provide updated metrics aligned with State Health Plan at future meetings.

Carolyn Spence asked for the ability to track quarterly how many providers are in the connection pipeline.

Burris confirmed that the NC HIEA is working to track enrollment, onboarding and Live statuses and will report back at a future board meeting.

3:35 p.m. BREAK

Chairman Way introduced Christie Burris to provide an update on the completed legislative report and the NC HIEA operating budget for fiscal years 21' & 22', and also provide a look ahead at activities for the upcoming quarter.

3:45 p.m. NC HIEA Update

Christie Burris, NC HIEA

Christie Burris first reminded the group that there were a number of topics discussed during the March 8, 2022, Board meeting. She will collaborate with Chairman Way to plan upcoming meeting agendas.

Burris provided a legislative, communications, outreach, and FY 2022 operational budget update to the group.

Legislative:

- Report submitted to the Health and Human Services Joint Legislative Outreach Committee (JLOC) on March 23, 2022
- Anticipate 1-2 potential JLOC meetings in April 2022
- Agency bill language to be finalized for submission and Governor's budget anticipated near end of April 2022
- Short Session convenes May 18, 2022
- Short Session Adjourns June 30, 2022 (tentative).

Communications and Outreach:

- Data tracking efforts began on February 14, 2022
- Data monitored through March 16, 2022
- Total of 28,395 letters and emails sent to providers between February 14 and March 7, 2022
- Phone and email data represent combined effort between the NC HIEA and SAS Help Desk teams.

Operational Budget consists of:

- General fund appropriations recurring on an annual basis (July 1-June 30)
- Federal grant funds for population health and pandemic response
- Medicaid analytic funds

Burris next provided a snapshot of anticipated Q2 activities to include:

- Staffing
- Preparation for legislative short session
- Outreach
- Data Connections
- Data retention planning
- Data quality dashboard enhancements
- HSPI tuning
- Medicaid priority data elements, 834 eligibility file and NCQA DAV planning
- Stroke registry development
- CVMS, NCIR and IDDHUB
- Use Case Workgroup reconvening April/May 2022

Carolyn Spence asked how new EHR connections will be prioritized?

Burris answered that the NC HIEA is working with their vendor partner, SAS to engage with new EHR integrations.

Chairman Way asked how many unconnected entities are covered under the new 109 participation agreements?

Burris reminded the group that the participation agreements are at the highest level of governance and that the NC HIEA will dive deeper into the 109 agreements to understand what that means in terms of number of providers connected.

Chairman Way asked if the general fund appropriations were guaranteed in perpetuity?

Burris responded that the funds are recurring, and she does not believe the funding will end anytime in the near future.

Chairman Way suggested a future topic for the Board's consideration: To understand the different implications for data breaches and what protections are provided to participants.

Dr. Harriett Burns announced that the March 21 meeting is her last meeting. She is leaving her position at Piedmont Health and expressed her thanks and support of the Board.

- 4:15 p.m. New Business** **Chairman Way**
The next regularly scheduled Advisory Board meeting will be held on June 16, 2022, at 2:00 p.m.
- 4:21 p.m. Adjourn** **Chairman Way**
Chairman Way sought a motion to adjourn the meeting at 4:21 p.m. Vice Chair Herring made the motion, with a second by Tim Ferreira. The motion passed unanimously.